

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization UPMC GROUP Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 GRANT ST, 58TH FLR, CORP TAX City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15219 F Name and address of principal officer: EDWARD T. KARLOVICH 600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219
D Employer identification number 20-8295721	
E Telephone number (412) 647-2345	
G Gross receipts \$ 17738636144.	
H(a) Is this a group return for subordinates? ☒ Yes ☐ No H(b) Are all subordinates included? ☒ Yes ☐ No If "No," attach a list: (see instructions)	
H(c) Group exemption number ▶ 9707	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	J Website: ▶ WWW.UPMC.COM
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation: 2006 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HEALTHCARE, EDUCATION, AND RESEARCH			
	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)	40.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8.	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	66,202.	
	6	Total number of volunteers (estimate if necessary)	4,297.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	255,319.	
7b	Net unrelated business taxable income from Form 990-T, line 39	-1,010,955.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	103,395,767.	274,840,231.
	9	Program service revenue (Part VIII, line 2g)	14729823233.	16258188630.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,263,131.	40,624,610.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,798,621.	1,704,177.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14874280752.	16575357648.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	69,209,857.	180,265,880.
	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)	5,956,892,411.	6,383,397,376.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,857,187,513.	9,924,100,352.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14883289781.	16487763608.
19	Revenue less expenses. Subtract line 18 from line 12	-9,009,029.	87,594,040.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,546,151,463.	9,412,315,445.
	21	Total liabilities (Part X, line 26)	2,708,333,443.	3,472,433,441.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,837,818,020.	5,939,882,004.

Part II Signature Block

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

Sign Here	Signature of officer EDWARD T. KARLOVICH Type or print name and title	CFO	Date 05/12/2021
Paid Preparer Use Only	Print/Type preparer's name JAMES E STEEN	Preparer's signature	Date 05/12/2021
	Firm's name ▶ ERNST & YOUNG US, LLP	Firm's EIN ▶ 34-6565596	Check ☒ if self-employed PTIN
	Firm's address ▶ 2100 ONE PPG PLACE PITTSBURGH, PA 15222	Phone no. 412-644-7800	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 14924544636. including grants of \$ 180,265,880.) (Revenue \$ 16258188630.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses ► 14924544636.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	☒	
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 Revenue Procedure 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 donor-restricted endowments or in 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)? If "Yes," complete Schedule D, Part X.	☒	
12a 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.	☒	

Part IV Checklist of Required Schedules (continued)

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

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

X

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 66,202		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	☒	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	☒	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	☒	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	☒	
b If "Yes," enter the name of the foreign country ATTACHMENT 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		☒
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		☒
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		☒
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	☒	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	☒	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		☒
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		☒
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		☒
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		☒
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		☒
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		☒

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	40
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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent.	1b	8
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► FL, MD, NY, PA, VA,

18 Section 6104 requires an organization to make its Forms 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.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

UPMC CORPORATE TAX 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219

412-647-2345

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY A ROMOFF (UPM) PRESIDENT AND CEO	60.00 0.			X				9,070,910.	0.	429,062.
(2) STEVEN D SHAPIRO, MD (UPM) EVP AND CHIEF MED AND SCI OFF	60.00 0.				X			2,547,552.	0.	890,750.
(3) C TALBOT HEPPENSTALL JR (UPM) EVP, TREAS, & PRES ENTERPRISES	60.00 0.				X			3,006,169.	0.	422,386.
(4) DIANE HOLDER (UPM) EVP, PRES INS SRV & PRES HPLAN	0. 60.00				X			0.	2,810,012.	541,671.
(5) DAVID FARNER (UPM) EVP AND CHIEF OF STAFF	60.00 0.				X			2,531,609.	0.	794,082.
(6) LESLIE C. DAVIS (UPM) SR VP, EVP AND COO HSD	60.00 0.				X			2,342,559.	0.	528,741.
(7) STANLEY MARKS, MD (UPC) BOARD CHAIR	20.00 20.00	X		X				1,577,068.	1,037,150.	223,701.
(8) W THOMAS MCGOUGH, ESQ (UPM) EVP AND CHIEF LEGAL OFFICER	60.00 0.				X			2,319,682.	0.	440,165.
(9) JAMES D LUKETICH, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						2,438,583.	0.	56,147.
(10) VICTOR MORELL, MD (UPP) BOARD MEMBER	40.00 0.	X						2,437,568.	0.	47,420.
(11) CHRISTOPHER SCHMIDT, MD ORTHOPAEDIC SURGEON	40.00 0.					X		2,394,365.	0.	56,109.
(12) CHARLES BOGOSTA (UPM) EXEC VP & PRES INTERN'L	60.00 0.				X			1,817,339.	10,600.	420,779.
(13) ABHINAV HUMAR, MD TRANSPLANT SURGEON	40.00 0.					X		2,132,521.	0.	43,054.
(14) THOMAS GLEASON, MD CARDIOTHORACIC SURGEON	40.00 0.					X		1,998,581.	0.	39,754.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT A DEMICHIEI (UPM) EVP AND CFO	60.00 0.				X			1,783,076.	0.	90,852.
(16) MARSHALL WEBSTER, MD (UPM) SENIOR VICE PRESIDENT	60.00 0.				X			1,582,504.	0.	228,218.
(17) GREGORY K PEASLEE (UPM) EVP & CHIEF ADMIN OFFICER	60.00 0.				X			1,688,294.	0.	85,265.
(18) JAMES BRADLEY, MD ORTHOPAEDIC SURGEON	40.00 0.					X		1,709,884.	0.	62,462.
(19) AJAIPAL KANG, MD (RHS) BOARD MEMBER	40.00 0.	X						1,719,052.	0.	48,728.
(20) DEAN SOTEREANOS, MD ORTHOPAEDIC SURGEON	40.00 0.					X		1,625,812.	0.	57,217.
(21) PHILIP POLLICE (MER) BOARD MEMBER	40.00 0.	X						1,507,624.	0.	55,688.
(22) ROBERT M FRIEDLANDER, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						1,524,451.	0.	38,054.
(23) FREDDIE H FU, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						1,494,461.	0.	49,079.
(24) ARTHUR S LEVINE, MD (UPM) BOARD MEMBER	1.00 40.00	X						500,000.	947,516.	95,164.
(25) JOON SUP LEE, MD (UPP) FORMER BRD MEMBER & DEPT CHAIR	40.00 0.						X	646,753.	576,352.	162,049.
1b Sub-total								52,396,417.	5,381,630.	5,906,597.
c Total from continuation sheets to Part VII, Section A								72,134,578.	5,451,491.	8,542,323.
d Total (add lines 1b and 1c)								124,530,995.	10,833,121.	14,448,920.

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 **10586**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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	X	
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		X

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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **324**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) EDWARD T KARLOVICH (PRY) SVP & CFO HSD	40.00 0.			X				1,213,266.	0.	134,761.
(27) PATRICK GALLAGHER (UPM) BOARD MEMBER	1.00 40.00	X						0.	1,159,142.	136,256.
(28) JOHN INNOCENTI (PRY) PRESIDENT	40.00 0.			X				1,145,536.	0.	146,059.
(29) JOHN GALLEY (UPP) BOARD MEMBER	40.00 0.	X						1,101,829.	0.	139,846.
(30) JOHN LOVELACE (FYO) BOARD MEMBER AND PRESIDENT	1.00 40.00	X		X				0.	1,110,472.	128,641.
(31) DAVID T MARTIN (PSV) FORMER PRESIDENT	0. 0.						X	1,103,776.	0.	129,876.
(32) JOEL B NELSON, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						1,183,575.	0.	42,395.
(33) SANDRA MCANALLEN (SMH) BOARD MEMBER	1.00 40.00	X						0.	889,896.	108,758.
(34) FRANCIS SOLANO, MD (CMI) BOARD MEMBER AND PRESIDENT	40.00 0.	X		X				912,442.	0.	80,042.
(35) SCOTT LAMMIE (FYO) CHIEF FINANCIAL OFFICER	40.00 0.			X				836,493.	0.	145,080.
(36) GORDON GEBBENS (FYO) BOARD MEMBER AND TREASURER	40.00 0.	X		X				866,867.	0.	110,319.
1b Sub-total								8,363,784.	3,159,510.	1,302,033.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) GERALD MURRAY (ALT) FORMER PRESIDENT	0. 0.						X	814,131.	0.	160,825.
(38) DANIEL KELLY AGNEW, MD (BHM) BOARD MEMBER	40.00 0.	X						880,836.	0.	52,967.
(39) JONAS JOHNSON (UPP) BOARD MEMBER AND TREASURER	40.00 0.	X		X				887,040.	0.	41,604.
(40) MARK SEVCO (EAS) FORMER PRESIDENT	0. 0.						X	809,815.	0.	113,519.
(41) J. PETER RUBIN, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						882,305.	0.	34,046.
(42) TIMOTHY ROBERT BILLIAR, MD (UP) BOARD SECRETARY AND DEPT CHAIR	40.00 0.	X		X				860,682.	0.	40,681.
(43) DAVID GIBBONS (HMT) PRESIDENT	40.00 0.			X				786,390.	0.	87,674.
(44) AMAN MAHAJAN, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						838,120.	0.	27,202.
(45) TAMRA MINNIER (NWH) BOARD MEMBER	40.00 0.	X						752,058.	0.	98,722.
(46) JAMES F. PINGPANK, MD (PRY) BOARD MEMBER	40.00 0.	X						816,843.	0.	29,358.
(47) ROBERT FERRIS, MD (UPC) BOARD MEMBER	40.00 0.	X						800,797.	0.	33,185.
1b Sub-total								9,129,017.	0.	719,783.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) LOUIS ALARCON, MD (UPP) FORMER BOARD MEMBER	0. 0.						X	796,131.	0.	16,002.
(49) JOHN COMERCI (MAG) BOARD MEMBER	40.00 0.	X						776,619.	0.	33,125.
(50) JAMES SCHUSTER, MD (FYO) BOARD MEMBER	40.00 0.	X						688,750.	0.	114,861.
(51) DEREK ANGUS, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						758,307.	0.	39,368.
(52) JAN E. FISHER (ALT) PRESIDENT	40.00 0.			X				695,164.	0.	96,650.
(53) DEBORAH S BRODINE (CPS) BOARD MEMBER AND PRESIDENT	40.00 0.	X		X				694,679.	0.	95,433.
(54) ROBERT BLOSAT (BHM) BOARD CHAIR AND PRES	40.00 0.	X		X				688,657.	0.	99,418.
(55) JOSE SAHEL, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						753,355.	0.	25,964.
(56) STEPHEN NIMMO ESQ FORMER OFFICER	0. 0.						X	659,873.	0.	105,818.
(57) RICHARD WADAS, MD (EMI) BOARD MEMBER AND PRESIDENT	40.00 0.	X		X				699,429.	0.	61,440.
(58) MICHAEL GRACE (MER) BOARD MEMBER AND PRESIDENT	40.00 0.	X		X				653,859.	0.	92,267.
1b Sub-total								7,864,823.	0.	780,346.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) DONALD OWREY (HRZ) PRESIDENT	40.00 0.			X				427,003.	205,680.	99,889.
(60) HOLLY LORENZ (HHC) BOARD MEMBER	40.00 0.	X						651,318.	0.	78,021.
(61) SHERYL KASHUBA, ESQ (FYO) BOARD MEMBER, SECTY & CLO	40.00 0.	X		X				639,614.	0.	88,241.
(62) ANN EVANS (UPP) CHIEF FINANCIAL OFFICER	40.00 0.			X				624,668.	0.	89,762.
(63) STEPHEN PERKINS, MD (FYO) FORMER BOARD MEMBER	0. 0.						X	0.	599,468.	97,153.
(64) JAMES GAVIN (CCB) PRESIDENT	40.00 0.			X				615,856.	0.	74,192.
(65) SANDY RADER (MCK) FORMER BOARD MEMBER	0. 0.						X	614,123.	0.	69,757.
(66) SAMIR SABA, MD (UPP) BOARD MEMBER	40.00 0.	X						645,413.	0.	35,203.
(67) DONALD M YEALY, MD (EMI) BOARD MEMBER AND V PRESIDENT	40.00 0.	X		X				629,271.	0.	38,214.
(68) DAVID A LEWIS, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						629,454.	0.	34,798.
(69) PHILIP M CACCHIONE, MD (EPN) BOARD CHAIR AND PRESIDENT	40.00 0.	X		X				619,967.	0.	42,661.
1b Sub-total								6,096,687.	805,148.	747,891.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 10586

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) ERIC CARTWRIGHT (AUE) VICE PRESIDENT	40.00 0.	X		X				581,116.	0.	76,153.
(71) SUKETU MANSURIA, MD (MAG) BOARD MEMBER	40.00 0.	X						625,821.	0.	30,158.
(72) DAVID KRUSZEWSKI, MD (SHB) BOARD CHAIR	40.00 0.	X		X				593,333.	0.	61,740.
(73) EILEEN SIMMONS (PRY) CHIEF FINANCIAL OFFICER	40.00 0.			X				570,673.	0.	78,559.
(74) JULES SUMKIN, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						607,626.	0.	40,468.
(75) JOHN WARD (MER) BOARD MEMBER	40.00 0.	X						585,207.	0.	52,838.
(76) BARBARA GAINES, MD (CHP) BOARD MEMBER	40.00 0.	X						601,272.	0.	35,650.
(77) ELIZABETH PICCIONE, MD (UPP) BOARD MEMBER	40.00 0.	X						574,700.	0.	48,417.
(78) SERGIO GIANCOLA, MD (NWH) FORMER BOARD MEMBER	0. 0.						X	572,867.	0.	44,902.
(79) RICHARD BEIGI, MD (MAG) BOARD MEMBER AND PRESIDENT	40.00 0.	X		X				537,199.	0.	63,417.
(80) SCOTT GUNN, MD (UPP) BOARD MEMBER	40.00 0.	X						562,578.	0.	34,553.
1b Sub-total								6,412,392.	0.	566,855.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) GEORGE K MICHALOPOULOS, MD (U BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						555,050.	0.	38,156.
(82) WILLIAM BARRINGTON, MD (PRY) FORMER BOARD MEMBER	0. 0.						X	546,458.	0.	36,357.
(83) JOSEPH LOSEE, MD (UPP) FORMER BOARD MEMBER	0. 0.						X	544,002.	0.	28,620.
(84) ROBERT GEIGER, DO (EPN) BOARD MEMBER	40.00 0.	X						530,807.	0.	38,964.
(85) DAVID RUSSELL (ALT) BOARD MEMBER	40.00 0.	X						505,187.	0.	55,760.
(86) JOEL S GREENBERGER, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						516,987.	0.	37,963.
(87) SUSAN HOOLAHAN (PSV) PRESIDENT	40.00 0.			X				474,118.	0.	75,641.
(88) TRENT EMERICK, MD (UPP) FORMER BOARD MEMBER	0. 0.						X	521,099.	0.	23,532.
(89) STEPHEN EMERY, MD (MAG) BOARD MEMBER	40.00 0.	X						506,443.	0.	29,619.
(90) TULIO ESTRADA, MD (HRZ) BOARD MEMBER	40.00 0.	X						480,397.	0.	45,913.
(91) LINDA BARNHART, MD (NWH) BOARD MEMBER	40.00 0.	X						485,907.	0.	39,088.
1b Sub-total								5,666,455.	0.	449,613.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) ROBERT P EDWARDS, MD (MAG) BOARD MEMBER	40.00 0.	X						484,273.	0.	33,518.
(93) KOTAYYA KONDAVEETI, MD (EAS) BOARD MEMBER	40.00 0.	X						512,500.	0.	0.
(94) BRIAN DURNIOK (NWH) BOARD MEMBER AND PRESIDENT	40.00 0.	X		X				444,587.	0.	57,591.
(95) CHRISTOPHER SAMUEL, MD (BDF) BOARD MEMBER	40.00 0.	X						466,060.	0.	32,330.
(96) DAVID PATTON (SMH) PRESIDENT	40.00 0.			X				422,157.	0.	69,064.
(97) JAMES W BOYLE, MD (PSV) BOARD MEMBER	40.00 0.	X						451,999.	0.	38,511.
(98) JOHN MCKEATING, MD (MER) FORMER BOARD MEMBER	0. 0.						X	439,639.	0.	50,683.
(99) AJ PINEVICH, MD (MER) BOARD SECRETARY	40.00 0.	X		X				438,087.	0.	51,534.
(100) LOUIS D FALO JR, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						451,950.	0.	34,865.
(101) DANIEL R SULLIVAN, MD (PSV) BOARD SECRETARY	40.00 0.	X		X				450,850.	0.	28,220.
(102) JOSEPH TALARICO, DO (BDF) BOARD MEMBER	40.00 0.	X						434,022.	0.	44,805.
1b Sub-total								4,996,124.	0.	441,121.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) RANDALL BOGGESS, DO (NWH) BOARD MEMBER	40.00 0.	X						434,532.	0.	43,079.
(104) MBEMBO BONGUTU, MD (RHS) BOARD MEMBER	40.00 0.	X						409,511.	0.	55,085.
(105) TRACEY BEIRIGER (OVI) BOARD TREASURER & SECRETARY	40.00 0.	X		X				391,335.	0.	70,449.
(106) LAWRENCE WECHSLER, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						421,415.	0.	35,659.
(107) TERENCE DERMODY, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						428,367.	0.	24,949.
(108) MARK GLADWIN, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						426,402.	0.	25,242.
(109) FRANCIS FOTI, MD (KAN) BOARD MEMBER	40.00 0.	X						403,076.	0.	47,014.
(110) HYAGRIV SIMHAN, MD (UPP) FORMER BOARD MEMBER	0. 0.						X	417,852.	0.	27,297.
(111) MARK O'HERN (EAS) PRESIDENT	40.00 0.			X				373,999.	0.	70,224.
(112) MATTHEW HURFORD (CCB) PRESIDENT	40.00 0.			X				401,845.	0.	35,685.
(113) ALEXANDER J CIOCCA, ESQ (SMH) BOARD MEMBER	40.00 0.	X						358,463.	0.	66,321.
1b Sub-total								4,466,797.	0.	501,004.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) MICHAEL SCHLECHTER, MD (ALT) BOARD MEMBER	1.00 40.00	X						0.	366,193.	57,543.
(115) DONALD BECKSTEAD (HNV) BOARD MEMBER	40.00 0.	X						325,955.	0.	92,823.
(116) ANDREA BADWAY (BHM) BOARD MEMBER	40.00 0.	X						349,868.	0.	51,581.
(117) ROBERT LUCAS, ESQ (CMI) BOARD MEMBER	40.00 0.	X						334,749.	0.	58,747.
(118) LYNN RUPP (RHS) PRESIDENT	40.00 0.			X				353,521.	0.	38,913.
(119) BRYANT WESLEY, ESQ (CRP) SECRETARY	40.00 0.			X				345,889.	0.	40,188.
(120) JOSEPH ANTONOWICZ, MD (ALF) FORMER BOARD MEMBER	0. 0.						X	304,816.	0.	80,671.
(121) CHRISTOPHER STOCKHAUSEN (MCK) FORMER TREASURER AND CFO	0. 0.						X	346,071.	0.	34,478.
(122) DOUGLAS GARRETSON (CEM) PRESIDENT	40.00 0.			X				321,906.	0.	55,866.
(123) DAVID BURWELL, MD (ALF) BOARD MEMBER	40.00 0.	X						332,188.	0.	40,985.
(124) NATHAN MOORE, MD (RHS) BOARD MEMBER	40.00 0.	X						315,247.	0.	55,218.
1b Sub-total								3,330,210.	366,193.	607,013.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) JEROME SHAFFER (CPS) BOARD MEMBER TREASURER AND CFO	40.00 0.	X		X				325,653.	0.	43,528.
(126) DAVID BAER, MD (BDF) BOARD MEMBER	40.00 0.	X						312,350.	0.	52,563.
(127) MARSHALL STAFFORD, MD (SMH) FORMER BOARD MEMBER	0. 0.						X	321,975.	0.	42,176.
(128) CHARISSA PACELLA, MD (PRY) FORMER BOARD MEMBER	0. 0.						X	339,086.	0.	24,074.
(129) MICHAEL BONINGER (HCM) BOARD MEMBER & PRESIDENT	40.00 0.	X		X				331,440.	0.	31,258.
(130) MARIO WILFONG (ALT) TREASURER AND CFO	40.00 0.			X				326,034.	0.	36,488.
(131) GRANT HORMELL, MD (BDF) BOARD MEMBER	40.00 0.	X						299,956.	0.	57,147.
(132) DONNA OTTOVIANI (CMI) BOARD MEMBER SECRETARY, VP AND	40.00 0.	X		X				318,878.	0.	35,409.
(133) KENNETH PLOWEY, MD (MCK) BOARD MEMBER	40.00 0.	X						314,589.	0.	38,860.
(134) TIMOTHY HORSKY, DO (BDF) BOARD MEMBER	40.00 0.	X						326,754.	0.	21,108.
(135) MARK BONDI (THS) PRESIDENT	1.00 40.00			X				0.	292,822.	48,244.
1b Sub-total								3,216,715.	292,822.	430,855.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) PAULA THOMAS (HHC) PRESIDENT	40.00 0.			X				281,216.	0.	58,281.
(137) RICHARD BONDI (UPC) TREASURER AND CFO	40.00 0.			X				297,715.	0.	40,342.
(138) KENNETH NASH, MD (CCB) BOARD MEMBER	40.00 0.	X						317,453.	0.	20,602.
(139) NICHOLAS BARCELLONA (CHP) SECRETARY & VP OF OPERATIONS	40.00 0.			X				296,664.	0.	39,997.
(140) JAMES DONNELLY (CHS) BOARD MEMBER	40.00 0.	X						289,309.	0.	40,534.
(141) GABRIELLA GOSMAN, MD (MAG) BOARD MEMBER	40.00 0.	X						299,529.	0.	25,386.
(142) THOMAS DIACOVO, MD (MAG) FORMER BOARD MEMBER	0. 0.						X	302,414.	0.	18,407.
(143) MARGARET BELL (AUE) TREASURER/SECRETARY	40.00 0.			X				257,584.	0.	58,204.
(144) NANTI CASE (HNF) PRESIDENT	40.00 0.			X				277,230.	0.	38,273.
(145) CAROLINE DANIELS, MD (CAC) SECRETARY	40.00 0.	X		X				275,414.	0.	36,964.
(146) SUSAN DUCHMAN (HNV) BOARD MEMBER	1.00 40.00	X						0.	276,182.	35,225.
1b Sub-total								2,894,528.	276,182.	412,215.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) DAVID MCCANDLESS, MD (NWH) BOARD MEMBER	40.00 0.	X						263,723.	0.	39,062.
(148) DAWNDRA JONES (MYC) BOARD MEMBER	40.00 0.	X						259,922.	0.	37,790.
(149) JAMES GIAMMARCO (CCB) CHIEF FINANCIAL OFFICER	40.00 0.			X				260,765.	0.	32,373.
(150) DANIEL GRANT (SCS) BOARD MEMBER	1.00 40.00	X						0.	248,581.	43,413.
(151) JARED WEINER (PRY) CHIEF FINANCIAL OFFICER	40.00 0.			X				261,011.	0.	30,585.
(152) CHARLES HAGERTY (SHB) BOARD VICE CHAIR	40.00 0.	X		X				255,377.	0.	35,568.
(153) DAVID BOBRZYNSKI (MYC) BOARD TREASURER	40.00 0.	X		X				248,898.	0.	41,102.
(154) BRIAN FRITZ (PSV) CHIEF FINANCIAL OFFICER	40.00 0.			X				253,288.	0.	33,770.
(155) MARK ZACHARIA, ESQ (MYC) BOARD VICE CHAIR	40.00 0.	X		X				241,495.	0.	38,904.
(156) TERRENCE LEWIS, ESQ (EMI) SECRETARY	40.00 0.			X				252,943.	0.	27,044.
(157) AMY SWINDELL, DO (HNV) FORMER BOARD MEMBER	0. 0.						X	259,604.	0.	20,134.
1b Sub-total								2,557,026.	248,581.	379,745.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

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- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) GWENDOLYN SOWA, MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 0.	X						252,358.	0.	22,105.
(159) MICHELE P JEGASOTHY, ESQ (UPM) SECRETARY	40.00 0.			X				215,007.	0.	48,620.
(160) DONALD GOODMAN (CEM) BOARD MEMBER AND V PRESIDENT	40.00 0.	X		X				211,438.	0.	48,591.
(161) TIMOTHY BALCONI (ALF) PRESIDENT	40.00 0.			X				219,763.	0.	38,369.
(162) SUSAN MARTIN (MER) BOARD MEMBER	40.00 0.	X						212,487.	0.	37,931.
(163) CHRISTINA PATTERSON, MD (UPP) BOARD MEMBER	40.00 0.	X						232,110.	0.	17,936.
(164) SUSAN RAKFAL, MD (MCK) BOARD MEMBER	40.00 0.	X						216,981.	0.	29,134.
(165) BRAD DINGER (NWH) CHIEF FINANCIAL OFFICER	40.00 0.			X				209,527.	0.	34,479.
(166) NOREEN FREDRICK (HNA) FORMER BOARD MEMBER	0. 0.						X	209,833.	0.	32,645.
(167) ROBYN BECKWITH, M.B.A (BHM) BOARD MEMBER AND SECRETARY	40.00 0.	X		X				196,014.	0.	38,095.
(168) LAURENE TIMMONS (EAS) BOARD SECRETARY, TREASURER AND	40.00 0.	X		X				207,802.	0.	23,328.
1b Sub-total								2,383,320.	0.	371,233.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

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	Yes	No
3	X	
4	X	
5		X

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) ALAN WELLS, MD (PRY) FORMER BOARD MEMBER	0. 0.						X	207,339.	0.	22,238.
(170) JEFFREY KNORR (BHO) SECRETARY	40.00 0.			X				192,230.	0.	30,296.
(171) JANET WATERS, MD (UPP) BOARD MEMBER	40.00 0.	X						208,833.	0.	13,238.
(172) CECIL MILLER (CHS) SECRETARY	0. 40.00			X				0.	198,921.	21,300.
(173) ROBERT GRIFFITH (HHC) CFO AND TREASURER	40.00 0.			X				191,717.	0.	19,913.
(174) ANDREW NOWALK, MD FORMER DIRECTOR	0. 0.						X	195,446.	0.	15,563.
(175) DIANA WOY (HNV) FORMER BOARD MEMBER	0. 0.						X	143,394.	0.	56,143.
(176) DAN SWAYZE (CEM) FORMER BOARD SECRETARY	40.00 0.						X	167,477.	0.	32,023.
(177) JEANNETTE SOUTH-PAUL, MD (UPP) FORMER BRD MEMBER & DEPT CHAIR	40.00 0.						X	177,628.	0.	20,766.
(178) RONALD J. MCCONNELL (ALT) FORMER VICE PRESIDENT	0. 0.						X	198,013.	0.	0.
(179) RUSSELL MEYERS (EMI) BOARD TREASURER	40.00 0.	X		X				163,931.	0.	32,979.
1b Sub-total								1,846,008.	198,921.	264,459.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

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- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) WILLIAM A NIGRO (CRP) BOARD MEMBER, TREAS AND CFO	40.00 0.	X		X				168,295.	0.	22,110.
(181) CLIFTON CALLAWAY, MD (UPP) FORMER BOARD MEMBER	0. 0.						X	165,811.	0.	20,666.
(182) CARRIE ENNIS (HMT) BOARD SECRETARY	40.00 0.	X		X				153,596.	0.	26,975.
(183) MARK PAPALIA (KAN) PRESIDENT	40.00 0.			X				144,785.	0.	15,753.
(184) HOWARD GUTSTEIN, MD (UPP) FORMER BRD MEMBER & DEPT CHAIR	40.00 0.						X	147,493.	0.	11,048.
(185) DAVID NACE, MD FORMER DIRECTOR	0. 0.						X	139,494.	0.	16,289.
(186) CAROL VANZILE (MYC) BOARD SECRETARY	40.00 0.	X		X				120,930.	0.	29,401.
(187) RAVI KONDAVEETI, MD (EAS) BOARD MEMBER	40.00 0.	X						147,750.	0.	0.
(188) LISA A NEWCOMB, ESQ (UPM) ASST SECRETARY	40.00 0.			X				120,068.	0.	25,564.
(189) CYNTHIA WILSON (HCM) BOARD MEMBER	1.00 40.00	X						0.	104,134.	38,023.
(190) CAREY ANDREW-JAJA, MD (MAG) FORMER BOARD MEMBER	0. 0.						X	127,333.	0.	13,884.
1b Sub-total								1,435,555.	104,134.	219,713.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) NANCY PASTORIUS (SCS) BOARD SECRETARY AND COO	40.00 0.	X		X				107,727.	0.	28,724.
(192) BYRON WADE (LOC) BOARD VICE PRESIDENT	40.00 0.	X		X				110,109.	0.	15,054.
(193) MANDY FAUBLE, MD (SHB) EXECUTIVE DIRECTOR	40.00 0.			X				96,355.	0.	23,771.
(194) HEIDI VANGORDER (UPM) ASST SECRETARY	40.00 0.			X				64,822.	0.	49,364.
(195) SUSAN KOSTILNIK (MAG) ASST SECRETARY	40.00 0.			X				92,096.	0.	22,062.
(196) THOMAS RECTOR (MYC) DIRECTOR OF FINANCIAL SERVICES	40.00 0.			X				89,374.	0.	24,321.
(197) JACKIE BONIER (HRF) BOARD MEMBER	40.00 0.	X						94,254.	0.	18,704.
(198) MONICA KLATT (APH) BOARD TREASURER & CFO	40.00 0.	X	X					84,147.	0.	20,605.
(199) ROBERT JACKSON (HRZ) PRESIDENT	40.00 0.			X				91,798.	0.	12,158.
(200) SHARON SQUILLARIO (ALT) SECRETARY	40.00 0.			X				62,623.	0.	35,954.
(201) JONI MURRAY (HRF) BOARD MEMBER	40.00 0.	X						65,478.	0.	27,023.
1b Sub-total								958,783.	0.	277,740.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) MARY PAT SOLTIS (EAS) BOARD MEMBER	40.00 0.	X						75,926.	0.	7,894.
(203) DONALD BECK, DPM (MCK) FORMER BOARD MEMBER	0. 0.						X	68,603.	0.	12,184.
(204) TAMRA MINTON (EAS) FORMER BOARD SECRETARY	40.00 0.						X	73,038.	0.	6,913.
(205) LISA SMITH (NWH) ASST SECRETARY	40.00 0.			X				59,190.	0.	14,903.
(206) MATTHEW BERWICK (CCB) BOARD MEMBER	40.00 0.	X						56,055.	0.	5,869.
(207) ALYSON FISHER (HRF) BOARD MEMBER	40.00 0.	X						53,467.	0.	6,678.
(208) LOREN ROTH, MD (CCB) BOARD MEMBER	40.00 0.	X						45,000.	0.	9,905.
(209) RACHEL BERGER (CHP) FORMER BOARD MEMBER	0. 0.						X	47,159.	0.	6,358.
(210) SCOTT GRAUBARD (HRF) BOARD MEMBER	40.00 0.	X						16,035.	0.	0.
(211) MATTHEW MASSARO, DO (BDF) FORMER BOARD MEMBER	0. 0.						X	15,731.	0.	0.
(212) DENNIS ENGLISH, MD (MAG) BOARD MEMBER	40.00 0.	X						6,150.	0.	0.
1b Sub-total								516,354.	0.	70,704.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) BERNARD CREPPAGE (BHA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(214) MARGARET ADAMS (BHA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(215) STEPHEN MARTYNUSKA (BHA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(216) MARSHALL WEBSTER, MD (BHM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(217) EILEEN SIMMONS (BHM) BOARD MEMBER AND TREASURER	1.00 0.	X		X				0.	0.	0.
(218) JASON SCIARRO, M.B.A. (BHM) BOARD VICE PRESIDENT	1.00 0.	X						0.	0.	0.
(219) ELLIOT SMITH, MD (BHM) BOARD VICE PRESIDENT	1.00 0.	X						0.	0.	0.
(220) ROBERT BLOSAT (BHO) BOARD CHAIR AND PRESIDENT	1.00 0.	X		X				0.	0.	0.
(221) DAVID BADWAY, MD (BHO) BOARD PRESIDENT	0. 0.	X		X				0.	0.	0.
(222) MARSHALL WEBSTER, MD (BHO) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(223) EDWARD T KARLOVICH (BHO) BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) DAVID ROTTINGHAUS, MD (BHO) BOARD VICE CHAIR	1.00 0.	X						0.	0.	0.
(225) ELLIOT SMITH, MD (BHO) BOARD VICE PRESIDENT	1.00 0.	X						0.	0.	0.
(226) JOHN INNOCENTI (CEM) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(227) DAVID GIBBONS (CEM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(228) JAN E. FISHER (CEM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(229) MARK SEVCO (CEM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(230) MICHAEL GRACE (CEM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(231) DEBRA DELLAPOSTA (CPF) BOARD CHAIR & PRESIDENT	1.00 0.	X		X				0.	0.	0.
(232) RUTH WEAVER (CPF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(233) BRUCE ERB (CPF) BOARD VICE CHAIR & V PRES	1.00 0.	X		X				0.	0.	0.
(234) CHERYL KIMMEL (CAC) BOARD CHAIR & PRESIDENT	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) AL BOLAND (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(236) ALISON DUBOIS, MD (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(237) BARBARA HASSON (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(238) BRIAN RICE (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(239) CARA FLORIE (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(240) DIANA REED (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(241) JAMES RUGH (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(242) ROGER CUNNINGHAM (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(243) SUSAN HANNON (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(244) TERRI STRAMBA (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(245) THOMAS MANSELL (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) TRACEY RANKIN (CAC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(247) RUTH RAY (CAC) BOARD VICE CHAIR & V PRES	1.00 0.	X		X				0.	0.	0.
(248) HOWARD W HANNA III (CHP) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(249) ANANTHA SHEKAR, MD, PHD (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(250) ARTHUR S LEVINE, MD (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(251) CLIFFORD ROWE, JR. (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(252) DOROTHY J. POLLON (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(253) HONORABLE JILL RANGOS (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(254) JAY W. CLEVELAND (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(255) JOAN STEPHANS (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(256) JOHN STALEY V (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) JOSEPH C WALTON (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(258) LAWRENCE N GUMBERG (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(259) LESLIE BRAKSICK, PHD (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(260) LESLIE C DAVIS (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(261) MARTHA HARTLE MUNSCH, ESQ (CHP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(262) MARY JO HOWARD DIVELY, ESQ (CH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(263) VANESSA OPPERMAN MOREHOUSE (CH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(264) DOUGLAS P DICK (CHP) BOARD MEMBER & VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(265) DIANE HOLDER (CCB) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(266) ANN MCGUINN (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(267) DAVID A LEWIS, MD (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) DOUGLAS MUETZEL (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(269) GEORGE A HUBER, ESQ (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(270) JEANNETTE SOUTH-PAUL, MD (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(271) JOHN LOVELACE (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(272) LAURA THOMAS (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(273) LAURIE MULVEY (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(274) MICHAEL FLAHERTY (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(275) RICHELLE DEBLASIO (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(276) SHELIA FINE (CCB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(277) SCOTT LAMMIE (CCB) BOARD MEMBER, SEC AND TREAS	1.00 0.	X		X				0.	0.	0.
(278) DEBORAH S BRODINE (CRP) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) JEROME SHAFFER (CRP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(280) MARK BONDI (CRP) BOARD MEMBER AND PRESIDENT	1.00 0.	X		X				0.	0.	0.
(281) DAVID GIBBONS (EPN) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(282) DAVID KRUSZEWSKI, MD (EPN) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(283) LYNN RUPP (EPN) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(284) ROBERT BLOSAT (EPN) BOARD MEMBER AND V PRESIDENT	1.00 0.	X		X				0.	0.	0.
(285) EDWARD HENDERSON (HNA) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(286) BERNARD CREPPAGE (HNA) BOARD CHAIR AND V PRESIDENT	1.00 0.	X		X				0.	0.	0.
(287) BRYANT WESLEY, ESQ (HNA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(288) DEBORAH S. BRODINE (HNA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(289) GERALD MURRAY (HNA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) JAN E. FISHER (HNA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(291) JAMES DRENNING (HNA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(292) JEROME SHAFFER (HNA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(293) JOHN LOVELACE (HNA) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(294) BRUCE ERB (HNA) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(295) ROBERT GRIFFITH (HNA) BOARD TREASURER AND CFO	1.00 0.	X		X				0.	0.	0.
(296) BRIAN PACHTMAN (HNF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(297) LISA MARKOWSKI TURBEVILLE (HNF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(298) MARK MOSCHELLA (HNF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(299) MICHAEL WARD (HNF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(300) NANCY FOGEL (HNF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) RAYMOND HESS (HNF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(302) WILLIAM EARNEST (HNF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(303) EDWARD HENDERSON (HNF) BOARD MEMBER AND BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(304) JEAN GEIST (HNF) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(305) KATHY WAGNER (HNF) BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
(306) DONALD OWREY (JHS) BOARD MEMBER & CEO	1.00 0.	X		X				0.	0.	0.
(307) ROBERT J. JACKSON (JHS) BOARD MEMBER & CEO	1.00 0.	X		X				0.	0.	0.
(308) AL BOLAND (JHS) BOARD SECRETARY & VICE PRESIDE	1.00 0.	X		X				0.	0.	0.
(309) BRIAN FRITZ (JHS) BOARD TREASURER & CFO	1.00 0.	X		X				0.	0.	0.
(310) FRANK MOSES (JHF) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(311) DALE PERELMAN (JHF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) DAVID SILVERMAN (JHF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(313) GLENN LEBBY (JHF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(314) MARVIN LEBBY (JHF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(315) JAY BRUCE (JHF) VICE CHAIRMAN	1.00 0.	X						0.	0.	0.
(316) ROBERT J. JACKSON (JMC) BOARD CHAIR & CEO	1.00 0.	X		X				0.	0.	0.
(317) DONALD OWREY (JMC) BOARD MEMBER & CEO	10.00 0.	X		X				0.	0.	0.
(318) AL BOLAND (JMC) BOARD SECRETARY & VICE PRESIDE	10.00 0.	X		X				0.	0.	0.
(319) BRIAN FRITZ (JMC) BOARD TREASURER & CFO	10.00 0.	X		X				0.	0.	0.
(320) JANE URISH (MYC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(321) VIOLET LUDWIG (MYC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(322) NOREEN FREDRICK (MYC) BOARD PRESIDENT	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) BETH BURNSIDE (RHS) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(324) EILEEN SIMMONS (RHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(325) LESLIE C DAVIS (RHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(326) MARK RAIMY (RHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(327) DONNA OTTOVIANI (RHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(328) ROBERT BLOSAT (RHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(329) CARRIE ENNIS (RHS) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(330) GREGORY BALDWIN, ESQ (RHS) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(331) AMY JONES (SHB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(332) CARRIE ENNIS (SHB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(333) JEFFREY SHAW (SHB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) SUSAN SIMON (SHB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(335) WILLIAM GROVE (SHB) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(336) MARK BONDI (SCS) BOARD CHAIR AND PRESIDENT	1.00 0.	X		X				0.	0.	0.
(337) WILLIAM A NIGRO (SCS) BOARD MEMBER TREAS AND CFO	1.00 0.	X		X				0.	0.	0.
(338) JEROME SHAFFER (THS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(339) DEBORAH S BRODINE (THS) BOARD MEMBER AND CHAIR	1.00 0.	X		X				0.	0.	0.
(340) WILLIAM A NIGRO (THS) BOARD MEMBER, TREAS AND CFO	1.00 0.	X		X				0.	0.	0.
(341) LESLIE C DAVIS (UPC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(342) SCOTT LAMMIE (UPC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(343) SY HOLZER (UPC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(344) ALEXANDER J CIOCCA, ESQ (UPC) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) MARSHALL WEBSTER, MD (UHC) BOARD CHAIR AND PRESIDENT	1.00 0.	X		X				0.	0.	0.
(346) ARTHUR S LEVINE, MD (UHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(347) DAVID T MARTIN (UHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(348) EDWARD T KARLOVICH (UHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(349) JOHN INNOCENTI (UHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(350) MARK SEVCO (UHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(351) MICHAEL GRACE (UHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(352) ALEXANDER J CIOCCA, ESQ (UHC) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(353) CHRISTOPHER A GESSNER (UHC) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(354) ANANTHA SHEKHAR, MD (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(355) ARTHUR S LEVINE, MD (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) CHARISSA PACELLA, MD (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(357) EVA BLUM (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(358) G NICHOLAS BECKWITH III (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(359) GEOVETTE WASHINGTON (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(360) JEFFREY A ROMOFF (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(361) JOHN SURMA (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(362) LESLIE C DAVIS (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(363) MARGARET P JOY, ESQ (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(364) MARK SEVCO (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(365) MARSHALL WEBSTER, MD (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(366) PATRICK GALLAGHER (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) RICHARD BEIGI, MD (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(368) RICHARD S HAMILTON (UPP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(369) DONALD M YEALY, MD (UPP) BOARD MEMBER AND DEPT CHAIR	1.00 0.	X						0.	0.	0.
(370) ROBERT P EDWARDS, MD (UPP) BOARD MEMBER AND DEPT CHAIR	1.00 0.	X						0.	0.	0.
(371) THOMAS RICHARDS (UPP) BOARD MEMBER AND DEPT CHAIR	1.00 0.	X						0.	0.	0.
(372) G NICHOLAS BECKWITH III (UPM) BOARD CHAIR	10.00 0.	X		X				0.	0.	0.
(373) ANANTHA SHEKHAR, MD (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(374) ANN PEPPERMAN (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(375) DEBRA L. CAPLAN (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(376) DOUGLAS A NEIDICH (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(377) ELAINE BELLIN (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(378) GREGORY SPENCER (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(379) HOWARD W HANNA III (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(380) JAMES P. COVERT (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(381) JOHN SURMA (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(382) JOHN VERBANAC (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(383) LOUIS PLUNG (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(384) MARK RAIMY (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(385) MICHAEL P. LYONS (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(386) RICHARD S HAMILTON (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(387) ROBERT G LOVETT (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(388) ROBERT M HERNANDEZ (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(389) ROBERT MONTLER (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(390) SUSAN BAKER SHIPLEY (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(391) THOMAS E. RICHARDS (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(392) VAUGHN S. CLAGETTE, MD (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(393) W. DUFF MCCRADY (UPM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(394) EVA BLUM (UPM) BOARD MEMBER & 1ST V CHAIR	1.00 0.	X						0.	0.	0.
(395) MARK J LASKOW (UPM) BOARD MEMBER & SECOND VICE CH	1.00 0.	X						0.	0.	0.
(396) EDWARD T KARLOVICH (APP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(397) LESLIE C. DAVIS (APP) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(398) DEBORAH S. BRODINE (APP) BOARD MEMBER AND PRESIDENT	1.00 0.	X		X				0.	0.	0.
(399) BRYANT WESLEY, ESQ (APP) BOARD MEMBER AND SECRETARY	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(400) JEROME SHAFFER (APP) BOARD MEMBER, TREAS & CFO	1.00 0.	X		X				0.	0.	0.
(401) BERNARD CREPPAGE (ALT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(402) BRUCE ERB (ALT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(403) DAVID BAER MD (ALT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(404) DAVID T MARTIN (ALT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(405) HONORABLE LISA PUPO LENIHAN (A BOARD MEMBER	1.00 0.	X						0.	0.	0.
(406) JOHN R BLACKBURN III (ALT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(407) KAREN PFEFFER (ALT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(408) LESLIE C. DAVIS (ALT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(409) MARSHALL WEBSTER, MD (ALT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(410) ANN BENZEL (ALT) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(411) ROBERT MONTLER (ALT) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(412) JAMES DRENNING (ALF) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(413) ANN BENZEL (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(414) BETSY LEHMAN (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(415) CRAIG KILMER (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(416) ERIC IRWIN (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(417) JAMES KILMARTIN (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(418) JAN E. FISHER (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(419) JOSH BARNHART (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(420) MARGARET CAWTHERN (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(421) MATTHEW STUCKEY (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(422) MICHAEL SETTIMIO (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(423) NANCY CAMPBELL (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(424) NANCY DEVORRIS (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(425) NEIL PORT (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(426) RAYMOND ECKENRODE (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(427) ROBERT BILGER (ALF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(428) BARBARA KOOMAN (ALF) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(429) ROBERT OKONAK JR. (ALF) BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
(430) WILLIAM WALLEN (ALF) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(431) WILLIAM WALLEN (APH) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(432) DAWN MCCLELLAN (APH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(433) JAMES ROUTCH, ESQ (APH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(434) LEONARD A. ZIMMERMAN, MD (APH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(435) NEIL PORT (APH) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(436) JOHN R BLACKBURN III (BDF) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(437) DAVID T MARTIN (BDF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(438) GARRY GOSS (BDF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(439) JUDY JACKSON (BDF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(440) ROBERT HALBRITTER (BDF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(441) TODD ROADMAN (BDF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(442) JAMES VREELAND, MD (BDF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(443) ANGELA DUVALL COLLEDGE (BDF) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(444) JAMES GONSMAN (BDF) BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
(445) ANNA DIBBLE (CHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(446) BRENDA IRELAND (CHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(447) CAMELLIA HERISKO (CHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(448) CRISTIE HERBST (CHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(449) EDWARD T. KARLOVICH (CHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(450) MARK RAIMY (CHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(451) MICHAEL SULLIVAN (CHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(452) WILLIAM GEARY, MD (CHS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(453) DAVID GIBBONS (CHS) BOARD MEMBER AND CHAIR	1.00 0.	X		X				0.	0.	0.
(454) BRAD DINGER (CHS) BOARD MEMBER AND TREASURER	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(455) STEVEN KILBURN (CHS) BOARD MEMBER AND VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(456) DAVID T MARTIN (CMI) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(457) NEIL Y VAN HORN (CMI) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(458) STEVEN D SHAPIRO, MD (CMI) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(459) ANN EVANS (CMI) BOARD MEMBER TREASURER AND CFO	1.00 0.	X		X				0.	0.	0.
(460) EDWARD T KARLOVICH (CPS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(461) LESLIE C. DAVIS (CPS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(462) BRYANT WESLEY ESQ (CPS) BOARD MEMBER AND SECRETARY	1.00 0.	X		X				0.	0.	0.
(463) SEAN LOGAN (EAS) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(464) GEORGE A HUBER, ESQ (EAS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(465) JAMES D. HEATHERINGTON (EAS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(466) JO ELLEN KENNEY (EAS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(467) KENNETH PLOWEY, MD (EAS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(468) NADEEM ISLAM, MD (EAS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(469) REBECCA SHAW MCHOLME, JD (EAS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(470) SUSAN RAKFAL, MD (EAS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(471) THOMAS W STERLING (EAS) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(472) ANN EVANS (EMI) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(473) DAVID PATTON (EMI) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(474) MARK SEVCO (EMI) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(475) ROBERT BLOSAT (EMI) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(476) STEVEN D SHAPIRO, MD (EMI) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(477) GEORGE A HUBER, ESQ (FY0) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(478) GWENDOLYN SOWA, MD (FY0) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(479) LORI REYNOLDS (FY0) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(480) RICHELLE DEBLASIO (FY0) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(481) MARK RAIMY (HMT) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(482) BETH BURNSIDE (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(483) C TALBOT HEPPENSTALL JR (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(484) DANIEL TEED (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(485) DAVID ZIMMER (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(486) DWANE BROCK (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(487) EDWARD T. KARLOVICH (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(488) ELLIOTT EHRENREICH, ESQ (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(489) FRANK VICTOR (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(490) JEFFREY BEACH CPA (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(491) JOEL B NELSON, MD (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(492) JOHNNY JOHNSON (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(493) KEITH PEMRICK (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(494) KEITH TAYLOR, PHD (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(495) LESLIE C DAVIS (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(496) LISA PRESTA-SMITH, ESQ (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(497) MARGARET P JOY, ESQ (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(498) ROBERT A. DEMICHIEI (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(499) STEPHEN PERKINS, MD (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(500) TIMOTHY NECASTRO (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(501) WILLIAM GEARY, MD (HMT) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(502) GREGORY BALDWIN, ESQ (HMT) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(503) DEBORAH S BRODINE (HCM) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(504) JAMES SCHUSTER, MD (HCM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(505) JEROME SHAFFER (HCM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(506) PAULA THOMAS (HCM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(507) SANDRA MCANALLEN (HCM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(508) TAMI MINNIER (HCM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(509) BRYANT WESLEY, ESQ (HCM) BOARD MEMBER & SECRETARY	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(510) ROBERT GRIFFITH (HCM) BOARD MEMBER, TREASURER & CFO	1.00 0.	X		X				0.	0.	0.
(511) JOON SUP LEE, MD (HCM) BOARD VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(512) BRUCE ERB (HNV) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(513) DAVIE GILMOUR (HNV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(514) KIM BURNS-WARD (HNV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(515) PAUL WINKLER (HNV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(516) ROBERT BUTTER (HNV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(517) SANDRA TOMLINSON (HNV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(518) SISTER TERESA ANN JACOBS (HNV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(519) VAL MIGNOGNA (HNV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(520) WILLIAM WILKISON (HNV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(521) CAROLYN DEAN (HNV) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(522) JANIE CHRISTNER (HNV) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(523) ROBERT GRIFFITH (HNV) BOARD TREASURER & CFO	1.00 0.	X		X				0.	0.	0.
(524) DEBORAH S BRODINE (HHW) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(525) DEBBIE BURBLES (HHW) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(526) HOLLY LORENZ (HHW) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(527) JACKIE DUBAR JACOBS (HHW) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(528) JOON SUP LEE, MD (HHW) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(529) NAMITA AHUJA, MD (HHW) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(530) BRYANT WESLEY, ESQ (HHW) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(531) ROBERT GRIFFITH (HHW) BOARD TREASURER & CFO	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(532) JEROME SHAFFER (HHW) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(533) DEBORAH S BRODINE (HHC) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(534) DEBBIE BURBLES (HHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(535) JACKIE DUBAR JACOBS (HHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(536) JOON SUP LEE, MD (HHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(537) NAMITA AHUJA, MD (HHC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(538) BRYANT WESLEY, ESQ (HHC) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(539) JEROME SHAFFER (HHC) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(540) FRANK MOSES (HRZ) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(541) RONALD MCCALL (HRZ) BOARD CO-CHAIR	1.00 0.	X		X				0.	0.	0.
(542) CHERYL KIMMEL (HRZ) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(543) CHRISTOPHER MILLER (HRZ) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(544) DAVID GIBBONS (HRZ) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(545) HENDLEY HOGE (HRZ) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(546) KENNETH ROMIG (HRZ) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(547) LOUIS MERRYMAN (HRZ) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(548) STEVE GARGASZ (HRZ) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(549) FRANK MINDICINO, CFP (HRZ) BOARD MEMBER & TREASURER	1.00 0.	X		X				0.	0.	0.
(550) JAY BRUCE (HRZ) BOARD MEMBER AND SECRETARY	1.00 0.	X		X				0.	0.	0.
(551) LINDA EVANS (HRZ) BOARD MEMBER, TREAS AND SEC	1.00 0.	X		X				0.	0.	0.
(552) AMANDA LAVANISH (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(553) JERRY TRONTEL (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(554) JESSICA PHILLIPS (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(555) JULIE (DOLAN) CYLENICA (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(556) KEVIN MCDERMOTT (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(557) LORRIE SPEIR-CHRISTINA (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(558) ROBERTA GOLDSTONE (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(559) SAM BELLICH (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(560) ROBERT PICCIRILLI (HRF) BOARD MEMBER AND CHAIR	1.00 0.	X		X				0.	0.	0.
(561) SARAH BOLAND (HRF) BOARD MEMBER, SEC AND TREAS	1.00 0.	X		X				0.	0.	0.
(562) RUSSELL ADKINS (HRF) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(563) ROBERT JACKSON (HRF) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(564) CHARLES BOGOSTA (IHI) BOARD MEMBER AND PRESIDENT	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(565) RICHARD BONDI (IHI) BOARD MEMBER, TREAS, SEC & CFO	1.00 0.	X		X				0.	0.	0.
(566) FRANK MOSES (JAM) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(567) RONALD MCCALL (JAM) BOARD CO-CHAIR	1.00 0.	X		X				0.	0.	0.
(568) CHERYL KIMMEL (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(569) CHRISTOPHER MILLER (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(570) DAVID GIBBONS (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(571) DAVE MARTIN (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(572) HENDLEY HOGE (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(573) KENNETH ROMIG (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(574) LINDA EVANS (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(575) LOUIS MERRYMAN (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(576) STEVE GARGASZ (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(577) TULIO ESTRADA, MD (JAM) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(578) DONALD OWREY (JAM) BOARD MEMBER & CEO	1.00 0.	X		X				0.	0.	0.
(579) ROBERT JACKSON (JAM) BOARD MEMBER & CEO	1.00 0.	X		X				0.	0.	0.
(580) JAY BRUCE (JAM) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(581) FRANK C. MINDICINO (JAM) BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
(582) DAVID GIBBONS (KAN) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(583) CARRIE ENNIS (KAN) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(584) HALCOLM BARD (KAN) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(585) LINDA MYERS (KAN) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(586) RON MATTIS (KAN) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(587) BRAD DINGER (KAN) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(588) ERIK ROSS (KAN) BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
(589) DONALD PAYNE (KAN) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(590) JOEL B NELSON, MD (LOC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(591) MICHAEL ANDERSON (LOC) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(592) RICHARD WADAS, MD (LOC) BOARD MEMBER AND PRESIDENT	1.00 0.	X		X				0.	0.	0.
(593) TERRENCE LEWIS, ESQ (LOC) BOARD MEMBER AND SECRETARY	1.00 0.	X		X				0.	0.	0.
(594) ANN EVANS (LOC) BOARD MEMBER AND TREASURER	1.00 0.	X		X				0.	0.	0.
(595) ANANTHA SHEKHAR, MD (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(596) ARTHUR S LEVINE, MD (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(597) CARRIE COGHILL (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(598) DEBRA BARBARITA (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(599) JEANNETTE SOUTH-PAUL, MD (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(600) KATHY (MAYLE) TOWNS (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(601) MARGARET P JOY, ESQ (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(602) MARK ALOE (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(603) MICHAEL SWEENEY (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(604) MICHELE ATKINS (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(605) SARAH MEEHAN (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(606) LESLIE C DAVIS (MAG) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(607) WILLIAM PIETRAGALLO II, ESQ (M) BOARD PRESIDENT	1.00 0.	X		X				0.	0.	0.
(608) ROSE ALMON-MARTIN (MAG) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(609) PETER W EISENBRANDT (MAG) BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
(610) HONORABLE DONETTA AMBROSE (MAG) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(611) REBECCA SHAW MCHOLME JD (MCK) BOARD CO-CHAIR	1.00 0.	X		X				0.	0.	0.
(612) SEAN LOGAN (MCK) BOARD CO-CHAIR	1.00 0.	X		X				0.	0.	0.
(613) GEORGE A HUBER, ESQ (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(614) IRVING J LATTERMANN (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(615) JAMES D HEATHERINGTON (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(616) JO ELLEN KENNEY (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(617) KOTAYYA KONDAVEETI, MD (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(618) MARY PAT SOLTIS (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(619) NADEEM ISLAM, MD (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(620) RAVI KONDAVEETI, MD (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(621) THOMAS W STERLING (MCK) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(622) LAURENE TIMMONS (MCK) BOARD TREASURER, SECRETARY & C	1.00 0.	X		X				0.	0.	0.
(623) HONORABLE MAUREEN LALLY-GREEN BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(624) BRIAN PARKER (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(625) CHRISTOPHER LEE (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(626) DAVID DAUSEY (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(627) F J LUCCHINO (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(628) HUGH BRANNAN (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(629) JUDITH K LINABURG (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(630) KORRY GREEN ESQ (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(631) LAWRENCE A DINARDO VE JCL (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(632) LESLIE C. DAVIS (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(633) RACHEL RILEY-LAVELLE (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(634) RENEE CROSBY-SKINNER (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(635) WILMA MCNEESE (MER) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(636) EDWARD T KARLOVICH (MER) BOARD MEMBER AND TREASURER	1.00 0.	X		X				0.	0.	0.
(637) DAVID FITZ (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(638) DAVID GIBBONS (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(639) GREG MERKEL (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(640) JAMES E KNARR, DMD (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(641) JAMES L DAUGHERTY (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(642) JEFFREY CLARK (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(643) JOSEPH MONTONE (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(644) JOSEPH PASTOR (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(645) KEITH PEMRICK (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(646) MARIE VEON (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(647) MARSHALL WEBSTER, MD (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(648) ROGER MCCAULEY (NWH) BOARD MEMBER	0. 0.	X						0.	0.	0.
(649) TAMARA VARSEK (NWH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(650) BETH HARMAN (NWH) BOARD MEMBER AND SECRETARY	1.00 0.	X		X				0.	0.	0.
(651) MATTHEW LAVERDE (NWH) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(652) RICHARD S HAMILTON (PSV) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(653) EDWARD A DILLS (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(654) JOON SUP LEE, MD (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(655) JULIE CAMPBELL (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(656) KAREN SCHOGEL (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(657) PAUL K VEY (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(658) ROBERT HOFMANN (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(659) SANDRA MCANALLEN (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(660) STR CANDACE INTROCASO DCP, PHD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(661) VALERIE TROTT WILLIAMS (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(662) ALEXANDER J CIOCCA, ESQ (PSV) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(663) JAMES FERGUSON (PSV) BOARD MEMBER AND TREASURER	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(664) DEBRA A DINNOCENZO (PSV) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(665) NEIL Y VAN HORN (PSV) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(666) BRIAN FRITZ (PPA) BOARD MEMBER AND CFO	1.00 0.	X		X				0.	0.	0.
(667) SUSAN HOOLAHAN (PPA) BOARD MEMBER AND PRESIDENT	1.00 0.	X		X				0.	0.	0.
(668) G NICHOLAS BECKWITH III (PRY) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(669) MARK J LASKOW (PRY) BOARD FIRST VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(670) ANANTHA SHEKHAR, MD (PRY) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(671) ARTHUR S LEVINE, MD (PRY) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(672) CRAIG ESTERLY (PRY) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(673) JAY W. CLEVELAND JR (PRY) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(674) JEANNETTE SOUTH-PAUL, MD (PRY) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(675) KAREN WOLK FEINSTEIN, PHD (PRY) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(676) W DUFF MCCRADY (PRY) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(677) ANN THOMPSON, MD, MHCPM (PRY) BOARD SECOND VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(678) RICHARD S HAMILTON (SMH) BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(679) DEBRA A DINNOCENZO (SMH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(680) EDWARD (TONY) DILLS (SMH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(681) JOON SUP LEE, MD (SMH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(682) JULIE CAMPBELL (SMH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(683) PAUL VEY (SMH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(684) ROBERT HOFMANN (SMH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(685) VALERIE C TROTT WILLIAMS (SMH) BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(686) DANIEL SULLIVAN (SMH) BOARD SECRETARY	1.00 0.	X		X				0.	0.	0.
(687) JAMES M FERGUSON III (SMH) BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
(688) NEIL Y VAN HORN (SMH) BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(689) STR CANDACE INTROCASO DCP, PHD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(690) GREGORY PEASLEE (AUE) PRESIDENT	1.00 0.			X				0.	0.	0.
(691) NOREEN FREDRICK (BHA) PRESIDENT	1.00 0.			X				0.	0.	0.
(692) CAROL VANZILE (BHA) SECRETARY	1.00 0.			X				0.	0.	0.
(693) THOMAS RECTOR (BHA) TREASURER & CFO	1.00 0.			X				0.	0.	0.
(694) MARK ZACHARIA, ESQ (BHA) VICE PRESIDENT	1.00 0.			X				0.	0.	0.
(695) EILEEN SIMMONS (BHO) TREASURER	1.00 0.			X				0.	0.	0.
(696) JAN E. FISHER (CPF) PRESIDENT	1.00 0.			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(697) GERALD MURRAY (CPF) TREASURER/SECRETARY/PRESIDENT	1.00 0.			X				0.	0.	0.
(698) MARK SEVCO (CHP) PRESIDENT	1.00 0.			X				0.	0.	0.
(699) MARIO WILFONG (CHP) TREASURER & CFO	1.00 0.			X				0.	0.	0.
(700) ROBERT DEVLIN, ESQ (EPN) SECRETARY	1.00 0.			X				0.	0.	0.
(701) BRAD DINGER (EPN) TREASURER AND CFO	1.00 0.			X				0.	0.	0.
(702) PAULA THOMAS (HNA) PRESIDENT	1.00 0.			X				0.	0.	0.
(703) ROBERT GRIFFITH (HNF) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(704) DONALD OWREY (JHF) PRESIDENT	1.00 0.			X				0.	0.	0.
(705) ROBERT C JACKSON (JHF) PRESIDENT	1.00 0.			X				0.	0.	0.
(706) WENDELL WAGNER (JHF) SECRETARY/TREASURER	1.00 0.			X				0.	0.	0.
(707) BRAD DINGER (RHS) TREASURER AND CFO	1.00 0.			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(708) LUCINDA HENDRICKSON (SHB) SECRETARY	1.00 0.			X				0.	0.	0.
(709) DAVID BOBRZYNSKI (SHB) TREASURER	1.00 0.			X				0.	0.	0.
(710) BRYANT WESLEY, ESQ (THS) SECRETARY	1.00 0.			X				0.	0.	0.
(711) CHARLES BOGOSTA (UPC) PRESIDENT	1.00 0.			X				0.	0.	0.
(712) ANN EVANS (UHC) TREASURER AND CFO	1.00 0.			X				0.	0.	0.
(713) STEVEN D SHAPIRO, MD (UPP) PRESIDENT	20.00 0.			X				0.	0.	0.
(714) EDWARD T. KARLOVICH (UPM) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(715) MONICA KLATT (ALT) TREASURER AND CFO	1.00 0.			X				0.	0.	0.
(716) MARIO WILFONG (ALF) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(717) MONICA KLATT (ALF) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(718) MARIO WILFONG (APH) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(719) JAN E. FISHER (APH) PRESIDENT	1.00 0.			X				0.	0.	0.
(720) MONICA KLATT (BDF) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(721) MARIO WILFONG (BDF) CFO AND VP ADMIN	1.00 0.			X				0.	0.	0.
(722) JAN E. FISHER (BDF) PRESIDENT	1.00 0.			X				0.	0.	0.
(723) BRIAN DURNIOK (CHS) PRESIDENT	1.00 0.			X				0.	0.	0.
(724) BRAD DINGER (HMT) TREASURER AND CFO	1.00 0.			X				0.	0.	0.
(725) LYNN RUPP (HMT) VICE PRESIDENT & COO	1.00 0.			X				0.	0.	0.
(726) PAULA THOMAS (HNV) PRESIDENT	1.00 0.			X				0.	0.	0.
(727) PAULA THOMAS (HHW) PRESIDENT	1.00 0.			X				0.	0.	0.
(728) BRIAN FRITZ (HRF) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(729) DONALD OWREY (HRF) PRESIDENT & COO	1.00 0.			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

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	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(730) BRIAN FRITZ (JAM) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(731) EILEEN SIMMONS (MAG) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(732) MARK O'HERN (MCK) PRESIDENT	1.00 0.			X				0.	0.	0.
(733) EILEEN SIMMONS (MER) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
(734) CHARLES BOGOSTA (OVI) PRESIDENT	1.00 0.			X				0.	0.	0.
(735) RICHARD BONDI (OVI) TREAS, SEC, AND CFO	1.00 0.			X				0.	0.	0.
(736) MICHELE P JEGASOTHY, ESQ (PRY) SECRETARY	1.00 0.			X				0.	0.	0.
(737) C TALBOT HEPPENSTALL JR (PRY) TREASURER	1.00 0.			X				0.	0.	0.
(738) BRIAN FRITZ (SMH) CHIEF FINANCIAL OFFICER	1.00 0.			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **10586**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
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- 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*

	Yes	No
3	X	
4	X	
5		X

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 474,728.				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,082,161.				
	d	Related organizations	1d 43,492,606.				
	e	Government grants (contributions) . .	1e 192,426,207.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 37,364,529.				
	g	Noncash contributions included in lines 1a-1f.	1g \$ 1,654,051.				
	h	Total. Add lines 1a-1f		274,840,231.			
	Program Service Revenue			Business Code			
2a		NET PATIENT REV	900099	7,902,200,289.	7,901,063,704.	1,136,585.	
b		OTHER PATIENT SERV	900099	417,766,336.	417,766,336.		
c		OTHER PROG SRV REV	900099	7,888,112,432.	7,887,286,788.	825,644.	
d		JOINT VENTURE REVENUE	900099	50,109,573.	51,816,483.	-1,706,910.	
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		16,258,188,630.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		28,378,161.			28,378,161.
	4	Income from investment of tax-exempt bond proceeds .		0.			
	5	Royalties		2,143,853.			2,143,853.
			(i) Real (ii) Personal				
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss).		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 7a 1,172,729,267. 1,964,037.				
	b	Less: cost or other basis and sales expenses . .	7b 1,158,732,317. 3,714,538.				
	c	Gain or (loss)	7c 13,996,950. -1,750,501.				
	d	Net gain or (loss)		12,246,449.			12,246,449.
	8a	Gross income from fundraising events (not including \$ 1,082,161. of contributions reported on line 1c). See Part IV, line 18	8a 391,965.				
	b	Less: direct expenses	8b 790,954.				
	c	Net income or (loss) from fundraising events.		-398,989.			-398,989.
	9a	Gross income from gaming activities. See Part IV, line 19	9a 0.				
	b	Less: direct expenses	9b 40,687.				
c	Net income or (loss) from gaming activities.		-40,687.			-40,687.	
10a	Gross sales of inventory, less returns and allowances	10a 0.					
b	Less: cost of goods sold	10b 0.					
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
12	Total revenue. See instructions		16,575,357,648.	16,257,933,311.	255,319.	42,328,787.	

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	180,265,880.	180,265,880.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	113,211,047.	37,673,252.	75,537,795.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,319,932,213.	4,431,573,859.	888,358,354.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	233,199,948.	165,541,025.	67,658,923.	
9 Other employee benefits	450,057,103.	404,402,373.	45,654,730.	
10 Payroll taxes	266,997,065.	222,462,281.	44,534,784.	
11 Fees for services (nonemployees):				
a Management	16,098,421.	14,454,064.	1,644,357.	
b Legal	20,662,277.	2,436,219.	18,226,058.	
c Accounting	7,111,659.		7,111,659.	
d Lobbying	2,336,253.		2,336,253.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	1,646,469.		1,646,469.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	109,732,415.	107,298,726.	2,433,689.	
12 Advertising and promotion	38,739,130.	38,739,130.		
13 Office expenses	95,414,361.	66,091,762.	29,322,599.	
14 Information technology	268,792,359.	53,185,317.	215,607,042.	
15 Royalties	0.			
16 Occupancy	276,822,690.	229,100,798.	47,721,892.	
17 Travel	22,388,903.	17,394,973.	4,993,930.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,878,452.	1,472,975.	405,477.	
20 Interest	5,172,857.	2,226,604.	2,946,253.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	448,505,756.	448,505,756.		
23 Insurance	104,814,579.	96,085,478.	8,729,101.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL EXPENSES	5,914,218,860.	5,914,218,860.		
b DRUGS	787,019,909.	787,019,909.		
c MEDICAL/PATIENT SUPPLIES	487,029,578.	487,029,578.		
d MEDICAL IMPLANTS	287,260,820.	287,260,820.		
e All other expenses	1,028,454,604.	930,104,997.	98,349,607.	
25 Total functional expenses. Add lines 1 through 24e	16487763608.	14924544636.	1,563,218,972.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	70,454,062.	1	92,286,717.
	2 Savings and temporary cash investments.	4,273,463.	2	224,157,662.
	3 Pledges and grants receivable, net	576,000.	3	377,233.
	4 Accounts receivable, net.	2,039,856,480.	4	2,421,037,092.
	5 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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net.	121,767,930.	7	216,773,902.
	8 Inventories for sale or use	63,147,111.	8	62,552,640.
	9 Prepaid expenses and deferred charges	57,847,423.	9	55,556,549.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,449,188,791.		
	b Less: accumulated depreciation.	10b 4,795,199,402.		
		3,480,286,953.	10c	3,653,989,389.
	11 Investments - publicly traded securities.	595,324,541.	11	458,118,076.
	12 Investments - other securities. See Part IV, line 11.	183,157,986.	12	155,604,643.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	61,477,491.	14	70,702,613.
15 Other assets. See Part IV, line 11	1,867,982,023.	15	2,001,158,929.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,546,151,463.	16	9,412,315,445.	
Liabilities	17 Accounts payable and accrued expenses.	579,043,751.	17	1,251,170,960.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	11,301,679.	19	11,355,525.
	20 Tax-exempt bond liabilities.	10,455,000.	20	8,535,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	170,446,042.	23	213,059,359.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,937,086,971.	25	1,988,312,597.
	26 Total liabilities. Add lines 17 through 25.	2,708,333,443.	26	3,472,433,441.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	5,155,849,037.	27	5,201,965,920.
	28 Net assets with donor restrictions.	681,968,983.	28	737,916,084.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	5,837,818,020.	32	5,939,882,004.
33 Total liabilities and net assets/fund balances	8,546,151,463.	33	9,412,315,445.	

Form **990** (2019)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,575,357,648.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,487,763,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	87,594,040.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,837,818,020.
5	Net unrealized gains (losses) on investments	5	-18,179,960.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-13,310,000.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	45,959,904.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,939,882,004.

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

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

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 21

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		
(A) SEE PART VI	00-0000000	3			0.	0.
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,603,128.	3,782,373.	816,645.	1,692,402.	4,320,182.	15,214,730.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	4,603,128.	3,782,373.	816,645.	1,692,402.	4,320,182.	15,214,730.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						15,214,730.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	4,603,128.	3,782,373.	816,645.	1,692,402.	4,320,182.	15,214,730.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	80,511.	13,139.	198,101.		401,232.	692,983.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			233,306.	161,785.	-38,159.	356,932.
11 Total support. Add lines 7 through 10						16,264,645.
12 Gross receipts from related activities, etc. (see instructions)					12	24,352,876,487.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	93.54 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	94.89 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		☒
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		☐
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,354,657.	7,014,929.	13,786,855.	20,488,344.	18,546,634.	65,191,419.
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	3,529,468,977.	3,776,199,908.	4,612,781,764.	5,518,845,591.	6,915,580,247.	24,352,876,487.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	3,534,823,634.	3,783,214,837.	4,626,568,619.	5,539,333,935.	6,934,126,881.	24,418,067,906.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						24,418,067,906.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	3,534,823,634.	3,783,214,837.	4,626,568,619.	5,539,333,935.	6,934,126,881.	24,418,067,906.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,482,186.	5,913,564.	11,152,577.	17,697,717.	22,688,976.	61,935,020.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	4,482,186.	5,913,564.	11,152,577.	17,697,717.	22,688,976.	61,935,020.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		656,180.	153,421.	196,886.	37,901.	1,044,388.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,539,305,820.	3,789,784,581.	4,637,874,617.	5,557,228,538.	6,956,853,758.	24,481,047,314.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.74 %
16 Public support percentage from 2018 Schedule A, Part III, line 15.	16	99.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	.25 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.22 %

- 19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

MEMBERS OF UPMC GROUP (55)

PUBLIC CHARITY STATUS REASON FOR NON-PRIVATE FOUNDATION STATUS

UPMC PRESBYTERIAN SHADYSIDE: FOUNDATION STATUS 3

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH: FOUNDATION STATUS 3

UPMC MAGEE-WOMENS HOSPITAL: FOUNDATION STATUS 3

UPMC ST MARGARET: FOUNDATION STATUS 3

UPMC PASSAVANT: FOUNDATION STATUS 3

UPMC HORIZON: FOUNDATION STATUS 3

UPMC NORTHWEST: FOUNDATION STATUS 3

UPMC MCKEESPORT: FOUNDATION STATUS 3

UPMC EAST: FOUNDATION STATUS 3

UPMC BEDFORD: FOUNDATION STATUS 3

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES: FOUNDATION
STATUS 3

UPMC HORIZON COMMUNITY HEALTH FOUNDATION: FOUNDATION STATUS 7

UNIVERSITY OF PITTSBURGH PHYSICIANS: FOUNDATION STATUS 3

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION: FOUNDATION STATUS 10

UPMC MERCY: FOUNDATION STATUS 3

PASSAVANT PROFESSIONAL ASSOCIATES, INC.: FOUNDATION STATUS 10

UPMC COMMUNITY MEDICINE, INC.: FOUNDATION STATUS 3

UPMC EMERGENCY MEDICINE, INC.: FOUNDATION STATUS 10

SUGARCREEK STATION: FOUNDATION STATUS 3

UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA FKA UPMC VISITING NURSES
ASSOCIATION : FOUNDATION STATUS 10

UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA: FOUNDATION STATUS 10

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.)

CRANBERRY PLACE: FOUNDATION STATUS 10

THE HERITAGE SHADYSIDE: FOUNDATION STATUS 10

UPMC COMMUNITY PROVIDER SERVICES, INC.: FOUNDATION STATUS 10

UPMC INTERNATIONAL HOLDINGS, INC.: FOUNDATION STATUS 12; TYPE 2

UPMC OVERSEAS, INC.: FOUNDATION STATUS 12; TYPE 2

UPMC CENTER FOR HEALTH SECURITY: FOUNDATION STATUS 3

UNIVERSITY HEALTH CENTER OF PITTSBURGH: FOUNDATION STATUS 12 ;TYPE 2

UPMC FOR YOU: FOUNDATION STATUS 10

CENTER FOR EMERGENCY MEDICINE OF WESTERN PA: FOUNDATION STATUS 10

ERIE PHYSICIANS NETWORK- UPMC INC.: FOUNDATION STATUS 3

UPMC HAMOT: FOUNDATION STATUS 3

REGIONAL HEALTH SERVICES, INC.: FOUNDATION STATUS 10

UPMC ADVANCED PRACTICE PROVIDERS: FOUNDATION STATUS 10

HOME NURSING AGENCY AFFILIATES: FOUNDATION STATUS 10

HOME NURSING AGENCY FOUNDATION: FOUNDATION STATUS 10

CENTRAL PENNSYLVANIA MEDICAL FOUNDATION, INC.: FOUNDATION STATUS 12; TYPE

1

UPMC ALTOONA: FOUNDATION STATUS 3

UPMC ALTOONA FOUNDATION: FOUNDATION STATUS 7

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY: FOUNDATION STATUS 10

BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE INC: FOUNDATION
STATUS 3

UPMC CHAUTAUQUA SERVICES, INC.: FOUNDATION STATUS 12; TYPE 1

MON YOUGH COMMUNITY SERVICES, INC.: FOUNDATION STATUS 10

BUTLER HEALTH SYSTEM/UPMC OB/GYN JOINT VENTURE, INC.: FOUNDATION STATUS 3

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.)

SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT: FOUNDATION STATUS 10

AUUE, INC.: FOUNDATION STATUS 3

UPMC HOME CARE MANAGEMENT SERVICES: FOUNDATION STATUS 10

UPMC KANE: FOUNDATION STATUS 3

UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES: FOUNDATION STATUS 10

CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY: FOUNDATION STATUS 7

JAMESON HEALTH SERVICES, INC.: FOUNDATION STATUS 12, TYPE 1

JAMESON HEALTHCARE FOUNDATION: FOUNDATION STATUS 12, TYPE 2

JAMESON MEDICAL CARE, INC.: FOUNDATION STATUS 10

UPMC JAMESON: FOUNDATION STATUS 3

UPMC LOCUM CLINICIANS: FOUNDATION STATUS 3

PART I REASON FOR PUBLIC CHARITY STATUS

12 G ENTITY: UPMC INTERNATIONAL HOLDINGS INC. (I) NAME OF SUPPORTED ORGANIZATION: UPMC PRESBYTERIAN SHADYSIDE (II) EIN: 25-0965480 (III) TYPE OF ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (V) AMOUNT OF MONETARY SUPPORT: (VI) AMOUNT OF OTHER SUPPORT:

ENTITY: UPMC OVERSEAS (I) NAME OF SUPPORTED ORGANIZATION: UPMC PRESBYTERIAN SHADYSIDE (II) EIN: 25-0965480 (III) TYPE OF ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (V) AMOUNT OF MONETARY SUPPORT: (VI) AMOUNT OF OTHER SUPPORT:

ENTITY: UNIVERSITY HEALTH CENTER OF PITTSBURGH (I) NAME OF SUPPORTED ORGANIZATIONS AND (II) EIN: UNIVERSITY HEALTH CENTER OF PITTSBURGH

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.)

SUPPORTS ALL 509(A) (1) AND 509(A) (2) HOSPITAL AFFILIATES OF UPMC.

(III) TYPE OF ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING

DOCUMENTS: NO (V) AMOUNT OF MONETARY SUPPORT: (VI) AMOUNT OF OTHER

SUPPORT:

ENTITY: CENTRAL PENNSYLVANIA MEDICAL FOUNDATION (I) NAME OF SUPPORTED

ORGANIZATION: UPMC ALTOONA (II) EIN: 23-1352155 (III) TYPE OF

ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES

(V) MONETARY SUPPORT: (VI) AMOUNT OF SUPPORT:

ENTITY: UPMC CHAUTAUQUA SERVICES, INC. (I) NAME OF SUPPORTED

ORGANIZATION: UPMC CHAUTAUQUA AT WCA (II) EIN: 16-0743226 (III) TYPE

OF ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES

(V) MONETARY SUPPORT: (VI) AMOUNT OF SUPPORT:

ENTITY: JAMESON HEALTH SERVICES, INC. (I) NAME OF SUPPORTED

ORGANIZATION: UPMC JAMESON (II) EIN: 25-0965406 (III) TYPE OF

ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (V)

MONETARY SUPPORT: (VI) AMOUNT OF SUPPORT:

ENTITY: JAMESON HEALTHCARE FOUNDATION (I) NAME OF SUPPORTED

ORGANIZATION: UPMC JAMESON (II) EIN: 25-0965406 (III) TYPE OF

ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (V)

MONETARY SUPPORT: (VI) AMOUNT OF SUPPORT:

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.)

PART IV SUPPORTING ORGANIZATIONS, SECTION A, QUESTION 1

AS PER THEIR RESPECTIVE GOVERNING DOCUMENTS UPMC INTERNATIONAL HOLDINGS, INC. AND UPMC OVERSEAS, INC. BOTH SUPPORT UPMC PRESBYTERIAN SHADYSIDE, A 501(C)(3) TERTIARY ACUTE CARE HOSPITAL, SPECIFICALLY IN ITS TRANSPLANT AREA.

UPMC CHAUTAUQUA SERVICES, INC., PER ITS GOVERNING DOCUMENTS, SUPPORTS THE EXEMPT 501(C)(3) ENTITY UPMC CHAUTAUQUA AT WCA.

JAMESON HEALTH SERVICES, INC., PER ITS GOVERNING DOCUMENTS, SUPPORTS THE EXEMPT 501(C)(3) ENTITY UPMC JAMESON.

JAMESON HEALTHCARE FOUNDATION, PER ITS GOVERNING DOCUMENTS, SUPPORTS THE EXEMPT 501(C)(3) ENTITY UPMC JAMESON.

PART IV SUPPORTING ORGANIZATIONS, SECTION C, QUESTION 1

FOR UPMC INTERNATIONAL HOLDINGS, INC. AND UPMC OVERSEAS CONTROL AND MANAGEMENT OF EACH OF THESE ORGANIZATIONS AND UPMC PRESBYTERIAN SHADYSIDE IS VESTED IN THE UPMC BOARD OF DIRECTORS BY VIRTUE OF THE UPMC BOARDS POWER TO APPOINT THE BOARDS OF, AND APPROVE ALL OF OR CERTAIN CORPORATE DECISIONS OF ALL THREE ORGANIZATIONS AND THAT BECAUSE OF THIS COMMON CONTROL AND MANAGEMENT, BOTH UPMC INTERNATIONAL HOLDINGS, INC. AND UPMC OVERSEAS ARE RESPONSIVE TO THE NEEDS OF UPMC PRESBYTERIAN SHADYSIDE. A MAJORITY OF THE DIRECTORS OF UNIVERSITY HEALTH CENTER OF PITTSBURGH ARE ALSO DIRECTORS OF THE SUPPORTED ORGANIZATIONS.

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.)

FOR JAMESON HEALTHCARE FOUNDATION A MAJORITY OF THE DIRECTORS FOR THIS
CORPORATION HAVE POSITIONS AS DIRECTORS ON THE SUPPORTED ORGANIZATION OF
UPMC JAMESON.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

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

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

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

Name of organization

UPMC GROUP

Employer identification number

20-8295721

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

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		238,891.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,097,361.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,336,252.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

ADDITIONAL INFORMATION

PART I-A

UPMC GROUP ENTITIES DO NOT ENGAGE IN ANY DIRECT OR INDIRECT POLITICAL ACTIVITY.

PART II-B

UPMC GROUP MAINTAINS A DEPARTMENT OF GOVERNMENT RELATIONS WHOSE PRIMARY FUNCTION IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED OFFICIALS AT THE FEDERAL, STATE, AND LOCAL LEVELS. THE DEPARTMENT PROMOTES LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION.

PART II-B, LINE 1D

THE AMOUNT FOR MAILINGS IS NOT READILY QUANTIFIABLE, HOWEVER, UPMC RECOGNIZES THAT IN THE COURSE OF BUSINESS, THESE EXPENSES MAY OCCUR.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

20-8295721

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 (for example, recreation or education)	☐ Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2019

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 make significant use of its collection items (check all that apply):

- ☐ **a** Public exhibition
☐ **b** Scholarly research
☐ **c** Preservation for future generations
☐ **d** Loan or exchange program
☐ **e** Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c _____
d Additions during the year	1d _____
e Distributions during the year	1e _____
f Ending balance	1f _____

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	96,685,629.	98,462,675.	84,304,348.	78,473,227.	80,510,928.
b Contributions	-183,830.	1,924,852.	3,879,438.	284,016.	819,768.
c Net investment earnings, gains, and losses	-751.	-1,013,507.	12,495,533.	7,942,171.	754,972.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,498,114.	2,688,391.	2,216,644.	2,395,066.	3,612,442.
f Administrative expenses					
g End of year balance	94,002,934.	96,685,629.	98,462,675.	84,304,348.	78,473,226.

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 ▶ 100.0000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		179,120,007.		179,120,007.
b Buildings		4977517854.	2808180476.	2,169,337,378.
c Leasehold improvements		109,008,284.	78,769,472.	30,238,812.
d Equipment		2621816091.	1825600503.	796,215,588.
e Other		561,726,555.	82,648,951.	479,077,604.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,653,989,389.

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)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	726,614,428.
(2) BENEFICIAL INT IN FOUNDATIONS	521,499,177.
(3) INVESTMENTS WITH RELATED ORGS	322,491,065.
(4) INVEST IN JOINT VENTURES	230,974,655.
(5) DUE FROM RESTRICTED FUNDS	73,325,488.
(6) OTHER ASSETS	98,826,808.
(7) LONG TERM BUILDING LEASE	27,427,308.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	2,001,158,929.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO EXEMPT PARENT	1,624,946,935.
(3)	INSURANCE CLAIMS LIABILITIES	146,027,786.
(4)	OTHER CURRENT & LT LIABILITIES	114,747,494.
(5)	DUE TO THIRD PARTY PAYORS	37,724,961.
(6)	PENSION LIABILITIES	26,224,920.
(7)	PATIENT DEP/CREDIT BALANCES	38,640,501.
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		1,988,312,597.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V

LINE 4

ENDOWMENT FUNDS WILL BE UTILIZED TO CARRY ON THE EXEMPT MISSIONS OF THE
HOSPITAL ENTITIES.

PART X

LINE 2 AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM
LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES.
TAX BENEFITS ARE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A TAX
POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES
BASED ON THE TECHNICAL MERITS OF THE POSITION. SUCH TAX POSITIONS ARE
MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN
50% LIKELY TO BE REALIZED UPON ULTIMATE SETTLEMENT WITH THE TAX
AUTHORITIES ASSUMING FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT
FACTS. AS OF JUNE 30, 2020, UPMC DOES NOT HAVE ANY UNCERTAIN TAX
POSITIONS RECORDED.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-8295721

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 the 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) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	109,949.
(2) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	471,076.
(3) EUROPE	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	56,010,194.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	7,387.
(5) NORTH AMERICA	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	99,160.
(6) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	203,074.
(7) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	17,587.
(8) SOUTH ASIA	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	500.
(9) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	HEALTH CARE EDUCATION	18,808.
(10) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		48,533,359.
(11) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		2,682,177.
(12) EUROPE	0.	0.	INVESTMENTS		14,059,769.
(13) NORTH AMERICA	0.	0.	INVESTMENTS		5,236,402.
(14) SOUTH AMERICA	0.	0.	INVESTMENTS		582,322.
(15) SOUTH ASIA	0.	0.	INVESTMENTS		516,184.
(16) SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		805.
(17)					
3a Subtotal					128,548,753.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					128,548,753.

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

Schedule F (Form 990) 2019

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)									
(2)									
(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 ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" 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

Schedule F (Form 990) 2019

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).

SCHEDULE F STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES

UPMC GROUP ENTITIES INVESTMENT PORTFOLIOS INCLUDES FOREIGN SECURITIES AND

SIMILAR ASSETS THAT THE IRS REQUIRES TO BE REPORTED ON SCHEDULE F.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-8295721

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 STEELERS STYLE (event type)	(b) Event #2 WINTER SPLENDO (event type)	(c) Other events 10. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	866,427.	132,636.	418,617.	1,417,680.
	2 Less: Contributions	658,727.	100,396.	266,592.	1,025,715.
	3 Gross income (line 1 minus line 2)	207,700.	32,240.	152,025.	391,965.
Direct Expenses	4 Cash prizes			6,495.	6,495.
	5 Noncash prizes	3,836.		26,786.	30,622.
	6 Rent/facility costs	22,108.	16,489.	75,142.	113,739.
	7 Food and beverages	146,009.	25,902.	46,695.	218,606.
	8 Entertainment	23,992.	2,000.	700.	26,692.
	9 Other direct expenses	369,353.	5,517.	19,930.	394,800.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				790,954.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-398,989.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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	☒	
1b If "Yes," was it a written policy?	☒	
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. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 250.0000 %	☒	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %	☒	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	☒	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	☒	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	☒	
5c 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?	☒	
6b 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)			86,418,971.		86,418,971.	.53
b Medicaid (from Worksheet 3, column a)			1,372,093,696.	1,099,902,221.	272,191,475.	1.68
c Costs of other means-tested government programs (from Worksheet 3, column b)			19,728,496.	9,487,694.	10,240,802.	.06
d Total. Financial Assistance and Means-Tested Government Programs			1,478,241,163.	1,109,389,915.	368,851,248.	2.27
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			87,292,918.	7,460,345.	79,832,573.	.49
f Health professions education (from Worksheet 5)			306,210,565.	97,109,427.	209,101,138.	1.28
g Subsidized health services (from Worksheet 6)			223,893,495.	91,758,070.	132,135,426.	.81
h Research (from Worksheet 7)			347,467,317.	11,367,334.	336,099,983.	2.06
i Cash and in-kind contributions for community benefit (from Worksheet 8)			184,024,567.		184,024,567.	1.13
j Total. Other Benefits			1,148,888,862.	207,695,176.	941,193,687.	5.77
k Total. Add lines 7d and 7j			2,627,130,025.	1,317,085,091.	1,310,044,935.	8.04

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

Schedule H (Form 990) 2019

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	2,131,165,509.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	2,923,614,878.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-792,449,369.
8 Describe in Part VI the extent to which any shortfall reported on 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		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
9b 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	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ONCOLOGY CO-MGMT	ONCOLOGY SERVICE	50.00000		50.00000
2 HAMOT SURGERY CENTER	OUTPATIENT SURGERY CTR	51.00000		49.00000
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

How many hospital facilities did the organization operate during the tax year? 23

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)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER/other	Other (describe)	Facility reporting group
1 UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965480 163301	X	X		X		X	X			A
2 UPMC PRESBYTERIAN SHADYSIDE 5230 CENTRE AVENUE PITTSBURGH PA 15232 WWW.UPMC.COM EIN: 25-0965480 163301	X	X		X		X	X			A
3 UPMC PRESBYTERIAN SHADYSIDE 1300 OXFORD DRIVE PITTSBURGH PA 15102 WWW.UPMC.COM EIN: 25-0965480 09621500	X								OUTPATIENT AMBULATORY & SURGICAL CENTER	A
4 UPMC MAGEE-WOMENS HOSPITAL 300 HALKET STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965420 650301	X	X		X		X	X			A
5 UPMC CHILDREN'S HOSPITAL OF PGH 4401 PENN AVE PITTSBURGH PA 15224 WWW.UPMC.COM EIN: 25-0402510 291201	X	X	X	X		X	X			A
6 UPMC CHILDREN'S HOSPITAL OF PGH 2599 WEXFORD-BAYNE ROAD SEWICKLEY PA 15143 WWW.UPMC.COM EIN: 25-0402510 291201	X								OUTPATIENT AMBULATORY & SURGICAL CENTER	A
7 UPMC MERCY 1400 LOCUST STREET PITTSBURGH PA 15219 WWW.UPMC.COM EIN: 25-0965429 13610100	X	X		X			X			A
8 UPMC PASSAVANT 9100 BABCOCK BLVD PITTSBURGH PA 15237 WWW.UPMC.COM EIN: 25-0965451 400401	X	X				X	X			A
9 UPMC PASSAVANT 1 ST FRANCIS WAY CRANBERRY TWP PA 16066 WWW.UPMC.COM EIN: 25-0965451 400401	X	X				X	X			A
10 UPMC ST. MARGARET 815 FREEPORT ROAD PITTSBURGH PA 15215 WWW.UPMC.COM EIN: 23-2875070 195901	X	X		X			X			A

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)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER/other	Other (describe)	Facility reporting group
1 UPMC MCKEESPORT 1500 FIFTH AVENUE MCKEESPORT PA 15132 WWW.UPMC.COM EIN: 25-0965423 650401	X	X		X			X			A
2 UPMC HORIZON 110 MAIN STREET GREENVILLE PA 16125 WWW.UPMC.COM EIN: 25-0523970 071901	X	X		X			X			A
3 UPMC HORIZON 2200 MEMORIAL DRIVE FARRELL PA 16121 WWW.UPMC.COM EIN: 25-0523970 071901	X	X		X			X			A
4 UPMC NORTHWEST 100 FAIRFIELD DRIVE SENECA PA 16346 WWW.UPMC.COM EIN: 25-0489010 151001	X	X					X			A
5 UPMC BEDFORD 10455 LINCOLN HIGHWAY EVERETT PA 15337 WWW.UPMC.COM EIN: 23-1396795 650501	X	X					X			A
6 UPMC ST. MARGARET 3 MARINER COURT PITTSBURGH PA 15238 WWW.UPMC.COM EIN: 23-2875070 195901	X								OUTPATIENT AMBULATORY & SURGICAL CENTER	A
7 UPMC EAST 2775 MOSSIDE BOULEVARD MONROEVILLE PA 15146 WWW.UPMC.COM EIN: 27-4814831 22760101	X	X					X			A
8 UPMC HAMOT 201 STATE STREET ERIE PA 16550 WWW.UPMC.COM EIN: 25-0965387 082301	X	X		X		X	X			A
9 UPMC HAMOT 118 EAST 2ND STREET ERIE PA 16507 WWW.UPMC.COM EIN: 25-0965387 082301	X	X								A
10 UPMC PRESBYTERIAN SHADYSIDE 3811 O'HARA STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965480 390164	X				X		X			A

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)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER/other	Other (describe)	Facility reporting group
1 UPMC ALTOONA 620 HOWARD STREET ALTOONA PA 16601 WWW.UPMC.COM EIN: 23-1352155 012801	X	X		X			X			A
2 UPMC KANE 4372 ROUTE 6 KANE PA 16735 WWW.UPMC.COM EIN: 25-0998168 550501	X	X		X			X			A
3 UPMC JAMESON 1211 WILMINGTON AVENUE NEW CASTLE PA 16105 WWW.UPMCJAMESON.COM EIN: 25-0965406 101201	X	X					X			A
4										
5										
6										
7										
8										
9										
10										

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 ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 23**Community Health Needs Assessment**

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 X	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
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?	16 X	
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): <u>WWW.UPMC.COM (SEE PART VI)</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>WWW.UPMC.COM (SEE PART VI)</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>WWW.UPMC.COM (SEE PART VI)</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j ☐ Other (describe in Section C)		

Schedule H (Form 990) 2019

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

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

Policy Relating to Emergency Medical Care

	Yes	No
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?	X	
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)		

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 A

	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.	23	X
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.	24	X

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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 SECTION B LINE 5

UPMC'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS INCLUDED A PARTNERSHIP WITH EXPERTS AT THE UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH TO CONDUCT THE CHNA USING A BEST-PRACTICE METHODOLOGY. THE ASSESSMENT BLENDED ANALYSIS OF DOCUMENTED HEALTH AND SOCIOECONOMIC FACTORS WITH A STRUCTURED, COMMUNITY INPUT SURVEY PROCESS. EFFECTIVELY ENGAGING THE COMMUNITY IN A BROAD, SYSTEMATIC WAY, THE SURVEY SOLICITED FEEDBACK FROM COMMUNITY ADVISORY PANELS COMPOSED OF LEADERS OF ORGANIZATIONS THAT REPRESENT PATIENT CONSTITUENCIES, INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY, AND CHRONICALLY ILL POPULATIONS WITHIN THE HOSPITAL'S COMMUNITY. APPENDIX C OF EACH HOSPITAL CHNA REPORT INCLUDES A LIST OF COMMUNITY PARTICIPANTS.

WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX

PART V SECTION B LINE 6A

UPMC HOSPITALS CONDUCTED JOINT CHNAs AS FOLLOWS:

ALLEGHENY COUNTY HOSPITALS: UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, UPMC EAST, UPMC MAGEE-WOMENS HOSPITAL, UPMC MCKEESPORT, UPMC MERCY, UPMC PASSAVANT, UPMC PRESBYTERIAN SHADYSIDE, AND UPMC ST. MARGARET.

BEDFORD AND BLAIR COUNTY HOSPITALS: UPMC ALTOONA AND UPMC BEDFORD.

ERIE, MCKEAN, AND VENANGO COUNTIES IN PA AND CHAUTAUQUA COUNTY, NY HOSPITALS: UPMC HAMOT, UPMC KANE, UPMC NORTHWEST, AND UPMC CHAUTAUQUA.

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.

LAWRENCE AND MERCER COUNTY HOSPITALS: UPMC JAMESON AND UPMC HORIZON.

CLINTON, LYCOMING, NORTHUMBERLAND, POTTER, AND TIOGA COUNTY HOSPITALS:

UPMC LOCK HAVEN, UPMC MUNCY, UPMC WILLIAMSPORT, UPMC SUNBURY, UPMC COLE,
AND UPMC WELLSBORO.

PART V SECTION B LINE 7A AND 10A

WEBSITE FOR CHNA

[HTTP://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX](http://www.upmc.com/about/community-commitment/pages/community-health-needs-assessment.aspx)

PART V SECTION B LINE 11

THROUGH A RIGOROUS CHNA METHODOLOGY, UPMC HOSPITALS IDENTIFIED FOUR MAJOR

THEMES REPRESENTING THE SIGNIFICANT HEALTH NEEDS IN THEIR COMMUNITIES:

CHRONIC DISEASE MANAGEMENT; BEHAVIORAL HEALTH; ACCESS TO CARE AND

NAVIGATING RESOURCES; AND PREVENTION AND COMMUNITY-WIDE HEALTHY LIVING.

THE HOSPITALS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE

ISSUES, AS OUTLINED IN THEIR CHNA DOCUMENTS AND COMMUNITY HEALTH

STRATEGIC PLANS - SEE SECTION IV OF EACH CHNA REPORT.

[WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX](http://www.upmc.com/about/community-commitment/pages/community-health-needs-assessment.aspx)

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 SECTION B

LINE NUMBER OF HOSPITAL FACILITY, OR LINE NUMBERS OF HOSPITAL FACILITIES
IN A FACILITY REPORTING GROUP (FROM PART V, SECTION A). THE RESPONSES
FOR PART V, SECTION B, FACILITY POLICIES & PRACTICES APPLY TO ALL 23
ENTITIES LISTED IN PART V, SECTION A.

PART V SECTION B

SEPARATE CHNAS WERE CONDUCTED BY REGION FOR ALL HOSPITALS DISCLOSED IN
PART V, SECTION A. FOR THE LEGAL ENTITY UPMC PRESBYTERIAN SHADYSIDE,
THERE ARE 4 SEPARATE FACILITIES LISTED WITH 3 SEPARATE LICENSE NUMBERS.

UPMC PRESBYTERIAN & UPMC SHADYSIDE SITES OPERATE UNDER 1 LICENSE NUMBER.
THE SURGICAL CENTER UPMC SOUTH SURGERY CENTER OPERATES UNDER A SEPARATE
LICENSE NUMBER ALTHOUGH IT IS PART OF THE LEGAL ENTITY UPMC PRESBYTERIAN
SHADYSIDE. ADDITIONALLY, THE DIVISION OF UPMC PRESBYTERIAN SHADYSIDE
WHICH IS BEHAVIORAL HEALTH AND OPERATES AS WESTERN PSYCHIATRIC INSTITUTE
AND CLINIC HAS A SEPARATE LICENSE NUMBER ALSO ALTHOUGH IT IS A PART OF
THE LEGAL ENTITY UPMC PRESBYTERIAN SHADYSIDE.

PART V SECTION B LINES 19 & 20: UPMC'S POLICIES DO NOT PERMIT HOSPITAL
FACILITIES OR ANY OTHER AUTHORIZED PARTIES TO ENGAGE IN EXTRAORDINARY
COLLECTIONS ACTIONS IN ANY CIRCUMSTANCES. THEREFORE, LINE 20 HAS BEEN
LEFT BLANK SINCE IN IS NOT APPLICABLE AND UPMC BELIEVES IT WOULD BE
MISLEADING TO CHECK ANY OF THE BOXES.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 158

Name and address	Type of Facility (describe)
1 UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP) 200 LOTHROP STREET PITTSBURGH PA 15213	PHYSICIAN SERVICES
2 UPMC COMMUNITY MEDICINE, INC (CMI) 200 LOTHROP STREET PITTSBURGH PA 15213	PHYSICIAN SERVICES
3 UPMC EMERGENCY MEDICINE, INC (EMI) 200 LOTHROP STREET PITTSBURGH PA 15213	ER PHYSICIANS SERVICES
4 ERIE PHYSICIAN NETWORK-UPMC, INC. (EPN) 3535 PINE AVENUE ERIE PA 16504	PHYSICIAN SERVICES
5 UPMC MAGEE-WOMENS HOSPITAL (MAG) 720 PENN AVENUE PITTSBURGH PA 15221	OUTPATIENT SERVICES
6 MAGEE-WOMENS IMAGING MCKEESPORT (MAG) 1500 FIFTH AVENUE, STE MA12 MCKEESPORT PA 15132	IMAGING SERVICES
7 UPMC MAGEE-WOMENS HOSPITAL (MAG) 4075 MONROEVILLE BLVD 2 STE 330 MONROEVILLE PA 15146	OUTPATIENT SERVICES
8 UPMC MAGEE-WOMENS HOSPITAL (MAG) 559 MILLER AVENUE CLAIRTON PA 15025	OUTPATIENT SERVICES
9 UPMC MAGEE-WOMENS HOSPITAL (MAG) 1630 ARLINGTON AVENUE PITTSBURGH PA 15210	OUTPATIENT SERVICES
10 MAGEE-WOMENS IMAGING MONROEVILLE (MAG) 4075 MONROEVILLE BLVD 2 STE 225 MONROEVILLE PA 15146	OUTPATIENT SERVICES IMAGING CENTER

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

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

Name and address	Type of Facility (describe)
1 MAGEE-WOMENS IMAGING NORTH (MAG) 2599 WEXFORD-BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES & IMAGING CENTER
2 MAGEE-WOMENS IMAGING SOUTH HILLS (MAG) 1300 OXFORD DRIVE, SUITE 2A BETHEL PARK PA 15102	OUTPATIENT SERVICES & IMAGING CENTER
3 MAGEE-WOMENS IMAGING PLEASANT HILLS (MAG) 850 CLAIRTON BLVD, STE 2100 PLEASANT HILLS PA 15236	OUTPATIENT SERVICES
4 MAGEE-WOMENS IMAGING AT HILLMAN CANCER C 5115 CENTER AVENUE, STE 140, 1ST FLOOR PITTSBURGH PA 15232	IMAGING SERVICES
5 MAGEE-WOMENS IMAGING NATRONA HEIGHTS (MA) 1800 UNION AVENUE, STE B NATRONA HEIGHTS PA 15065	IMAGING SERVICES
6 MAGEE-WOMENS IMAGING CRANBERRY (MAG) 3 ST. FRANCIS WAY CRANBERRY TWP PA 16066	IMAGING SERVICES
7 MAGEE-WOMENS IMAGING GREENTREE (MAG) 969 GREENTREE ROAD PITTSBURGH PA 15220	IMAGING SERVICES
8 MAGEE-WOMENS IMAGING IRWIN (MAG) 8955 STATE ROUTE 30 IRWIN PA 15642	IMAGING SERVICES
9 MAGEE-WOMENS IMAGING ST. MARGARET (MAG) 815 FREEPORT ROAD, STE 2160 PITTSBURGH PA 15215	IMAGING SERVICES
10 UPMC HILLMAN CANCER CENTER BEAVER (MAG) 1030 BEANER HOLLOW RD BEAVER PA 15009	ONCOLOGY SERVICES

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

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

Name and address	Type of Facility (describe)
1 UPMC HILLMAN CANCER CENTER WASHINGTON (M 470 JOHNSON ROAD, STE 10 WASHINGTON PA 15301	ONCOLOGY SERVICES
2 UPMC HILLMAN CANCER CENTER SEWICKLEY (MA 1600 CORAOPOLIS HEIGHTS ROAD CORAOPOLIS PA 15108	ONCOLOGY SERVICES
3 UPMC HILLMAN CANCER CENTER AT NATRONA HE 1604 BURTNER ROAD NATRONA HEIGHTS PA 15065	ONCOLOGY SERVICES
4 UPMC HILLMAN CANCER CENTER AT UPMC ST MA 200 DELAFIELD ROAD PITTSBURGH PA 15215	ONCOLOGY SERVICES
5 UPMC HILLMAN CANCER CENTER BETHEL PARK 2000 OXFORD DRIVE, STE 500 BETHEL PARK PA 15102	ONCOLOGY SERVICES
6 UPMC HILLMAN CANCER CENTER MONROEVILLE 400 OXFORD DRIVE MONROEVILLE PA 15146	ONCOLOGY SERVICES
7 UPMC HILLMAN CANCER CENTER AT UPMC PASSA 9100 BABCOCK BLVD PITTSBURGH PA 15237	ONCOLOGY SERVICES
8 UPMC HILLMAN CANCER CENTER WEST MIFFLIN 1907 LEBANON CHURCH ROAD, SUITE 200 WEST MIFFLIN PA 15122	ONCOLOGY SERVICES
9 UPMC HILLMAN CANCER CENTER (MAG) 5115 CENTRE AVENUE PITTSBURGH PA 15232	ONCOLOGY SERVICES & IMAGING CENTER
10 ENDOCRINOLOGY & INFERTILITY - UPMC CENTE 419 RODI ROAD PITTSBURGH PA 15235	ENDOCRINOLOGY SERVICES

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

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

Name and address	Type of Facility (describe)
1 UPMC MERCY GREENTREE (MHP) 969 GREENTREE ROAD PITTSBURGH PA 15220	OUTPATIENT SERVICES & IMAGING SERVICES
2 UPMC CENTER FOR SPORTS MEDICINE (MHP) 3200 S WATER STREET PITTSBURGH PA 15203	OUTPATIENT SERVICES
3 UPMC MERCY SOUTH SIDE (MER) 2000 MARY STREET PITTSBURGH PA 15203	OUTPATIENT SERVICES
4 UPMC ST MARGARET (SMH) 100 DELAFIELD ROAD PITTSBURGH PA 15215	OUTPATIENT SERVICES
5 UPMC ST. MARGARET-NATRONA HEIGHTS (SMH) 1604 BURTNER ROAD STE 109 (SMH) NATRONA HEIGHTS PA 15065	OUTPATIENT SERVICES
6 VASCULAR SURGERY AND VEIN CENTER (SMH) 200 DELAFIELD ROAD PITTSBURGH PA 15215	OUTPATIENT SERVICES
7 UPMC ST. MARGARET DERMATOLOGY (SMH) 2585 FREEPORT ROAD, STE 204 PITTSBURGH PA 15238	OUTPATIENT SERVICES
8 UPMC NATRONA HEIGHTS MULTISPECIALTY (SMH) 1800 UNION AVENUE NATRONA HEIGHTS PA 15065	OUTPATIENT SERVICES
9 UPMC ST. MARGARET GERIATRIC CARE CENTER 1215 HULTON ROAD OAKMONT PA 15139	OUTPATIENT SERVICES PHYSICIAN, IMAGING SERVICES
10 THORACIC SURGERY CENTER (SMH) 200 DELAFIELD ROAD PITTSBURGH PA 15215	OUTPATIENT SERVICES

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

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

Name and address	Type of Facility (describe)
1 UPMC ST. MARGARET SURGICAL CENTER HARMAR 3 MARINER COURT PITTSBURGH PA 15238	AMBULATORY SURGERY CENTER
2 OP CENTER - HERMITAGE (HRZ) 875 N HERMITAGE ROAD HERMITAGE PA 16148	AMBULATORY SERVICES, PHYSICIAN, IMAGING SERVICES
3 MERCER DIAGNOSTICS CENTER (HRZ) 737 GREENVILLE ROAD MERCER PA 16137	AMBULATORY SERVICES
4 NEW WILMINGTON DIAGNOSTIC CENTER (HRZ) 565 NESHANNOCK DRIVE NEW WILMINGTON PA 16142	AMBULATORY SERVICES
5 OCCUPATIONAL & ENVIRONMENTAL MED (HRZ) 1980 GREEN STREET FARRELL PA 16121	AMBULATORY SERVICES
6 OCCUPATIONAL REHABILITATION SERVICES HRZ 2120 LIKENS LANE FARRELL PA 16121	REHABILITATION SERVICES
7 REGIONAL CENTER FOR SLEEP DISORDERS (HRZ) 875 N HERMITAGE ROAD HERMITAGE PA 16148	AMBULATORY SERVICES
8 UPMC HORIZON NEW CASTLE ONCOLOGY (HRZ) 3410 WILMINGTON ROAD NEW CASTLE PA 16105	ONCOLOGY SERVICES
9 UPMC HORIZON GREENVILLE ONCOLOGY (HRZ) 110 NORTH MAIN STREET GREENVILLE PA 16125	ONCOLOGY SERVICES
10 UPMC HORIZON PAIN MANAGEMENT (HRZ) 2120 LIKENS LANE FARRELL PA 16121	OUTPATIENT SERVICES

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

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

Name and address	Type of Facility (describe)
1 OUTPATIENT ELECTROMYOGRAPHY CLINIC 3150 HIGHLAND ROAD HERMITAGE PA 16148	OUTPATIENT SERVICES
2 REGIONAL CENTER FOR SLEEP DISORDERS (HRZ) 875 N HERMITAGE ROAD HERMITAGE PA 16148	AMBULATORY SERVICES
3 UPMC HORIZON - SHENANGO VALLEY CAMPUS 2200 MEMORIAL DRIVE FARRELL PA 16121	HOSPITAL CAMPUS
4 UPMC NORTHWEST MRI CENTER (NWH) 1671 ALLEGHENY BLVD RENO PA 16343	IMAGING SERVICES
5 UPMC NORTHWEST CTR FOR WOUND TREATMENT 6885 US HIGHWAY 322, STE 4 FRANKLIN PA 16323	OUTPATIENT SERVICES
6 CLARION FAMILY PRACTICE (NWH) 22681 ROUTE 68 CLARION PA 16214	OUTPATIENT SERVICES
7 UPMC NORTHWEST 1 MEMORIAL DRIVE OIL CITY PA 16301	OUTPATIENT SERVICES
8 UPMC NORTHWEST 1008 SOUTH FIFTH AVENUE, STE 203 CLARION PA 16214	PHYSICIAN SERVICES
9 UPMC NORTHWEST 1310 LIBERTY STREET FRANKLIN PA 16323	OUTPATIENT SERVICES
10 UPMC PASSAVANT-CRANBERRY CAMPUS (PAS) 3 ST FRANCIS WAY CRANBERRY TWP PA 16066	OUTPATIENT SERVICES

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

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

Name and address	Type of Facility (describe)
1 UPMC PASSAVANT-CRANBERRY CAMPUS (PAS) 20130 ROUTE 19 CRANBERRY TWP PA 16066	OUTPATIENT SERVICES
2 UPMC WOUND HEALING SERVICES (PAS) 2030 MACKENZIE WAY, STE 400 CRANBERRY TWP PA 16066	OUTPATIENT SERVICES
3 UPMC HEART AND VASCULAR INSTITUTE (PAS) 100 BRADFORD RD, STE 310 WEXFORD PA 15090	OUTPATIENT SERVICES
4 UPMC PASSAVANT-SPINE CENTER (PAS) 12680 PERRY HIGHWAY WEXFORD PA 15090	IMAGING SERVICES
5 UPMC PASSAVANT- OUTPATIENT CENTER HAMPTO 4490 MT. ROYAL BLVD ALLISON PARK PA 15101	IMAGING SERVICES
6 UPMC PASSAVANT(PAS) ONE ST. FRANCIS WAY CRANBERRY TOWNSHIP PA 16066	OUTPATIENT SERVICES
7 UPMC DIGESTIVE HEALTH AND ENDOSCOPY(PUH) 1000 INTEGRITY DRIVE, STE 110 PITTSBURGH PA 15235	OUTPATIENT SERVICES
8 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 100 N BELLEFIELD AVE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
9 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 1011 BINGHAM STREET PITTSBURGH PA 15203	OUTPATIENT BEHAVIORAL HEALTH
10 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 1835 CENTRE AVENUE PITTSBURGH PA 15219	OUTPATIENT BEHAVIORAL HEALTH

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

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

Name and address	Type of Facility (describe)
1 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 300 HALKET STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
2 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 310 FISK STREET PITTSBURGH PA 15201	OUTPATIENT BEHAVIORAL HEALTH
3 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 3501 FORBES AVENUE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
4 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 373 BURROWS STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
5 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 1398 PAGE STREET PITTSBURGH PA 15233	OUTPATIENT BEHAVIORAL HEALTH
6 UPMC WESTERN PSYCHIATRIC HOSPITAL 333 N BRADDOCK AVENUE PITTSBURGH PA 15208	OUTPATIENT BEHAVIORAL HEALTH
7 UPMC WESTERN PSYCHIATRIC HOSPITAL 807 WALLACE AVENUE PITTSBURGH PA 15221	OUTPATIENT BEHAVIORAL HEALTH
8 UPMC WESTERN PSYCHIATRIC HOSPITAL 6502 LILAC STREET PITTSBURGH PA 15217	OUTPATIENT BEHAVIORAL HEALTH
9 UPMC WESTERN PSYCHIATRIC HOSPITAL 9600 BABCOCK BOULEVARD PITTSBURGH PA 15101	OUTPATIENT BEHAVIORAL HEALTH
10 UPMC WESTERN PSYCHIATRIC HOSPITAL 225 PENN AVENUE PITTSBURGH PA 15221	OUTPATIENT BEHAVIORAL HEALTH

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

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

Name and address	Type of Facility (describe)
1 UPMC WESTERN PSYCHIATRIC HOSPITAL 11279 PERRY HIGHWAY WEXFORD PA 15090	OUTPATIENT BEHAVIORAL HEALTH
2 UPMC WESTERN PSYCHIATRIC HOSPITAL 3811 O'HARA STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
3 UPMC LEMIEUX SPORTS COMPLEX 8000 CRANBERRY SPRINGS DR CRANBERRY TOWNSHIP PA 16066	OUTPATIENT SERVICES
4 BENEDUM GERIATRIC BH CLINIC- UPMC WESTER 3459 FIFTH AVENUE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
5 FALK PHARMACY 3601 5TH AVENUE PITTSBURGH PA 15213	PHARMACY
6 HILLMAN CENTER PHARMACY 5115 CENTRE AVENUE PITTSBURGH PA 15232	PHARMACY
7 UPMC PAIN MEDICINE AT CENTRE COMMON 5750 CENTRE AVENUE PITTSBURGH PA 15206	OUTPATIENT SERVICES
8 UPMC MONROEVILLE IMAGING CENTER 600 OXFORD DR MONROEVILLE PA 15146	IMAGING SERVICES
9 UPMC PAIN MEDICINE 600 OXFORD DR MONROEVILLE PA 15146	OUTPATIENT SERVICES
10 UPMC SOUTH SURGERY CENTER 1300 OXFORD DR BETHEL PARK PA 15102	OUTPATIENT SERVICES

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

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

Name and address	Type of Facility (describe)
1 UPMC MATILDA H. THEISS HEALTH CENTER 373 BURROWS STREET PITTSBURGH PA 15213	OUTPATIENT SERVICES
2 SLEEP MEDICINE CENTER AT MONROEVILLE 400 OXFORD DRIVE, STE 65 MONROEVILLE PA 15146	OUTPATIENT SERVICES
3 UPMC SHADYSIDE MEDICAL BUILDING 5200 CENTRE AVENUE PITTSBURGH PA 15232	OUTPATIENT SERVICES
4 UPMC HILLMAN CANCER CENTER TISSUE & RESE 5230 CENTRE AVENUE PITTSBURGH PA 15232	OUTPATIENT SERVICES
5 UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET PITTSBURGH PA 15213	REHABILITATION SERVICES
6 UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET, STE E-173 PITTSBURGH PA 15213	PHARMACY SERVICES
7 UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC) 333 N BRADDOCK AVENUE PITTSBURGH PA 15208	OUTPATIENT BEHAVIORAL HEALTH
8 UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC) 807 WALLACE AVENUE PITTSBURGH PA 15221	OUTPATIENT BEHAVIORAL HEALTH
9 UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC) 6502 LILAC STREET PITTSBURGH PA 15217	OUTPATIENT BEHAVIORAL HEALTH
10 UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC) 9600 BABCOCK BOULEVARD PITTSBURGH PA 15101	OUTPATIENT BEHAVIORAL HEALTH

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

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

Name and address	Type of Facility (describe)
1 UPMC WOUND HEALING SERVICES AT UPMC 215 HOLLAND ST ERIE PA 16507	OUTPATIENT SERVICES
2 HEART AND VASCULAR INSTITUTE (HMT) 120 EAST 2ND STREET ERIE PA 16507	OUTPATIENT SERVICES
3 IMAGING CENTER AT STERLING SQUARE (HMT) 3406 PEACH STREET ERIE PA 16508	IMAGING SERVICES
4 UPMC HAMOT WOMEN'S IMAGING (HMT) 300 STATE STREET, STE 108 ERIE PA 16507	OUTPATIENT SERVICES
5 UPMC HAMOT SLEEP DISORDERS CENTER (HMT) 4022 ZUCK RD ERIE PA 16506	OUTPATIENT SERVICES
6 UPMC HAMOT SPORTS MEDICINE (HMT) 100 PEACH STREET ERIE PA 16507	OUTPATIENT SERVICES
7 UPMC HAMOT INFUSION CENTER (HMT) 215 HOLLAND ST ERIE PA 16507	OUTPATIENT SERVICES
8 UPMC HAMOT (HMT) 201 STATE STREET ERIE PA 16550	PHYSICIAN SERVICES
9 UPMC CARDIOPULMONARY REHAB 3300 PEACH STREET ERIE PA 16507	REHABILITATION SERVICES
10 UPMC HILLMAN CANCER CENTER (HMT) 2500 WEST 12TH ST, STE B ERIE PA 16505	ONCOLOGY SERVICES

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

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

Name and address	Type of Facility (describe)
1 UPMC HAMOT MAGEE-WOMENS 118 EAST 2ND STREET ERIE PA 16507	N/A
2 UPMC CANCER CARE (MCK) 103 TRANSIT DR UNIONTOWN PA 15401	ONCOLOGY SERVICES
3 UPMC MCKEESPORT CARDIAC REHABILITATION 2001 LINCOLN WAY WHITE OAK PA 15131	OUTPATIENT SERVICES
4 UPMC BEDFORD ORTHOPEDICS (BDF) 249 HOSPITAL DRIVE, STE 1 EVERETT PA 15537	OUTPATIENT SERVICES
5 UPMC BEDFORD CHESTNUT RIDGE OFFICE 2004 QUAKER VALLEY ROAD FISHERTOWN PA 15539	PHYSICIAN SERVICES
6 UPMC BEDFORD NEW PARIS OFFICE 4186 CORTLAND DRIVE NEW PARIS PA 15554	PHYSICIAN SERVICES
7 CRANBERRY PLACE (CRPL) 5 ST FRANCIS WAY CRANBERRY TOWNSHIP PA 16066	SKILLED NURSING FACILITY
8 UPMC HERITAGE SHADYSIDE (HERT) 5701 PHILLIPS AVENUE PITTSBURGH PA 15217	SKILLED NURSING FACILITY
9 SUGAR CREEK STATION (SCS) 315 CAUSEWAY DRIVE FRANKLIN PA 16323	SKILLED NURSING FACILITY
10 CHILDREN'S EAST (CHP) 4055 MONROEVILLE BOULEVARD, BUILDING 1 MONROEVILLE PA 15146	OUTPATIENT SERVICES

Schedule H (Form 990) 2019

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

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

Name and address	Type of Facility (describe)
1 CHILDREN'S HOSPITAL WEXFORD (CHP) 11279 PERRY HWY WEXFORD PA 15090	OUTPATIENT SERVICES
2 CHILDREN'S HOSPITAL PITTSBURGH (CHP) 3420 FIFTH AVENUE PITTSBURGH PA 15213	OUTPATIENT SERVICES
3 CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 205 MILLERS RUN ROAD BRIDGEVILLE PA 15017	OUTPATIENT SERVICES
4 CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 2619 WEXFORD BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES
5 UPMC CHILDRENS HOSPITAL OF PITTSBURGH NO 2599 WEXFORD BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES
6 UPMC CHILDREN'S HOSPITAL OF PITTSBURGH 5324 PENN AVE PITTSBURGH PA 15224	INPATIENT REHAB SERVICES
7 UPMC CHILDREN'S HOSPITAL OF PITTSBURGH 4117 PENN AVE PITTSBURGH PA 15224	OUTPATIENT SERVICES
8 CHILDREN'S EXPRESS CARE (CHP) 1907 LEBANON CHURCH RD, STE 100 WEST MIFFLIN PA 15122	OUTPATIENT SERVICES
9 WILLIAMSBURG FAMILY PHYSICIANS (ALT) 306 PLUM STREET WILLIAMSBURG PA 16693	PHYSICIAN SERVICES
10 UPMC ALTOONA STATION MEDICAL CENTER(ALT) 1516 9TH AVENUE ALTOONA PA 16602	OUTPATIENT SERVICES

Schedule H (Form 990) 2019

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

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

Name and address	Type of Facility (describe)
1 UPMC ALTOONA SURGERY (ALT) 800 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES
2 ALTOONA FAMILY PHYSICIANS (ALT) 501 HOWARD AVENUE ALTOONA PA 16601	PHYSICIAN SERVICES
3 UPMC ALTOONA ONCOLOGY CANCER CENTER 800 HOWARD AVENUE ALTOONA PA 16601	ONCOLOGY SERVICES
4 UPMC ALTOONA WOMEN'S HEALTH & WELLNESS C 501 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES
5 UPMC ALTOONA PREGNANCY CARE CENTER (ALT) 501 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES
6 UPMC ALTOONA LOGAN MEDICAL BUILDING 800 S LOGAN BLVD, STE 3100 HOLLIDAYSBURG PA 16648	OUTPATIENT SERVICES
7 ALTOONA EMERGENCY PHYSICIANS 10455 LINCOLN HIGHWAY EVERETT PA 15537	PHYSICIAN SERVICES
8 UPMC OUTPATIENT CENTER- EBENSBURG (ALT) 152 ZEMAN DR EBENSBURG PA 15931	OUTPATIENT SERVICES
9 JOHN P. MURTHA REGIONAL CANCER CENTER (A 337 SOMERSET ST JOHNSTOWN PA 15901	ONCOLOGY SERVICES
10 UPMC HAMOT MEDICAL PARK 18 W MAIN MT. JEWETT PA 16740	HOSPITAL BASED COMMUNITY CLINI

Schedule H (Form 990) 2019

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

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

Name and address	Type of Facility (describe)
1 UPMC KANE SUMMIT MEDICAL PARK 2 THOMPSON PARK KANE PA 16735	HOSPITAL BASED COMMUNITY CLINI
2 UPMC HAMOT MEDICAL PARK-JOHNSONBURG 81 CLARION ROAD JOHNSONBURG PA 15845	HOSPITAL BASED COMMUNITY CLINI
3 UPMC KANE SHEFFIELD MEDICAL CENTER 511 S. MAIN ST SHEFFIELD PA 16347	HOSPITAL BASED COMMUNITY CLINI
4 UPMC KANE FAMILY PRACTICE 4372 ROUTE 6 KANE PA 16735	HOSPITAL BASED COMMUNITY CLINI
5 UPMC KANE HOME HEALTH CARE 628 NORTH FARLEY ST KANE PA 16735	HOSPITAL BASED COMMUNITY CLINI
6 UPMC KANE INTERNAL MEDICINE 225 SOUTH ST RIDGWAY PA 15853	OUTPATIENT SERVICES
7 UPMC KANE INTERNAL MEDICINE 101 WALNUT STREET KANE PA 16735	OUTPATIENT SERVICES
8 UPMC KANE 4355 ROUTE 6 KANE PA 16735	REHABILITATION SERVICES
9 LAWRENCE COUNTY MRI 2526 WILMINGTON ROAD NEW CASTLE PA 16105	OUTPATIENT RADIOLOGY CENTER
10 JAMESON AT COLLEGE FIELDS 130 ENCLAVE DRIVE NEW CASTLE PA 16101	OUTPATIENT RADIOLOGY CENTER

Schedule H (Form 990) 2019

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

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

Name and address	Type of Facility (describe)
1 PIER BUILDING COMPLEX 253 E WASHINGTON ST, STE 200 NEW CASTLE PA 16101	BEHAVIORAL HEALTH
2 ENDOCRINOLOGY-UPMC JAMESON 2004 WEST STATE STREET NEW CASTLE PA 16101	ENDOCRONOLOGY SERVICES
3 UPMC JAMESON - MAGEE-WOMENS IMAGING CENT 26 NESBITT ROAD, 2ND FLR NEW CASTLE PA 16105	IMAGING SERVICES
4 CARDIAC REHAB MAYZON BUILD 3124 WILMINGTON AVE, STE 301 NEW CASTLE PA 16105	REHABILITATION SERVICES
5 CHILDRENS ADVOCACY CENTER 2016 WEST STATE STREET NEW CASTLE PA 16101	OUTPATIENT SERVICES
6 LAWRENCE COUNTY MRI 2526 WILMINGTON ROAD NEW CASTLE PA 16105	IMAGING SERVICES
7 UPMC EAST INFUSION AB 125 DAUGHERTY DR MONROEVILLE PA 15146	OUTPATIENT ANTIBODY INFUSION C
8 REGIONAL HEALTH SERVICES 201 STATE STREET ERIE PA 16550	PHYSICIAN SERVICES
9 	
10 	

Schedule H (Form 990) 2019

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.

PART I, LINE 3C

FINANCIAL ASSISTANCE OR CHARITY CARE IS AVAILABLE FOR ELIGIBLE

INDIVIDUALS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED,
INELIGIBLE FOR GOVERNMENT PROGRAMS OR OTHERWISE UNABLE TO PAY FOR THEIR
OWN CARE.

A PATIENT MAY BE DETERMINED TO HAVE FINANCIAL NEED BASED ON THE
FOLLOWING:

1. INDIGENCY:

IF INCOME FALLS AT OR BELOW 250% OF THE FEDERAL POVERTY GUIDELINES, THE
PATIENT WILL HAVE NO FINANCIAL RESPONSIBILITY. THE PATIENT IS APPROVED
FOR 100% FREE CARE.

2. LOW INCOME SLIDING SCALE: ASSISTANCE MAY BE A DISCOUNTED OR REDUCED
PATIENT LIABILITY DEPENDING ON THE PATIENT'S INCOME:

A. IF THE COMBINED FAMILY INCOME IS GREATER THAN 251% AND LESS THAN OR
EQUAL TO 400% OF THE FEDERAL POVERTY GUIDELINES AND UNINSURED, THE
PATIENT IS ELIGIBLE FOR REDUCED CHARITY CARE. THERE WILL BE AN 89%
REDUCTION IN THE PATIENT BILL. THE DISCOUNTED CHARITY CARE SCALE IS

Part VI Supplemental Information

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- 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.

F/S= FAMILY SIZE 2019

2020

FAMILY SIZE	CATEGORY 1-100%	CATEGORY 2-89%
1	\$31,900	\$51,040
2	\$43,100	\$68,960
3	\$54,300	\$86,880
4	\$65,500	\$104,800
5	\$76,700	\$122,720
6	\$87,900	\$140,640
7	\$99,100	\$158,560
8	\$110,300	\$176,480
EACH ADDITIONAL	\$11,200	\$17,920

3. FINANCIAL HARDSHIP: IF A PATIENT IS APPROVED FOR DISCOUNTED OR REDUCED CHARITY CARE AND CANNOT AFFORD TO PAY THE REMAINING BALANCE, THE PATIENT MAY BE CONSIDERED FOR FINANCIAL HARDSHIP. ASSISTANCE WILL BE PROVIDED IN THE FORM OF AN ADJUSTMENT OF CHARGES TO PREVENT THE PATIENT

Part VI Supplemental Information

Provide the following information.

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- 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.
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LIABILITY FROM EXCEEDING THE LESSER OF 15% OF FAMILY INCOME OR THE AGB.

4. MEDICAL HARDSHIP/CATASTROPHIC CARE:

IF A PATIENT IS DENIED FOR FINANCIAL ASSISTANCE AND CANNOT AFFORD TO PAY THE ACCOUNT BALANCE, THE PATIENT MAY BE CONSIDERED MEDICALLY INDIGENT AND MAY BE CONSIDERED FOR MEDICAL HARDSHIP/CATASTROPHIC CARE. THE PATIENT WILL BE LIABLE TO PAY THE LESSER OF 15% OF THEIR CALCULATED HOUSEHOLD INCOME OR THE AGB TOWARDS THEIR MEDICAL BILL.

THIS IS A ONE-TIME FINANCIAL ASSISTANCE ADJUSTMENT FOR EXISTING ACCOUNT BALANCES. THE REMAINING BALANCE WILL BE ADJUSTED TO FREE CARE.

PART I LINE 4

"MEDICALLY INDIGENT" MEANS PERSONS WHO THE ORGANIZATION HAS DETERMINED UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS BECAUSE THEIR MEDICAL BILLS EXCEED A CERTAIN PERCENTAGE OF THEIR FAMILY HOUSEHOLD'S INCOME.

PART I LINE 6A-B

UPMC PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT. THE REPORT ENCOMPASSES INFORMATION FOR THE ENTIRE INTEGRATED DELIVERY AND FINANCING SYSTEM

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

(IDFS) THAT MAKES UP THE UPMC HEALTH SYSTEM. IT IS POSTED AND AVAILABLE TO THE PUBLIC VIA THE UPMC WEBSITE, WWW.UPMC.COM.

PART I LINE 7

THE COSTING METHODOLOGY USED TO CALCULATE THE AMTS REPORTED IN PART I LINE 7

THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I LINE 7 IS A RATIO OF COSTS TO CHARGES METHOD. THE METHOD EMPLOYED FOR DETERMINING THE RATIO OF COST TO CHARGES IS IN LINE WITH THOSE DESCRIBED IN SCHEDULE H, WORKSHEET 2, "RATIO OF PATIENT COSTS TO CHARGES".

PART I LINE 7, COLUMN F

THE TOTAL EXPENSES REPORTED ON FORM 990 PART IX LINE 25 COLUMN A ARE INCLUSIVE OF ALL ENTITIES REPORTED WITHIN THE UPMC GROUP 990 AND INCLUDES BAD DEBT EXPENSE FOR ALL ENTITIES. THE EXPENSE USED TO CALCULATE THE PERCENT OF TOTAL EXPENSE FOR FORM 990 SCHEDULE H PART I LINE 7 COLUMN F ARE THE TOTAL EXPENSES FROM FORM 990 PART IX (VERSUS ONLY THE EXPENSES RELATED TO ENTITIES WITHIN THE UPMC GROUP WHO PROVIDE PATIENT CARE). FROM

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.
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- 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.

THIS TOTAL EXPENSE PER PART IX LINE 25 THE AMOUNT RELATED TO BAD DEBT
EXPENSE HAS BEEN REMOVED FROM THE DENOMINATOR WHEN CALCULATING THE
PERCENT OF TOTAL EXPENSE. THE TOTAL EXPENSES USED FOR THIS CALCULATION,
NET OF BAD DEBT EXPENSE, IS \$16,238,146,687.

PART III LINES 2 & 3

COSTING METHODOLOGY USED TO DETERMINE THE AMTS REPORTED IN PT III LINE 2
& 3

THE COSTING METHOD USED TO CALCULATE THE AMOUNTS IN SCHEDULE H PART III
LINES 2 AND 3 IS A RATIO OF COST TO CHARGES METHOD. DISCOUNTS AND
PAYMENTS IN PATIENTS' ACCOUNTS ARE DEDUCTED BEFORE THE COST OF BAD DEBT
EXPENSE IS DETERMINED. THE METHOD EMPLOYED IS IN LINE WITH THOSE
DESCRIBED IN SCHEDULE H, WORKSHEET 2, "RATIO OF PATIENT COSTS TO
CHARGES".

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.
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PART III LINE 3

RATIONALE FOR INCLUDING BAD DEBT AMOUNTS IN COMMUNITY BENEFIT THE ORGANIZATION'S BAD DEBT EXPENSE CONSISTS SOLELY OF SELF-PAY PATIENTS ACCOUNTS DEEMED UNCOLLECTABLE. IT IS UPMC GROUP'S CONTENTION THAT THE COST OF BAD DEBT SHOULD BE STATED IN PART I LINE 7 OF SCHEDULE H AS THEY REPRESENT THE COSTS FOR PROVISION OF SERVICES TO PATIENTS FOR WHICH THE ENTITY HAS EXHAUSTED ALL RECOURSE FOR REIMBURSEMENT. THE SERVICES PROVIDED TO PATIENTS WHO PRESENT THEMSELVES ARE PROVIDED REGARDLESS OF A PATIENT'S ABILITY TO PAY AND IS IN LINE WITH THE ORGANIZATION'S CHARITABLE MISSION AND SERVICE TO OUR COMMUNITY. THESE EXPENSES ARE INCURRED REGARDLESS OF THE EFFICIENCY OF THE PROVISION OF THE RELATED MEDICAL CARE AND ARE DEEMED TO HAVE BEEN MEDICALLY NECESSARY FOR THE PATIENT.

PART III LINE 3

PROCESS FOR REALLOCATION FROM BAD DEBT TO CHARITY CARE UPMC RECLASSIFIES BAD DEBT ACCOUNTS AS CHARITY CARE BY UTILIZING A PREDICTIVE MODEL CALLED PARO (PAYMENT ASSISTANCE RANK ORDER). PARO WAS

Part VI Supplemental Information

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BUILT AS A SOCIO-ECONOMIC SCORE THAT IDENTIFIES THOSE PATIENTS THAT ARE MOST LIKELY TO BE THE HIGHEST NEED OF FINANCIAL ASSISTANCE. THIS IS ACCOMPLISHED BY ANALYZING CONSUMER DATA AND ACTIVITY, COURT RECORDS, GOVERNMENT RECORDS, PROPERTY FILES, CENSUS DATA AND IRS DATA. PARO PROVIDES A SYSTEMATIC APPROACH TO FINANCIAL ASSISTANCE: "PREDICTIVE MODEL THAT ENCOMPASSES HEALTHCARE ECONOMICS AND CREDIT POLICIES;" UNIFORM ASSESSMENT MEASURE FOR EVERY PATIENT REGARDLESS OF FINANCIAL STANDING; "ACCOUNTS FOR PATIENTS THAT ARE UNRESPONSIVE, ILLITERATE, OR OTHERWISE CHALLENGED TO APPLY;" ELIMINATES BARRIER TO APPLICATION AND MEETS INCREASED PRESSURE TO PROVIDE ADDITIONAL FINANCIAL RESOURCES TO CONSUMERS; "IDENTIFY AND SUPPORT THOSE COMMUNITY NEEDS EFFORTS TO PROVIDE ASSISTANCE TO THOSE CONSUMERS IN NEED." THERE ARE TWO DATA POINTS RETURNED TO UPMC IN ORDER TO MAKE THE DECISION WHETHER THE PATIENT WOULD QUALIFY FOR CHARITY CARE. THE FIRST IS THE ESTIMATED INCOME LEVEL BASED ON THE FEDERAL POVERTY LEVEL GUIDELINES. THE SECOND IS THE PARO SCORE WHICH UTILIZES AN ALGORITHM BASED APPROACH AND RETURNS A SCORE BASED ON PERSONAL ATTRIBUTES OF THE PATIENT. DATA ELEMENTS WERE COMBINED TO CREATE TWO PRIMARY INDICATORS OF NEED, THE PARO SCORE AND THE FEDERAL POVERTY

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LEVEL. PARO ANALYZED OUR HISTORICAL CHARITY CARE APPROVALS TO DETERMINE OUR PARO THRESHOLD AND THE FPL THRESHOLD FOR THE HISTORICAL APPROVALS. THE APPROVED CHARITY CARE ACCOUNTS WERE COMPARED AGAINST ACCOUNTS THAT WERE IN ACTIVE ACCOUNTS RECEIVABLE. THIS WAS DONE TO DETERMINE IF THE DISTRIBUTIONS WERE SIMILAR OR IF ANY PATTERN EXISTED BASED ON THE APPROVED ACCOUNTS AND THE UNKNOWN ACCOUNTS. IF THE PATIENT'S ESTIMATED INCOME AND PARO SCORE ARE WITHIN THE SCORES IDENTIFIED BY THE CALIBRATION OF UPMC EXISTING CHARITY CARE PATIENTS, THE ACCOUNT IS RECLASSIFIED FROM BAD DEBT TO CHARITY CARE. EVERY PATIENT IS ABLE TO APPLY FOR CHARITY CARE; HOWEVER, THE AUTOMATED STRATEGY FOCUSES ON PATIENTS THAT DO NOT COMPLETE THE APPLICATIONS PROCESS. THE US DEPARTMENT OF EDUCATION ESTIMATES THAT 1 IN 5 CONSUMERS ARE FUNCTIONALLY ILLITERATE. THIS, COUPLED WITH THE LOW LEVELS OF PARTICIPATION IN TRADITIONAL BANKING METHODS, MAKES THE APPLICATION PROCESS VIRTUALLY IMPOSSIBLE FOR SOME CONSUMERS. ILLITERATE. THIS, COUPLED WITH THE LOW LEVELS OF PARTICIPATION IN TRADITIONAL BANKING METHODS, MAKES THE APPLICATION PROCESS VIRTUALLY IMPOSSIBLE FOR SOME CONSUMERS.

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- 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.

PART III LINE 4

REFERENCE UPMC'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS PAGE 7.

PART III LINE 8: COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE AND AS REPORTED IN THE ORGS MEDICARE COST REPORT THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE IS A RATIO OF COSTS TO CHARGES METHOD. THE METHOD IS IN LINE WITH THOSE DESCRIBED IN SCHEDULE H, WORKSHEET 2, "RATIO OF PATIENT COSTS TO CHARGES". IT IS UPMC GROUP'S CONTENTION THAT ALL AMOUNTS CALCULATED TO BE SHORTFALLS IN REIMBURSEMENT FOR SERVICES PROVIDED TO MEDICARE PATIENTS ARE TRULY UNCOMPENSATED CARE THAT SHOULD BE STATED IN PART I LINE 7 OF SCHEDULE H OF FORM 990 AS THEY REPRESENT COSTS FOR PROVISION OF SERVICES TO PATIENTS FOR WHICH THE ENTITY IS UNABLE TO COLLECT, REGARDLESS OF THE EFFICIENCY OF PROVISION OF THE RELATED CARE COSTS.

PART III LINE 9A AND B

UPMC HAS A DEBT COLLECTION POLICY OUTLINING COLLECTION PRACTICES FOR PATIENTS. IF AT ANY TIME THE PATIENT EXPRESSES AN INABILITY TO PAY, THEY

Part VI Supplemental Information

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ARE SENT A FINANCIAL ASSISTANCE APPLICATION. INFORMATION REGARDING
FINANCIAL ASSISTANCE IS PRINTED ON ALL COLLECTION LETTERS. COLLECTIONS
PER POLICY DO NOT APPLY TO ACCOUNT BALANCES KNOWN TO BE ELIGIBLE FOR
FINANCIAL ASSISTANCE.

PART V SECTION B LINE 16:

WWW.UPMC.COM/PATIENTS-VISITORS/PAYING-BILL/SERVICES

PART V SECTION D LINE 1

THE UNIVERSITY OF PITTSBURGH PHYSICIANS HAD 600 CLINICAL LOCATIONS AS OF
JUNE 30, 2020.

PART V SECTION D LINE 2

UPMC COMMUNITY MEDICINE, INC. HAD 212 CLINICAL LOCATIONS AS OF JUNE 30,
2020.

Part VI Supplemental Information

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- 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.

PART V SECTION D LINE 4

ERIE PHYSICIAN NETWORK-UPMC INC. HAD 6 LOCATIONS AS OF JUNE 30, 2020.

PART V SECTION D LINE 159

REGIONAL HEALTH SERVICES HAD 61 LOCATIONS AS OF JUNE 30, 2020.

PART V SECTION D LINE 1 & 3

UNIVERSITY OF PITTSBURGH PHYSICIANS, ERIE PHYSICIANS NETWORK AND UPMC
EMERGENCY MEDICINE, INC. COLLECTIVELY OPERATED 13 URGENT CARE CENTERS AS
OF JUNE 30, 2020.

PART VI LINE 3 COMMUNICATION OF FINANCIAL ASSISTANCE

UPMC COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE TO ITS
PATIENTS BY PLACING SIGNAGE AND DISTRIBUTING BROCHURES ABOUT THE
FINANCIAL ASSISTANCE PROGRAM IN ITS PROVIDER REGISTRATION AREAS,
ADMISSIONS, EMERGENCY DEPARTMENT AND BUSINESS OFFICE LOCATIONS. IN
ADDITION, UPMC INCLUDES INFORMATION REGARDING HOW A PATIENT CAN REQUEST
FINANCIAL ASSISTANCE ON THE BILLS, FOLLOW-UP CORRESPONDENCE AND

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COLLECTION LETTERS. PATIENTS ALSO MAY FIND INFORMATION ABOUT FINANCIAL ASSISTANCE THROUGH ACCESS TO THE UPMC WEB SITE (WWW.UPMC.COM) .

PATIENTS ARE ENCOURAGED TO CONTACT UPMC'S TRAINED FINANCIAL COUNSELORS SHOULD THEY REQUIRE ASSISTANCE WITH COMPLETING APPLICATIONS. CONTACT TELEPHONE NUMBERS ARE POSTED STRATEGICALLY THROUGHOUT THE HOSPITAL FACILITIES SO THAT PATIENTS HAVE A RESOURCE FOR OBTAINING SUPPORT WITH ANY FINANCIAL ASSISTANCE QUESTIONS THEY MAY HAVE. UPMC HAS CREATED A PLAIN LANGUAGE SUMMARY (PLS) TO EXPLAIN, IN SIMPLIFIED TERMS, OUR FINANCIAL ASSISTANCE POLICY (FAP). THIS SUMMARY IS PRINTED AT ALL SAME DAY SURGERY, ER AND INPATIENT LOCATIONS AND GIVEN TO THE PATIENT UPON DISCHARGE. UPMC HAS ALSO TRANSLATED THE PLS, FAP, COLLECTION AND BILLING POLICY, AND FAP APPLICATION INTO THE FOLLOWING LANGUAGES: ARABIC, CHINESE, FRENCH, ITALIAN, NEPALI, RUSSIAN, SPANISH AND BRAILLE. THE DETERMINATION OF LANGUAGES FOR TRANSLATION OF DOCUMENTS WAS DETERMINED BY A STUDY OF ENGLISH PROFICIENCY IN THE COMMUNITIES SERVED AND REVIEW OF PREDOMINANT NATIVE LANGUAGES IN THOSE COMMUNITIES AS PRESCRIBED IN IRC SECTION 501(R). THE PLS IS AVAILABLE ON THE UPMC WEBSITE.

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UPMC WILL NOTIFY ALL PATIENTS APPROVED VIA PRESUMPTIVE ELIGIBILITY IF NOT RECEIVING THE HIGHEST LEVEL OF ASSISTANCE. A LETTER INFORMING THE PATIENT THAT THEY MAY QUALIFY FOR A HIGHER LEVEL AND A FINANCIAL ASSISTANCE APPLICATION WILL BE SENT TO THE PATIENT UPON DETERMINATION. UPMC HAS WIDELY PUBLICIZED OUR FINANCIAL ASSISTANCE POLICY. UPMC HAS WORKED WITH HOSPITAL LEADERS AND COMMUNITY LIAISONS TO DETERMINE THE MOST APPROPRIATE NON-HEALTHCARE LOCATIONS TO REACH THE POPULATIONS THAT WILL BENEFIT FROM OUR FINANCIAL ASSISTANCE. UPMC HAS PROACTIVELY REACHED OUT IN THESE COMMUNITIES TO WIDELY PUBLICIZE OUR FINANCIAL ASSISTANCE POLICY. FINALLY, UPMC WILL NOW ONLY INCLUDE PATIENT BALANCES FROM ONE YEAR PRIOR TO THE PATIENT'S FINANCIAL ASSISTANCE APPROVAL DATE. AS A RESULT, UPMC WILL ALSO REFUND ANY PATIENT PAYMENTS MADE WITHIN THAT YEAR OF THE PATIENT'S FINANCIAL ASSISTANCE APPROVAL DATE, APPROVED VIA AN APPLICATION.

PART VI LINES 2, 4, 5, AND 6

UPMC SUPPORTS NUMEROUS COMMUNITY-BUILDING ACTIVITIES THROUGH ALL OF ITS SYSTEM ENTITIES, NOT JUST THOSE ENTITIES REPORTED WITHIN THE UPMC GROUP

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990. AS THE LARGEST NONGOVERNMENTAL EMPLOYER IN PENNSYLVANIA, UPMC'S SYSTEM-WIDE OPERATIONS GENERATED A TOTAL ANNUAL ECONOMIC IMPACT OF \$42 BILLION. UPMC ALSO SUPPORTS MUNICIPALITIES, COUNTIES, AND THE COMMONWEALTH THROUGH APPROXIMATELY \$167 MILLION IN TAXES. OVER THE PAST DECADE, UPMC HAS PROVIDED A WIDE VARIETY OF BENEFITS TO THE COMMUNITIES IT SERVES. WORKING IN WAYS BOTH LARGE AND SMALL, UPMC HAS IMPLEMENTED INITIATIVES THAT CONTINUE TO ENHANCE THE HEALTH OF COMMUNITIES THROUGHOUT PENNSYLVANIA AND BEYOND. AS AN INTEGRATED DELIVERY AND FINANCING SYSTEM (IDFS), UPMC CONTINUES TO APPLY THE EXPERTISE THAT EXISTS WITHIN ITS ORGANIZATION TO IMPROVE THE DELIVERY OF HEALTH CARE. UPMC LEVERAGES ITS IDFS STRUCTURE - WHICH EMBRACES ITS HOSPITALS, ITS INSURANCE INFRASTRUCTURE, AND ITS COMMUNITY PROVIDERS - TO ALIGN INCENTIVES AND IMPROVE MEDICAL PRACTICE THROUGHOUT THE REGION. THE RESULT IS AN EXCEPTIONAL SYNERGY BETWEEN INSURANCE, HEALTH CARE PROVIDERS, PATIENTS, AND LOCAL COMMUNITIES. MANY OF UPMC'S COMMUNITY BENEFIT ACTIVITIES ARE DIFFICULT TO QUANTIFY OR REPORT WITHIN THE VARIOUS COMMUNITY BENEFIT CATEGORIES OF SCHEDULE H, AS THEY OCCUR SYSTEM-WIDE THROUGH UPMC AND ARE NOT CAPTURED AT THE

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INDIVIDUAL HOSPITAL ENTITY LEVEL. NONETHELESS, THEY ARE IMPORTANT

COMPONENTS IN UPMC'S COMMITMENT TO THE COMMUNITY. SOME OF THESE

INITIATIVES INCLUDE:

ECONOMIC DEVELOPMENT - UPMC STIMULATES THE ECONOMY THROUGH DIRECT HIRING AND BY BRINGING OUTSIDE DOLLARS INTO THE REGION; THE ORGANIZATION'S CAPITAL SPENDING CREATES CONSTRUCTION JOBS DOWNSTREAM. IN ADDITION, UPMC HAS A NUMBER OF PROGRAMS AND INITIATIVES DESIGNED TO FOSTER A PRODUCTIVE AND EQUITABLE ECONOMY. A KEY COMPONENT IN THE ORGANIZATION'S ECONOMIC DEVELOPMENT STRATEGY IS SUPPLIER DIVERSITY, WHICH IS AN INTEGRAL PART OF UPMC'S OVERALL SUPPLY CHAIN MANAGEMENT STRATEGY. DESIGNED TO ENSURE THAT CERTIFIED MINORITY, WOMEN-OWNED, OR DISADVANTAGED BUSINESS ENTERPRISES ARE PROVIDED WITH MAXIMUM OPPORTUNITIES TO PARTICIPATE AS PARTNERS AND SUPPLIERS OF GOODS AND SERVICES, UPMC'S SUPPLIER DIVERSITY PROGRAM FOSTERS DEVELOPMENT OF THESE FIRMS TO ENHANCE THEIR COMPETITIVENESS AND SUSTAINABILITY. UPMC'S SPEND ON SUPPORTING MINORITY AND WOMEN-OWNED BUSINESSES WAS \$246 MILLION IN 2020.

THROUGH PARTNERSHIPS, SUCH AS THE PITTSBURGH HEALTH DATA ALLIANCE, UPMC IS LEVERAGING ITS CLINICAL AND TECHNOLOGICAL EXPERTISE TO REVOLUTIONIZE

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HEALTH CARE AND WELLNESS. THE ALLIANCE, A COLLABORATION AMONG UPMC, THE UNIVERSITY OF PITTSBURGH, AND CARNEGIE MELLON UNIVERSITY, AIMS TO UNLOCK THE POWER OF BIG DATA AND ACTIVELY TRANSFORM KNOWLEDGE INTO NEW SOLUTIONS THAT DRIVE INNOVATION AND REGIONAL GROWTH. RELATED SPIN-OFF COMPANIES WILL CONTINUE TO IMPROVE HEALTH CARE, WHILE BRINGING SIGNIFICANT INVESTMENT AND NEW JOBS TO THE REGION.

ENVIRONMENTAL IMPROVEMENTS - UPMC PURSUES A POLICY OF AWARD-WINNING ENVIRONMENTAL RESPONSIBILITY THAT REDUCES ITS ENVIRONMENTAL FOOTPRINT, WHILE SUPPORTING THE GROWTH AND DEVELOPMENT OF THE ORGANIZATION. MANY OF UPMC'S FACILITIES INCLUDE HEALING GARDENS FOR PATIENTS, FAMILIES, AND EMPLOYEES; THESE SPACES HELP TO ENHANCE THE PATIENT EXPERIENCE. FOR EXAMPLE, THE ST. MARGARET FOUNDATION ESTABLISHED THE HELEN AND MILES COLWELL GARDEN OF HOPE, WHICH OFFERS PATIENTS AND THEIR FAMILIES A CALM ESCAPE FROM THE BEDSIDE, WITH TABLES AND CHAIRS, ROCKERS, A SCULPTURE, A SWING, A FOUNTAIN, PATIO FURNITURE, GAMES, AND PLANTINGS ON THE REHAB PATIO AT UPMC ST. MARGARET. AT SEVERAL UPMC HOSPITALS, HEALING GARDENS ARE TRANSFORMING TO INCORPORATE PRACTICAL PRODUCTIVITY BY GROWING VEGETABLES AND HERBS ONSITE AND USING THEM IN FOOD PREPARATION. UPMC ALSO

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PROVIDED EDUCATION ON HEALTHY FOODS AND NUTRITION TO FAMILIES, WITH A FOCUS ON LOW-INCOME AND MINORITY COMMUNITIES USING VEGETABLES AND HERBS GROWN IN ON-CAMPUS GARDENS. TO EARN HIGHER LEVELS OF SUSTAINABLE RESTAURANT PERFORMANCE CERTIFICATION, UPMC CAFETERIAS CONTINUED PROCESS IMPROVEMENT INITIATIVES THAT FOCUSED ON FOOD WASTE REDUCTION, LOCALIZED PURCHASING, AND ENERGY AND WATER CONSERVATION.

UPMC FACILITIES, INCLUDING BOTH OWNED AND LEASED PROPERTIES, HAVE EARNED LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATIONS FROM THE U.S. GREEN BUILDING COUNCIL. IN 2020, UPMC ASSESSED THAT 27 OF ITS 28 LEED PROJECTS HAVE BEEN COMPLETED. UPMC ACTIVELY PARTICIPATES IN THE U.S. DEPARTMENT OF ENERGY'S BETTER BUILDING CHALLENGE, AND SHARES CREATIVE ENERGY SAVING STRATEGIES WITH OTHER ORGANIZATIONS. UPMC PARTICIPATES IN THE GREEN BUILDING ALLIANCE'S PITTSBURGH 2030 DISTRICT INITIATIVES AND THE ERIE 2030 DISTRICT INITIATIVE. IN 2020, UPMC SPONSORED THE HEALTH IN THE BUILT ENVIRONMENT EDUCATIONAL SERIES THROUGH THE GREEN BUILDING ALLIANCE. THE SERIES COVERED TOPICS ABOUT ENVIRONMENTAL HEALTH OPERATIONS ADDRESSING PANDEMIC CLEANING, INDOOR AIR QUALITY, ALTERNATIVE TRANSPORTATION, INTERIOR BUILDING MATERIALS, AND INCORPORATING ROBOTICS

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TO MINIMIZE OCCUPATIONAL INJURY. UPMC CONTINUES TO SHARE LESSONS LEARNED AND INDUSTRY-BASED BEST PRACTICES WITH OTHER REGIONAL ORGANIZATIONS THAT ARE INCORPORATING SUSTAINABILITY INTO THEIR OPERATIONS. STAFF CONTINUE TO SERVE ON REGIONAL AND STATE PLANNING COMMITTEES, ADVOCATING FOR EXPANDED IMPLEMENTATION OF LOCAL POLICIES THAT POSITIVELY AFFECT HEALTH. UPMC'S COMMITMENT TO SUSTAINABILITY IS NOT LIMITED TO ITS FACILITIES. COMMUNITY CONSIDERATION AND COLLABORATION IS IMPORTANT TOO. IN 2020, UPMC PRESBYTERIAN, SHADYSIDE, AND UPMC CHILDREN'S HOSPITAL COLLABORATED WITH TREE PITTSBURGH TO ENABLE EMPLOYEES TO PLANT JUVENILE TREES AT THEIR HOMES WITH THE INTENT OF INCREASING THE TREE CANOPY OF ALLEGHENY COUNTY, PA. IN AUGUST 2020, THE UPMC PINNACLE FOUNDATION LAUNCHED ITS "TRANSFORM THE TRAIL" FUNDRAISING CAMPAIGN TO FUND IMPROVEMENTS TO THE THREE-MILE WALKING TRAIL SURROUNDING UPMC MEMORIAL IN YORK, PA. IMPROVEMENTS HAVE INCLUDED THE ADDITION OF BENCHES, A WATER STATION (FOR HUMANS AND FOUR-LEGGED FRIENDS), SQUIRREL AND BIRD FEEDERS, AND AN ALL-TERRAIN VEHICLE FOR SECURITY OFFICERS. ADDITIONALLY, THE FOUNDATION FUNDED AN APIARY OFF THE TRAILWAY TO SUPPORT BEE COLONIES AND TO PROMOTE THE POLLINATION OF SURROUNDING WILDFLOWERS. UPMC AND UPMC HEALTH PLAN

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CO-SPONSORED MANY COMMUNITY-BASED EVENTS SUCH AS DOCUMENT DESTRUCTION DAY, FUNDRAISERS FOR COMMUNITY ENVIRONMENT MAINTENANCE, COMMUNITY SPRING CLEAN-UP EVENTS, AND COMMUNITY TRAIL MAINTENANCE IN THE FOLLOWING COMMUNITIES AND NEIGHBORHOODS: HOMEWOOD, SOUTH SIDE, STRIP DISTRICT, AND HAZELWOOD (NEIGHBORHOODS WITHIN THE CITY OF PITTSBURGH), NEW CASTLE, ERIE, AND MURRYSVILLE (ALL COMMUNITIES WITHIN PENNSYLVANIA). UPMC CONTINUED TO OFFER EVENTS DURING THE PANDEMIC, MANY OF WHICH OCCURRED OUTDOORS. ADDITIONALLY, UPMC CONTINUES TO SUPPORT ORGANIZATIONS THAT FOCUS ON COMMUNITY AESTHETICS AND MAINTAINS MAJOR SPONSORSHIP ROLES WITH THE FOLLOWING COMMUNITY SERVICE PROVIDERS: OPERATION BETTER BLOCK (PITTSBURGH), PITTSBURGH DOWNTOWN PARTNERSHIP, ASBURY WOODS NATURE CENTER (ERIE), WESTERN PENNSYLVANIA CONSERVANCY, PITTSBURGH PARKS CONSERVANCY, PHIPPS CONSERVATORY AND BOTANICAL GARDENS (PITTSBURGH), OAKLAND BUSINESS IMPROVEMENT DISTRICT (PITTSBURGH), AND 10,000 FRIENDS OF PA (NEW CASTLE).

UPMC EMPLOYS ENVIRONMENTALLY CONSCIOUS MATERIALS MANAGEMENT PRACTICES ACROSS THE ORGANIZATION. BY PURCHASING LOCALLY AS FREQUENTLY AS POSSIBLE, UPMC REDUCES ASSOCIATED LOGISTICS IMPACTS ON THE ENVIRONMENT.

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UPMC'S MATERIALS MANAGEMENT DEPARTMENT USES CLEAN DIESEL TRANSPORT TRUCKS TO REDUCE AIR QUALITY IMPACT. UPMC RECYCLES PACKAGING AT ITS WAREHOUSES AND REUSES FURNITURE ACROSS THE SYSTEM. UPMC SHARES INSIGHTS WITH ITS SUPPLIERS ABOUT ITS COMMITMENT TO SUSTAINABILITY, AND TRACKS WHICH SUPPLIERS ARE ALIGNING WITH THESE PRINCIPLES AND PRACTICES. UPMC ALSO CONTINUED TO WORK WITH SURPLUS MATERIAL SUPPLY REDISTRIBUTION NONPROFITS, SUCH AS GLOBAL LINKS, BROTHER'S BROTHER FOUNDATION, AND WITH SEVERAL INTERNATIONAL, LIONS CLUBS THROUGH THE UPMC HORIZON MEDICAL EQUIPMENT RECYCLING PROGRAM (MERP), TO RECYCLE MEDICAL SUPPLIES AND OTHER EQUIPMENT, BOTH LOCALLY AND ABROAD. DEMONSTRATING REGIONAL STEWARDSHIP, UPMC ACTIVELY COLLABORATES IN COMMUNITY-BASED INITIATIVES. INCORPORATING PANDEMIC EXPOSURE PREVENTION MEASURES, UPMC COSPONSORED COMMUNITY-BASED HOUSEHOLD HAZARDOUS WASTE COLLECTION EVENTS AND A CONTACTLESS, COMMUNITY-BASED REUSABLE COLLECTION EVENT. THOUGH A FEW HOSPITAL CAMPUSES SET-UP CONTINUOUS COLLECTION BINS FOR UNWANTED DRUGS IN THEIR LOBBIES, UNWANTED DRUG COLLECTION EVENTS WERE CURTAILED BECAUSE OF RESTRICTED PUBLIC ACCESS TO HOSPITALS DURING THE PANDEMIC. UPMC FACILITIES CONTINUE TO PARTICIPATE IN NATIONAL

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PRESCRIPTION DRUG TAKE-BACK DAY COLLECTION EVENTS, WHICH ARE SPONSORED BY THE DRUG ENFORCEMENT ADMINISTRATION (DEA) AND AIM TO REDUCE THE AVAILABILITY AND ACCESSIBILITY OF UNWANTED MEDICATION.

LEADERSHIP AND WORKFORCE DEVELOPMENT - IN FISCAL YEAR 2020, UPMC SUPPORTED NUMEROUS PROJECTS TO DEVELOP THE REGIONAL WORKFORCE AND ASSIST INDIVIDUALS IN OBTAINING AND RETAINING QUALITY EMPLOYMENT. UPMC HAS UNDERTAKEN SEVERAL PROGRAMS - SUCH AS THE PARTNERSHIP ON WORKFORCE READINESS AND RETENTION, COMMUNITY ALL ACCESS DAYS, AND PROJECT SEARCH - TO HELP TRAIN INDIVIDUALS FROM POPULATIONS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT TO GAIN AND KEEP JOBS IN THE HEALTH CARE SECTOR.

UPMC PROJECT SEARCH IS A COLLABORATION BETWEEN UPMC, GOODWILL OF SOUTHWESTERN PA, THE PENNSYLVANIA OFFICE OF VOCATIONAL REHABILITATION (OVR), THE ALLEGHENY COUNTY OFFICE OF INTELLECTUAL DISABILITIES (OID), AND PITTSBURGH SCHOOL DISTRICTS. IT IS DESIGNED TO COMBINE EDUCATION AND WORK EXPERIENCE IN AN EFFORT TO PREPARE STUDENTS WITH DISABILITIES FOR COMPETITIVE EMPLOYMENT. THE PROGRAM NOW INCLUDES FOUR UPMC HOSPITALS - UPMC HAMOT, UPMC JAMESON, UPMC MERCY, AND UPMC PASSAVANT. UPMC PARTICIPATES IN NATIONAL DISABILITY MENTORING DAY THROUGHOUT WESTERN

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PENNSYLVANIA TO PROMOTE ACADEMIC SUCCESS, PERSONAL GROWTH, AND GOOD DECISION-MAKING BY OFFERING NUMEROUS CAREER PRESENTATIONS, SHADOWING OPPORTUNITIES, AND MOCK INTERVIEWS FOR HIGH SCHOOL STUDENTS. UPMC ENTERED INTO A PARTNERSHIP WITH ACHIEVA FOR THE PURPOSE OF HELPING UPMC MEET ITS TALENT NEEDS AND COMMITMENT TO DIVERSITY BY PLACING A FOCUS ON THE EMPLOYMENT OF INDIVIDUALS WITH DISABILITIES. UPMC HAMOT IS PARTNERING WITH THE EAGLE'S NEST LEADERSHIP CORPORATION IN ERIE, PENNSYLVANIA, TO PLACE PROSPECTIVE EMPLOYEES FROM UNDERREPRESENTED POPULATIONS. THE TRAINING FOCUSES ON BUILDING COMMUNICATION SKILLS, FINANCIAL LITERACY, EMPLOYMENT READINESS, AND INTERVIEWING SKILLS. SUCCESSFUL CANDIDATES ARE PLACED IN PERMANENT JOBS; TO DATE MORE THAN 100 CANDIDATES HAVE BEEN HIRED AT UPMC HAMOT. UPMC'S ONGOING SUPPORT FOR, AND COLLABORATION WITH, EXTERNAL PARTNERS - SUCH AS THE BIDWELL TRAINING CENTER, URBAN LEAGUE, GOODWILL, OFFICE OF VOCATIONAL REHABILITATION (OVR), JEWISH FAMILY AND COMMUNITY SERVICES (JFCS), PA WOMEN WORK, AND VIBRANT PITTSBURGH - HAS TRAINED THOUSANDS OF INDIVIDUALS FOR SUCCESSFUL EMPLOYMENT IN THE HEALTH CARE INDUSTRY.

UPMC IS WORKING TO ASSIST COMMUNITY MEMBERS WITH ACCESS TO EMPLOYMENT

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RESOURCES. FOR INSTANCE, UPMC MERCY IS WORKING WITH THE BUILDERS GUILD OF WESTERN PENNSYLVANIA AND THE LOCAL COMMUNITY IN PREPARATION FOR THE NEW VISION AND REHABILITATION HOSPITAL IN PITTSBURGH'S UPTOWN NEIGHBORHOOD - THE GOAL IS TO ASSIST LOCAL RESIDENTS IN OBTAINING LABOR/CONSTRUCTION JOBS RELATED TO THE NEW FACILITY AND OTHER UPMC JOB OPENINGS. ADDITIONALLY, UPMC PARTNERS WITH THE ENERGY INNOVATION CENTER (EIC) TO RECRUIT CANDIDATES FROM THE COMMUNITY, OFTEN WITH BARRIERS TO EMPLOYMENT, TO PROVIDE A HANDS-ON APPLICATION, INTERVIEW, AND ONBOARDING PROCESS FOR A FIVE-WEEK TRAINING PROGRAM IN ENVIRONMENTAL SERVICES. SUCCESSFUL COMPLETION OF THE PROGRAM GUARANTEES EMPLOYMENT AS AN ENVIRONMENTAL SERVICES ASSOCIATE IN ONE OF UPMC'S FACILITIES. IN 2020, UPMC EXPANDED ITS FOCUS AND PARTNERSHIP WITH THE EIC TO ALSO INCLUDE A TRAINING PROGRAM FOR NURSING ASSISTANTS. UPMC ALSO PARTNERS WITH DAVIS CONSULTING - A TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) VENDOR, TO IDENTIFY INDIVIDUALS AND SUPPORT AND EDUCATE THEM IN UPMC'S APPLICATION AND RECRUITMENT PROCESS.

UPMC IS A CORPORATE MEMBER OF THE PITTSBURGH VETERAN EMPLOYER COALITION

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(PVEC), A COMMUNITY-BASED EFFORT TO ENSURE THE VETERAN POPULATION FINDS MEANINGFUL EMPLOYMENT. AS A MEMBER OF PVEC, UPMC PARTICIPATED IN THE 2020 QUARTERLY MEETINGS, WHERE ORGANIZATIONS SHARED BEST PRACTICES AROUND RECRUITMENT, HIRING, RETENTION, POST TRANSITION SUPPORT, AND COMMUNITY ENGAGEMENT. UPMC HAS ESTABLISHED A MULTI-YEAR MILITARY AND VETERAN RECRUITMENT, RETENTION, ENGAGEMENT AND COMMUNITY PARTNERSHIP STRATEGY THAT WILL ENABLE RECRUITERS TO CONNECT WITH VETERANS WHO ARE SEEKING NEW OPPORTUNITIES AND SUPPORT THEM IN THEIR HIRING PROCESS. IN ADDITION, PARTNERSHIPS WITH VETJOBS, PITTSBURGH HIRES VETERANS, AND VETERANS LEADERSHIP PLACE HAVE RESULTED IN INCREASED NUMBERS OF VETERANS IN UPMC'S WORKFORCE DEVELOPMENT PROGRAMS AND RECENT HIRES. UPMC IS ALSO ACTIVE IN THE DISABILITY INCLUSION CONSORTIUM, AN ALLIANCE OF PITTSBURGH AREA EMPLOYERS WHO HAVE MADE IT A BUSINESS IMPERATIVE TO HIRE MORE PEOPLE WITH DISABILITIES. IN 2020, UPMC WAS INVITED TO SHARE THE ORGANIZATION'S BEST PRACTICES FOR HIRING INDIVIDUALS WITH DISABILITIES AT TWO OF FOUR QUARTERLY MEETINGS.

IN FISCAL YEAR 2020, UPMC COLLABORATED WITH PARTNER4WORK, THE WORKFORCE

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INVESTMENT BOARD IN ALLEGHENY COUNTY, ON NEW INITIATIVES TO SUPPORT UNEMPLOYED INDIVIDUALS. THE PATHWAYS TO WORK PROGRAM AIMS TO INCREASE ACCESS TO SUSTAINABLE CAREERS IN HEALTH CARE AND BEYOND THROUGH TRAINING, EDUCATION, AND SUPPORT. PATHWAYS TO WORK MAKES A CONCERTED EFFORT TO ENGAGE MEDICAID MEMBERS, INDIVIDUALS IN THE COMMUNITY WHO ARE UNEMPLOYED OR UNDEREMPLOYED, AND THOSE WITH AN INTELLECTUAL, PHYSICAL, OR BEHAVIORAL DISABILITY WHO ARE LOOKING FOR EMPLOYMENT AND NO-COST JOB TRAINING PROGRAMS. THE PARTNERSHIP EMPLOYS TWO NEW WORKFORCE DEVELOPMENT SPECIALISTS AT PA CAREERLINK® TO PREPARE AND ASSIST MEDICAID ENROLLEES AND JOB SEEKERS THROUGHOUT THEIR JOB SEARCH. ALSO IN COLLABORATION WITH PARTNER4WORK, PATHWAYS TO WORK LAUNCHED FREEDOM HOUSE 2.0 - DESIGNED TO RECRUIT, TRAIN, AND EMPLOY FIRST RESPONDERS FROM ECONOMICALLY DISADVANTAGED COMMUNITIES. PATHWAYS TO WORK ALSO PARTNERS WITH STATE AND LOCAL VETERAN ORGANIZATIONS TO FURTHER HIRING AND ACCESSIBILITY FOR VETERANS AT UPMC. PARTNERSHIPS WITH SMALL DISADVANTAGED (DIVERSE) BUSINESSES ALLOWS PATHWAYS TO WORK TO RECRUIT TOP TALENT FROM THE COMMUNITIES IT SERVES. RELATIONSHIPS WITH AREA HIGH SCHOOLS AND HIGH SCHOOL CONSORTIUMS HAVE GIVEN PATHWAYS TO WORK AN OPPORTUNITY TO ENGAGE

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WITH HIGH SCHOOL STUDENTS AND PARENTS AND TO SHARE CAREER OPPORTUNITIES.

IN COLLABORATION WITH PARTNER4WORK, UPMC PARTICIPATES IN THE LEARN AND EARN PROGRAM TO OFFER EXPLORATORY CAREER EXPERIENCES TO LOCAL YOUTH FROM AT-RISK AREAS.

TO HELP ENSURE THAT ALL DIVERSE POPULATIONS ARE CAPTURED IN THE 2020 CENSUS, UPMC BECAME A MEMBER OF THE ALLEGHENY COUNTY CENSUS 2020 COMPLETE COUNT COMMITTEE (CCC). THE CCC LEVERAGED UPMC COMMUNITY HEALTH PARTNERSHIP COUNCIL MEETINGS AND REFUGEE AND IMMIGRANT COMMITTEES TO SHARE AND DISTRIBUTE INFORMATION.

UPMC'S CENTER FOR ENGAGEMENT AND INCLUSION (CFEI) OFFERS UNCONSCIOUS BIAS AND CULTURAL AWARENESS LEARNING FORUMS, WHICH PROVIDE OPPORTUNITIES TO LEARN ABOUT VARIOUS ASPECTS OF PERCEPTION AND DIVERSITY AND DEVELOP TOOLS FOR WORKING IN A COMPLEX AND MULTICULTURAL HEALTH CARE SYSTEM. THIS LEARNING WAS ALSO PROVIDED TO EXTERNAL COMMUNITY PARTNERS IN 2020, INCLUDING THE NATIONAL PERINATAL INFORMATION CENTER.

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UPMC'S MEDICAL EDUCATION PROGRAMS, UNDERTAKEN WITH THE UNIVERSITY OF PITTSBURGH, OFFER MANY LOCAL RESIDENTS A PATHWAY TO BETTER-PAYING JOBS. IN ADDITION, THE ORGANIZATION'S IMPORTANT STRATEGIC RESEARCH AND EDUCATION RELATIONSHIP WITH THE UNIVERSITY FUELS A CULTURE OF DISCOVERY THAT CONTINUES TO ENHANCE LOCAL EDUCATIONAL PROSPECTS WHILE DRAWING THE WORLD'S FINEST MINDS TO PITTSBURGH.

COALITION BUILDING - WHILE UPMC HAS AN EXPANSIVE PROGRAM OF COMMUNITY SUPPORT, LEADERS OF THE ORGANIZATION REALIZE THAT EVEN MORE CAN BE ACCOMPLISHED THROUGH ALLIANCES WITH OTHER NONPROFIT ORGANIZATIONS. OFTEN, THE STREET-LEVEL EXPERTISE OF LOCAL COMMUNITY GROUPS, PAIRED WITH UPMC'S FUNDING, INFLUENCE, PURCHASING POWER, AND OTHER RESOURCES, CAN REACH GOALS THAT NEITHER ORGANIZATION COULD ACHIEVE INDEPENDENTLY. TO LEVERAGE COMMUNITY IMPROVEMENT THROUGH JOINT EFFORTS, UPMC WORKED WITH SEVERAL NONPROFIT ALLIES IN FISCAL 2020. KEY ALLIANCES INCLUDED RELATIONSHIPS WITH THE PITTSBURGH PUBLIC SCHOOLS, AVONWORTH, AND OTHER LOCAL SCHOOL DISTRICTS TO DEVELOP POLICIES AND PRACTICES THAT SUPPORT HEALTHY HABITS AMONG SCHOOL-AGED YOUTH AND SCHOOL STAFF, AND WITH SCHOOL NURSES TO

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IMPROVE THE COORDINATION OF HEALTH CARE NEEDS FOR STUDENTS. ALLIANCES ALSO ENCOMPASSED WORK WITH LOCAL AGENCIES, SUCH AS THE ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES AND THE ALLEGHENY COUNTY HEALTH DEPARTMENT, TO COLLABORATE ON COMMUNITY HEALTH INITIATIVES AND HELP FOSTER EARLY CHILD DEVELOPMENT IN FAMILY SUPPORT CENTERS.

IN 2019, UPMC LAUNCHED A PARTNERSHIP WITH READING IS FUNDAMENTAL (RIF) THROUGH A READING MENTORSHIP PROGRAM THAT PAIRS 39 UPMC EMPLOYEES WITH ELEMENTARY SCHOOL STUDENTS FROM THE MANCHESTER CHARTER SCHOOL. ONCE A WEEK THROUGHOUT THE SCHOOL YEAR, THE STUDENTS VISIT THEIR UPMC MENTORS AT U.S. STEEL TOWER FOR SESSIONS FOCUSED ON BUILDING MEANINGFUL RELATIONSHIPS THROUGH CONVERSATIONS, GOOD BOOKS, AND LITERACY-BASED ACTIVITIES - IN 2020 THE PROGRAM WAS FACILITATED VIRTUALLY. IN PARTNERSHIP WITH THE P.A.C.T. INITIATIVE, CREATIVE COMMUNITY CONNECTORS, AND ALLEGHENY COUNTY C.I.S.P. PROGRAM, UPMC PROVIDES THE FLIPSIDE PROGRAM, A GUN VIOLENCE PREVENTION PROGRAM FOR VULNERABLE YOUTH WHO HAVE ENGAGED IN VIOLENCE. UPMC IS WORKING WITH THE WILKINSBURG SCHOOL DISTRICT, 5A ELITE YOUTH EMPOWERMENT, COMMUNITY EMPOWERMENT ASSOCIATION, SMALL SEEDS, M-POWERHOUSE, AND THE UNIVERSITY OF PITTSBURGH SCHOOLS OF

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HEALTH SCIENCES ON THE DELIVERY OF A NEW STEM PILOT PROGRAM – JUNIOR

HEALTHCARE EXPLORERS – TO EXPOSE ELEMENTARY AND MIDDLE SCHOOL STUDENTS TO CAREERS IN HEALTH CARE.

IN FISCAL YEAR 2020, UPMC HEALTH PLAN WORKED CLOSELY WITH FOOD BANKS AND OTHER COMMUNITY-BASED ORGANIZATIONS IN PENNSYLVANIA TO MITIGATE THE ISSUE OF FOOD INSECURITY, WHICH WAS EXACERBATED BY COVID-19. SUCH ORGANIZATIONS INCLUDED THE GREATER PITTSBURGH COMMUNITY FOOD BANK, GREATER WASHINGTON COUNTY FOOD BANK, ARMSTRONG COUNTY FOOD BANK, HARVEST BOUNTY, AND COMMUNITY KITCHEN PITTSBURGH. WITH 412 FOOD RESCUE, UPMC DELIVERED TARGETED NUTRITION EDUCATION TO LOW-INCOME POPULATIONS MOST AFFECTED BY FOOD INSECURITY, TO HELP THEM UNDERSTAND HOW TO GROCERY SHOP ON A BUDGET AND HOW TO MAKE NUTRITIOUS MEALS WITH THE FOOD THEY RECEIVE FROM FOOD BANKS AND 412 FOOD RESCUE. IN 2020, UPMC ALSO PARTICIPATED IN THE SCOUTING FOR FOOD AND CHOW WAGON CAMPAIGN IN PARTNERSHIP WITH THE GREATER PITTSBURGH FOOD BANK, ANIMAL FRIENDS, AND 14 ADDITIONAL FOOD BANKS AND ANIMAL SHELTERS. THROUGH THESE EFFORTS, 1.77 MILLION UNITS WERE COLLECTED FOR HUNGRY PEOPLE AND PETS ACROSS THE UPMC FOOTPRINT, SETTING A NEW RECORD FOR OUR ORGANIZATION.

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OTHER ALLIANCES INCLUDED; THE U.S. DRUG ENFORCEMENT ADMINISTRATION TO HOST DRUG TAKE-BACK DAYS; FREE CLINICS, SUCH AS THE BIRMINGHAM FREE CLINIC, WHICH OFFERS CARE TO THE CITY'S HOMELESS POPULATION; LOCAL COMMUNITY ORGANIZATIONS, SUCH AS THE BRASHEAR ASSOCIATION, WHICH PROVIDES AN EMPLOYMENT RESOURCE CENTER IN A LOCAL LOW-INCOME NEIGHBORHOOD; AND OTHER NONPROFIT ORGANIZATIONS, SUCH AS THE UNITED WAY; HOMELESS CHILDREN'S EDUCATION FUND; THE LET'S MOVE PITTSBURGH PROGRAM TO FOSTER YOUTH HEALTH; AND THE INDEPENDENT FOUNDATIONS OF UPMC'S COMMUNITY HOSPITALS.

BY PARTICIPATING IN THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT NEIGHBORHOOD PARTNERSHIP PROGRAM, UPMC CONTRIBUTED TO PROJECTS OF NONPROFIT ORGANIZATIONS THAT PROVIDE NECESSARY SERVICES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. SUCH PROJECTS ARE FOCUSED ON THE CREATION OF AFFORDABLE HOUSING; CRIME PREVENTION; BLIGHT REMEDIATIONS; WORKFORCE DEVELOPMENT, EDUCATION, AND JOB TRAINING IN DISTRESSED COMMUNITIES; AND REDUCING THE PREVALENCE OF FOOD INSECURITY.

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ADDITIONALLY, UPMC'S INVOLVEMENT IN VARIOUS EDUCATIONAL IMPROVEMENT TAX CREDIT PROGRAMS PROVIDES TUITION AND PROGRAM ASSISTANCE TO STUDENTS FROM PRE-K THROUGH HIGH SCHOOL WHO OTHERWISE WOULD NOT HAVE THE FINANCIAL RESOURCES TO ATTEND.

IN FISCAL YEAR 2019, UPMC CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BUILDING ON THE INITIAL CHNAS CONDUCTED IN FISCAL YEARS 2013 AND 2016, THE FISCAL YEAR 2019 CHNA PROVIDED AN OPPORTUNITY FOR UPMC TO RE-ENGAGE WITH COMMUNITY STAKEHOLDERS IN A RIGOROUS, STRUCTURED PROCESS GUIDED BY PUBLIC HEALTH EXPERTS. AN ONGOING OBJECTIVE OF THE CHNA EFFORT IS TO HELP ALIGN COMMUNITY BENEFIT PROGRAMS AND RESOURCES WITH COMMUNITY HEALTH NEEDS. UPMC ACTIVELY ENGAGED ITS HOSPITAL BOARDS, COMMUNITY STAKEHOLDERS, AND

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PUBLIC HEALTH EXPERTS TO IDENTIFY COMMUNITY HEALTH NEEDS AND DETERMINE HOW TO COLLABORATE MOST EFFECTIVELY TO ADDRESS THOSE NEEDS. THE ORGANIZATION SOLICITED AND TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. IN MAY THROUGH JUNE 2018, PITT PUBLIC HEALTH SURVEYED COMMUNITY LEADERS AND STAKEHOLDERS SPECIFIC TO EACH HOSPITAL'S LOCAL COMMUNITY, AS WELL AS A SYSTEM-WIDE PANEL OF REGIONAL STAKEHOLDERS. A TOTAL OF 2,074 COMMUNITY PARTICIPANTS FROM 22 UPMC HOSPITAL COMMUNITIES WERE SURVEYED. PARTICIPANTS INCLUDED: LEADERS OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE; REPRESENTATIVES FROM PUBLIC HEALTH DEPARTMENTS OR GOVERNMENTAL AGENCIES SERVING COMMUNITY HEALTH; MEDICAL STAFF LEADERS WHO HAVE A UNIQUE PERSPECTIVE AND VIEW OF THE COMMUNITY; AND OTHER STAKEHOLDERS IN COMMUNITY HEALTH, SUCH AS CONSUMER ADVOCATES, NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS, LOCAL SCHOOL DISTRICTS, GOVERNMENT ORGANIZATIONS, AND HEALTH CARE PROVIDERS. MORE THAN 800 INDIVIDUALS COMPLETED THE SURVEY, AND GREATER THAN 70 PERCENT OF THOSE PARTICIPANTS SELF-IDENTIFIED AS BEING A REPRESENTATIVE OR MEMBER OF A MEDICALLY UNDERSERVED, MINORITY, OR LOW-INCOME POPULATION.

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UPMC USED THE COMMUNITY INPUT TO DEVELOP STRATEGIC PLANS FOR EACH OF ITS

LICENSED HOSPITALS TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS.

IMPORTANTLY, THESE PLANS ADDRESS LOCAL COMMUNITY NEEDS NOT ONLY AT THE

HOSPITAL LEVEL, BUT ALSO INCLUDE EFFORTS UNDERTAKEN IN PARTNERSHIP WITH

OTHER UPMC HOSPITALS, EXTERNAL ORGANIZATIONS, AND THE LARGER UPMC SYSTEM.

KEY THEMES THAT EMERGED AT UPMC HOSPITALS THROUGHOUT WESTERN AND CENTRAL

PENNSYLVANIA CAN BE GROUPED INTO FOUR BROAD CATEGORIES – CHRONIC DISEASE

MANAGEMENT, BEHAVIORAL HEALTH, ACCESS TO CARE AND NAVIGATING RESOURCES,

AND PREVENTION AND COMMUNITY-WIDE HEALTHY LIVING. THE 2019 CHNA REPORTS

AND 2019-2022 STRATEGIC PLANS FOR EACH UPMC HOSPITAL CAN BE FOUND ON

UPMC'S WEBSITE:

[HTTPS://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/COMMUNITY-HEALTH-NEEDS-ASS](https://www.upmc.com/about/community-commitment/community-health-needs-assessment)

ESSMENT.

UPMC MADE MEASURABLE PROGRESS ON IMPROVING COMMUNITY HEALTH IN THE PERIOD

FROM FISCAL YEARS 2014 THROUGH 2020. PROGRAMS AND INITIATIVES FOCUSED ON

THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE JUNE 30, 2013 CHNA, THE

JUNE 30, 2016 CHNA, AND THE JUNE 30, 2019 CHNA, WHICH INCLUDED: CANCER,

DIABETES, HEART DISEASE, STROKE, RESPIRATORY DISEASE, OBESITY, BEHAVIORAL

Part VI Supplemental Information

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HEALTH, NUTRITION AND HEALTHY EATING, MATERNAL AND INFANT HEALTH, IMMUNIZATIONS AND VACCINATIONS, PREVENTIVE HEALTH AND WELLNESS, PREVENTIVE SCREENINGS, SENIOR HEALTH AND CARING FOR AN AGING POPULATION, CARE COORDINATION AND CONTINUITY, POST-DISCHARGE COORDINATION AND FOLLOW-UP, END-OF-LIFE CARE, PRIMARY CARE, ACCESS TO SPECIALISTS, MEDICATION MANAGEMENT AND COMPLIANCE, INTERPERSONAL SAFETY, AND HEALTH-RELATED SOCIAL NEEDS. IMPLEMENTATION PLANS DEVELOPED BY UPMC HOSPITALS DRAW SUPPORT FROM AN ARRAY OF ACTIVE AND ENGAGED COMMUNITY PARTNERS, AS WELL AS FROM THE LARGER UPMC SYSTEM, AND INCLUDE HUNDREDS OF INITIATIVES, UTILIZING BOTH EVIDENCE-BASED NATIONALLY RECOGNIZED PROGRAMS AND INTERNALLY DESIGNED PILOT PROGRAMS.

THE BOARD OF DIRECTORS AT EACH UPMC HOSPITAL REGULARLY MONITORS THE PROGRESS OF THE COMMUNITY HEALTH IMPROVEMENT PLANS.

DURING FISCAL YEARS 2014 THROUGH 2020, UPMC HOSPITALS MADE MEASURABLE PROGRESS IN ALL AREAS IDENTIFIED THROUGH THE CHNA PROCESS. IN SOME CASES, UPMC HOSPITALS IMPROVED AND EXPANDED EXISTING PROGRAMS – REACHING OUT NOT ONLY TO MORE PEOPLE, BUT ALSO TARGETING PEOPLE WHO COULD BENEFIT MOST. UPMC ALSO DEVELOPED NEW PROGRAMS AND INITIATIVES, WHICH REQUIRED THE

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CREATION OF OPERATING INFRASTRUCTURE, AND THE ESTABLISHMENT OF GOALS AND ASSOCIATED ASSESSMENT TOOLS. PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS WERE DEVELOPED AND ENHANCED TO BETTER COORDINATE RESOURCES. EXAMPLES OF UPMC HOSPITALS' PROGRESS DURING FISCAL YEARS 2014 THROUGH 2020 INCLUDE:

IMPLEMENTED AND EXPANDED THE HEALTHY SCHOOLS PROGRAM (HSP) AND THE HEALTHY OUT-OF-SCHOOL TIME (HOST) PROGRAM, WHICH WORK WITH PITTSBURGH PUBLIC SCHOOLS AND THE ALLIANCE FOR A HEALTHIER GENERATION TO SUPPORT HEALTHY LIVING AMONG SCHOOL-AGED CHILDREN; THE SMARTER LUNCHROOM, WHICH ENCOURAGES HEALTHIER FOOD CHOICES IN SCHOOL CAFETERIAS; AND A PARTNERSHIP WITH THE PITTSBURGH PARKS CONSERVANCY, WHICH PROMOTES PHYSICAL ACTIVITY OUTSIDE OF THE SCHOOL SETTING. IN 2020, 71 SCHOOLS PARTICIPATED IN HSP, REACHING APPROXIMATELY 30,000 YOUTH. BETWEEN 2016 AND 2020, 69 PITTSBURGH PUBLIC SCHOOLS ADOPTED BEST PRACTICES FOR HEALTHY SCHOOL ENVIRONMENTS AND COMMITTED TO ACHIEVING MEASURABLE PROGRESS IN THE AREAS OF NUTRITION SERVICES, HEALTH EDUCATION, PHYSICAL EDUCATION AND PHYSICAL ACTIVITY, HEALTH SERVICES, HEALTH PROMOTION FOR STAFF AND FAMILY, AND COMMUNITY INVOLVEMENT. IN 2019 AND 2020, HEALTHY SCHOOLS EFFORTS FOCUSED ON

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PROFESSIONAL DEVELOPMENT SESSIONS AND IMPROVING UPMC CHILDREN'S HOSPITAL OF PITTSBURGH'S SCHOOL NURSE PARTNERSHIP. IN 2019 AND 2020, THE HOSPITAL WORKED WITH PITTSBURGH PUBLIC SCHOOL DISTRICT TO COORDINATE PROFESSIONAL DEVELOPMENT SESSIONS THE TOPICS OF NUTRITION EDUCATION, OUTDOOR PLAY, MENTAL HEALTH, HUMAN TRAFFICKING, AND STOP THE BLEED. IN 2020, THE HOSPITAL CONTINUED TO STRENGTHEN ITS SUPPORT FOR THE SCHOOL NURSE PARTNERSHIP PROGRAM THROUGH THE DEVELOPMENT OF A RESOURCE DATABASE, CREATED TO PROVIDE SCHOOL NURSES WITH IMPORTANT HEALTH INFORMATION SPECIFIC TO CERTAIN HEALTH CONDITIONS AND TO HOUSE PROFESSIONAL DEVELOPMENT MATERIALS. IN COLLABORATION WITH THE PITTSBURGH PEDIATRIC HEALTH NETWORK (PPHN), THE HOSPITAL CREATED COMMUNICATION GUIDELINES AND DATABASES OF CONTACT INFORMATION FOR BOTH SCHOOL NURSES AND CLINICAL PROVIDERS TO ENHANCE COMMUNICATION AMONG SCHOOL NURSES AND PRIMARY CARE PROVIDERS.

ENHANCED INJURY PREVENTION AND SAFETY INITIATIVES THROUGH UPMC CHILDREN'S HOSPITAL OF PITTSBURGH'S INJURY PREVENTION AND SAFETY DEPARTMENT'S COMPREHENSIVE PROGRAMMING. SINCE 2014, PROGRAMS HAVE REACHED MORE THAN 30,000 YOUTH AND INCLUDE CAR SEAT SAFETY, HOME SAFETY, ON-WHEELS SAFETY,

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AND GUN VIOLENCE PREVENTION. THE HOSPITAL'S CAR SEAT SAFETY PROGRAM LOANS NEARLY 1,000 CAR SEATS PER YEAR TO FAMILIES IN NEED. IN 2018, THE DEPARTMENT EXPANDED ITS HOME SAFETY INITIATIVE WITH A NEW MOBILE HOME SAFETY VAN, WHICH HELPS FAMILIES LEARN ABOUT HOME HAZARDS AND OFFERS FAMILIES HANDS-ON EDUCATION IN THEIR NEIGHBORHOODS. IN FISCAL YEAR 2020, THE MOBILE SAFETY VAN MADE 32 SITE VISITS, REACHING MORE THAN 1,300 COMMUNITY MEMBERS. TO ADDRESS GUN VIOLENCE, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH COLLABORATED WITH UPMC'S CENTER FOR ENGAGEMENT AND INCLUSION TO PILOT THE FLIPSIDE PROGRAM IN PITTSBURGH, WHICH SHOWS AT-RISK TEENS THE RAMIFICATIONS OF GUN VIOLENCE, WITH THE HOPE OF PREVENTING ONE OF THEM FROM BEING NEXT ON THE OPERATING TABLE. IN ITS SECOND YEAR, THE PROGRAM REACHED MORE THAN 70 STUDENTS, AND EMPOWERED TEENS TO BECOME AMBASSADORS AT THEIR SCHOOLS AND SHARE WHAT THEY LEARNED. SINCE UPMC'S STOP THE BLEED INITIATIVE LAUNCHED IN 2016, UPMC PRESBYTERIAN SHADYSIDE AND UPMC EAST, IN PARTNERSHIP WITH NATIONAL AND LOCAL ORGANIZATIONS, HAVE TRAINED MORE THAN 25,000 INDIVIDUALS TO RESPOND TO GUN VIOLENCE AND HAVE PROVIDED TOURNIQUETS TO PUBLIC SCHOOLS AND POLICE OFFICERS. HEALTH SCREENINGS AND WELLNESS FAIRS: FROM 2014-2020, THOUSANDS OF PEOPLE

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PARTICIPATED IN COMMUNITY EVENTS THAT OFFERED SCREENINGS TO DETECT CHRONIC DISEASES, SUCH AS CANCER, DIABETES, AND HEART DISEASE. MANY OF THESE EVENTS WERE HELD AT NEIGHBORHOOD LOCATIONS, INCLUDING CHURCHES, FIRE HALLS, AND SCHOOLS. THE IMPACT OF THESE EVENTS IN 2019-2020 INCLUDED MORE THAN 2,300 IMMUNIZATIONS PROVIDED BY UPMC MCKEESPORT AND MORE THAN 4,000 INDIVIDUALS REACHED BY UPMC PRESBYTERIAN SHADYSIDE THROUGH CANCER PREVENTION EDUCATION AND SCREENING EFFORTS. IN 2019, UPMC HORIZON COLLABORATED WITH COMMUNITY MEDICINE INC. PRIMARY CARE PRACTICES TO INCREASE ACCESS TO A WIDE SPECTRUM OF PREVENTIVE SCREENINGS AND HEALTH EDUCATION IN MERCER COUNTY, INCLUDING COLON CANCER SCREENINGS, MAMMOGRAMS, PAP SMEARS, BONE DENSITY SCREENINGS, AND PNEUMOCOCCAL VACCINES. IN 2020, IN AN EFFORT TO CONTINUE TO PROVIDE ACCESS TO HEALTH EDUCATION DURING THE PANDEMIC, UPMC HORIZON ADAPTED ITS PROGRAMS TO VIRTUAL PLATFORMS, OFFERING ONLINE PRESENTATIONS ABOUT HEALTHY EATING, MEDITATION, MINDFULNESS, AND EXERCISE. THROUGH A PARTNERSHIP WITH FAITH UNITED METHODIST CHURCH, UPMC ST. MARGARET PARTICIPATED IN MONTHLY NEIGHBORHOOD DINNERS - PART OF AN ANTI-POVERTY PROGRAM FOR THE SHARPSBURG COMMUNITY. THE HOSPITAL OFFERED DIABETES EDUCATION, HEALTHY EATING ON A

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BUDGET, SMOKING CESSATION INFORMATION, ONE-ON-ONE HEALTH ADVICE, AND HEALTH SCREENINGS. IN 2019, UPMC ST. MARGARET SUCCESSFULLY EXPANDED UPON THE MONTHLY NEIGHBORHOOD DINNER MODEL ESTABLISHED IN SHARPSBURG AND FORMED A NEW PARTNERSHIP WITH THE VERONA UNITED METHODIST CHURCH, WHERE THE HOSPITAL NOW PARTICIPATES IN QUARTERLY COMMUNITY DINNERS IN VERONA, PA. SIMILAR TO THE NEIGHBORHOOD DINNERS, THE HOSPITAL PROVIDES HEALTH EDUCATION AND SCREENINGS, AS WELL AS IDENTIFIES INDIVIDUALS WITH MEDICAL ISSUES AND REFERS THEM TO APPROPRIATE CARE PROVIDERS. TO CONTINUE ITS SUPPORT FOR THE SHARPSBURG COMMUNITY, IN 2020, UPMC ST. MARGARET ADAPTED ITS NEIGHBORHOOD DINNER PROGRAM - OFFERING A FREE, VIRTUAL PRESENTATION ABOUT INFECTION PREVENTION. UPMC ALTOONA CONTINUED ITS PARTNERSHIP WITH THE HEALTHY BLAIR COUNTY COALITION FOR THE LET'S MOVE BLAIR COUNTY PROGRAM, WHICH ENCOURAGES WEIGHT LOSS AND HEALTHY LIFESTYLES THROUGH EDUCATION, EXERCISE, AND SUPPORT GROUPS. CONCEPTUALIZED AND EXPANDED BEHAVIORAL HEALTH PROGRAMS TARGETING ADDICTION: UPMC OFFERS ITS EXPERTISE AND COMPASSIONATE SERVICES TO INDIVIDUALS FROM ALL WALKS OF LIFE TO HELP THEM OVERCOME SUBSTANCE USE DISORDERS. TO HELP CARE FOR WOMEN WITH SUBSTANCE USE DISORDER AND THEIR

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BABIES, UPMC MAGEE-WOMENS HOSPITAL DEVELOPED AND LAUNCHED THE PARENT PARTNERSHIP UNIT (PPU). THIS PROGRAM IS A ROOMING-IN MODEL OF CARE TO DECREASE PHARMACOLOGIC TREATMENT FOR NAS BY PROVIDING NON-PHARMACOLOGIC TREATMENT FOR NEWBORNS EXPOSED TO OPIOIDS. THE PPU IS AN INPATIENT PROGRAM AT UPMC MAGEE-WOMENS TO OBSERVE INFANTS FOR OPIOID WITHDRAWAL, WHILE OFFERING NEW MOTHERS AND FAMILIES SUPPORT AND EDUCATION. IN PARTNERSHIP WITH UPMC MAGEE-WOMENS HOSPITAL, UPMC HAMOT DEVELOPED THE WOMEN'S RECOVERY CENTER, AN OUTPATIENT PROGRAM THAT OFFERS SUBSTANCE USE DISORDER TREATMENT FOR WOMEN WITH FAMILIES AND EXPECTANT MOTHERS WHO ALSO NEED PRENATAL CARE. TREATMENT COMBINES OPIOID WITHDRAWAL MEDICATIONS, BEHAVIORAL COUNSELING, PEER SUPPORT, AND ROUTINE PRENATAL CHECK-UPS. OPENED IN 2018, UPMC MCKEESPORT'S ADDICTION MEDICINE SERVICE OFFERS DETOXIFICATION AND REHABILITATION SERVICES FOR PATIENTS WITH SUBSTANCE ABUSE DISORDERS, AND FUNCTIONS AS THE ONLY LOCATION IN ALLEGHENY COUNTY TO COMBINE THE TWO SERVICES WITHIN ONE INPATIENT UNIT. IN FISCAL YEAR 2020, THIS UNIT SAW AN ADMISSION VOLUME OF MORE THAN 700 PATIENTS, SUSTAINING A UTILIZATION RATE OF GREATER THAN 80 PERCENT DURING THE GLOBAL CRISIS AND DEMONSTRATING A NEED FOR THIS SERVICE IN ALLEGHENY

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COUNTY. ADDITIONALLY, UPMC WESTERN PSYCHIATRIC HOSPITAL EXPANDED THE PEER NAVIGATOR PROGRAM, AN INITIATIVE THAT HELPS PATIENTS WITH SUBSTANCE USE DISORDERS BY CONNECTING THEM TO PEER SPECIALISTS WHO ARE LIVING IN ACTIVE RECOVERY. THIS PEER SUPPORT PROGRAM IS NOW AVAILABLE AT FIVE UPMC HOSPITALS.

EXTENDED ACCESS TO BEHAVIORAL HEALTH SERVICES ACROSS COMMUNITIES: USING TELEPSYCHIATRY, UPMC WESTERN PSYCHIATRIC HOSPITAL OFFERS ACCESS TO BEHAVIORAL HEALTH CARE TO PATIENTS IN UNDERSERVED, RURAL, AND SUBURBAN AREAS IN A VARIETY OF OUTPATIENT, INPATIENT, NURSING, AND REHABILITATION SETTINGS. IN 2019, THE HOSPITAL EXPANDED TELEPSYCHIATRY SERVICES FROM 11 TO 19 COUNTIES AND INCREASED ITS COMPLETED VIRTUAL VISITS FROM 7,000 TO 10,500. AT THE OUTSET OF THE COVID-19 PANDEMIC IN MARCH 2020, UPMC RAPIDLY ADJUSTED ITS PROGRAMS TO ASSIST MORE THAN 750 STAFF AT UPMC WESTERN PSYCHIATRIC HOSPITAL AND WESTERN BEHAVIORAL HEALTH WITH THE IMPLEMENTATION OF A DIRECT TO CONSUMER MODEL OF CARE. WITH THIS EDUCATION AND ADAPTATION TO A NEW MODEL OF CARE, UPMC BEHAVIORAL HEALTH STAFF HAVE BEEN ABLE TO PROVIDE CONTINUITY OF CARE BY COMPLETING MORE THAN 10,000 VIDEO VISITS PER MONTH SINCE APRIL 2020. UPMC WESTERN PSYCHIATRIC

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INTEGRATED BEHAVIORAL HEALTH SERVICES INTO PRIMARY CARE SETTINGS ACROSS THE UPMC NETWORK. THIS CO-LOCATION INITIATIVE EMBEDS BEHAVIORAL HEALTH THERAPISTS INTO PEDIATRIC, ADULT, AND GERIATRIC SETTINGS, RESULTING IN IMPROVED ACCESS TO CARE. 30 PRACTICES PARTICIPATE IN THIS CO-LOCATION PROJECT. IN 2019, UPMC WESTERN PSYCHIATRIC HOSPITAL OPENED A NEWLY REMODELED DIAGNOSTIC EVALUATION CENTER (DEC) - A PLACE FOR PEOPLE AND FAMILIES TO GO FOR EMERGENCY PSYCHIATRIC CARE AND EVALUATION. THE PURPOSE OF THE REDESIGN WAS TO CREATE A SAFE SPACE AND ENVIRONMENT WHERE PEOPLE OF ALL AGES AND BACKGROUNDS CAN FEEL COMFORTABLE SEEKING MENTAL HEALTH CARE. THERE ARE NOW THREE SEPARATE WAITING AREAS SPECIFIC TO DIFFERENT NEEDS, INCLUDING A PEDIATRIC AND ADOLESCENT WAITING AREA KNOWN AS THE "PEDIATRIC MILIEU," AN ADULT AREA FOR CONCERNS RELATED TO DEPRESSION AND ANXIETY, AND AN ACUTE WAITING ROOM FOR PATIENTS WHO MAY BE STRUGGLING TO CONTROL THEIR SYMPTOMS OR BEHAVIORS. HEALTH EDUCATION AND SUPPORT PROGRAMS, TARGETING TRADITIONALLY UNDERSERVED POPULATIONS (E.G., HOMELESS PEOPLE, IMMIGRANTS AND REFUGEES): FROM 2014 TO 2020, THOUSANDS PARTICIPATED IN EDUCATIONAL PROGRAMS ON TOPICS RANGING FROM MENTAL HEALTH AWARENESS TO OBESITY PREVENTION.

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PROGRAMS WERE PROVIDED THROUGHOUT THE COMMUNITY, IN LOCATIONS THAT INCLUDED SENIOR CENTERS, HOMELESS SHELTERS, COMMUNITY GARDENS, LOCAL LIBRARIES, GROCERY STORES, SCHOOLS, AND HEALTH CLINICS. WITH SUPPORT FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), UPMC WESTERN PSYCHIATRIC HOSPITAL WORKED TO ADDRESS THE BEHAVIORAL HEALTH AND SOCIAL NEEDS OF HOMELESS INDIVIDUALS THROUGH THE NEIGHBORHOOD LIVING PROGRAM. THIS PARTNERSHIP PROVIDES RENTAL ASSISTANCE AND SUPPORTIVE SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE HOMELESS AND HAVE SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI). THIS INITIATIVE HELPS INDIVIDUALS ATTAIN SAFE, AFFORDABLE HOUSING ALONG WITH WRAP-AROUND SERVICES, SUCH AS SUPPORT FROM VOCATIONAL SPECIALISTS AND IN-HOME VISITS FROM UPMC PSYCHIATRISTS. THE HOSPITAL'S EIGHT GRANT PROJECTS MET OR EXCEEDED HUD'S BENCHMARKS FOR 2019 AND UPMC WESTERN PSYCHIATRIC WAS INVITED TO PARTNER WITH DHS ON A \$1 MILLION GRANT FROM PHFA TO IDENTIFY HIGH UTILIZERS OF EMERGENCY SHELTERS AS WELL AS CHRONICALLY HOMELESS, SERVICE-RESISTANT INDIVIDUALS/FAMILIES IN THE COUNTY TO CONNECT TO PERMANENT HOUSING. IN 2018, UPMC MERCY, UPMC PRESBYTERIAN, AND UPMC HEALTH PLAN ESTABLISHED A PARTNERSHIP WITH BETHLEHEM HAVEN TO FUND BEDS FOR HOMELESS PATIENTS IN NEED OF ONGOING

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- 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.

MEDICAL CARE FOLLOWING A HOSPITAL ADMISSION. FROM 2019-2020, MORE THAN 125 REFERRALS WERE MADE TO THE MEDICAL RESPITE PROGRAM. INDIVIDUALS REFERRED TO BETHLEHEM HAVEN RECEIVE MEDICAL CARE, INSURANCE SUPPORT, SUPPLIES, MEDICATIONS, AND AFFORDABLE HOUSING ASSISTANCE. IN 2018-2019, UPMC MCKEESPORT PARTNERED WITH AREA CHURCHES TO FORM THE MCKEESPORT FAITH-BASED "CALL TO ACTION" COMMUNITY HEALTH TEAM. THE TEAM'S GOAL IS TO HELP REDUCE HEALTH DISPARITIES IN MCKEESPORT BY IMPROVING HEALTH AWARENESS, ACCESS, PREVENTION, AND WELLNESS. IN JUNE 2019, THE GROUP HOSTED MCKEESPORT COMMUNITY DAY, AT WHICH SEVERAL HUNDRED AREA RESIDENTS TOOK ADVANTAGE OF FREE HEALTH SCREENINGS. IN 2019-2020, THE GROUP CONTINUED TO REACH OUT TO THE COMMUNITY, OFFERING BREAST CANCER EDUCATION AND A COVID-19 TESTING SITE.

SENIOR SUPPORT PROGRAMS: UPMC LIVING-AT-HOME CARE COORDINATION PROGRAM CONTINUES TO ENABLE HUNDREDS OF LOW-INCOME SENIORS TO STAY IN THEIR HOMES LONGER BY LINKING THEM TO VITAL SOCIAL SUPPORT SERVICES. IN ADDITION, UPMC ST. MARGARET'S GERIATRIC CARE CENTER, WITH LOCATIONS IN BOTH ASPINWALL, PA, AND OAKMONT, PA, CONTINUES TO OFFER COMPREHENSIVE CARE AND

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.

SUPPORT FOR OLDER ADULTS AND THEIR FAMILIES. IT IS AN EVALUATION AND TREATMENT CENTER DESIGNED TO MEET THE HEALTH CARE NEEDS OF PEOPLE OVER THE AGE OF 60. ALONG WITH SPECIALIZED MEDICAL AND PSYCHIATRIC CARE, GERIATRIC PROFESSIONALS ASSIST OLDER ADULTS AND THEIR FAMILIES IN MAKING HEALTH CARE DECISIONS TO FULFILL THE PATIENT'S DAILY NEEDS. WHEN COVID-19 BEGAN TO SPREAD IN PENNSYLVANIA IN MARCH 2020, UPMC'S FOCUS ON SENIORS AND STRONG HISTORY OF INFECTION CONTROL IN ITS SKILLED NURSING FACILITIES (SNF) RESULTED IN ZERO INFECTIONS IN 35 FACILITIES FOR THE FIRST FOUR MONTHS, WITH EXCEEDINGLY FEW SUBSEQUENTLY WITH TESTING OF ALL SENIORS. THE UNIQUE PROTECTION OF SENIORS IN UPMC SNFS WAS IN STARK CONTRAST TO OTHERS, NATIONALLY AND REGIONALLY, THAT WERE THE MAIN SOURCE OF MORBIDITY AND MORTALITY FROM COVID-19. AS A RESULT, UPMC HELPED WRITE LEGISLATION CREATING PENNSYLVANIA'S REGIONAL RESPONSE HEALTH COLLABORATIVE TO MARSHAL AND DEPLOY RESOURCES AND PERSONNEL TO ASSIST NURSING HOMES IN COMBATING COVID-19.

FOR MORE DETAILED INFORMATION ON UPMC'S COMMUNITY BENEFITS EFFORT, SEE THE ORGANIZATION'S COMMUNITY BENEFITS REPORT, AVAILABLE AT:

[HTTPS://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/BENEFITS-REPORT](https://www.upmc.com/about/community-commitment/benefits-report)

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.
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PART VI

LINE 6 SEE SCHEDULE O

LINE 7 STATES RECEIVING COMMUNITY BENEFIT REPORT:

PENNSYLVANIA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-8295721

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 5A ELITE YOUTH EMPOWERMENT 620 BROADHEAD AVE PITTSBURGH, PA 15205	47-1118194	501(C)(3)	15,000.				COMMUNITY DEVEL
(2) A GLIMMER OF HOPE P.O. BOX 908 WEXFORD, PA 15090	25-1627978	501(C)(3)	20,000.				GENERAL SUPPORT
(3) ACH CLEAR PATHWAYS 710 FIFTH AVE PITTSBURGH, PA 15219	30-0609317	501(C)(3)	10,000.				GENERAL SUPPORT
(4) ACHIEVEMENT REWARDS FOR COLLEGE SCIENTIS PO BOX 9117 PITTSBURGH, PA 15224	57-1173984	501(C)(3)	7,500.				GENERAL SUPPORT
(5) ADONAI CENTER 1426 PENNSYLVANIA AVE PITTSBURGH, PA 15233	45-2689345	501(C)(3)	12,500.				GENERAL SUPPORT
(6) ADVISORY BOARD ON AUTISM AND RELATED DIS 35 WILSON ST PITTSBURGH, PA 15223	25-1760214	501(C)(3)	10,000.				AUTISM RESEARCH
(7) AFRICAN AMER CHAMBER OF COMMERCE OF W PA 436 SEVENTH AVE PITTSBURGH, PA 15219	25-1821978	501(C)(3)	10,400.				GENERAL SUPPORT
(8) AFRICAN AMERICAN CULTURAL CENTER 803 LIBERTY AVE PITTSBURGH, PA 15222	47-2697273	501(C)(3)	50,000.				GENERAL SUPPORT
(9) AFRO AMERICAN MUSIC INSTITUTE INC 7131 HAMILTON AVE PITTSBURGH, PA 15208	25-1689025	501(C)(3)	17,500.				GENERAL SUPPORT
(10) ALLEGHENY CONF ON COMMUNITY DEVELOPMENT 425 SIXTH AVE PITTSBURGH, PA 15219-1811	25-0965213	501(C)(3)	348,750.				GENERAL SUPPORT
(11) ALLEGHENY FORCE FOOTBALL CLUB 604 TOLLGATE LANE DELMONT, PA 15626	20-0515933	501(C)(3)	10,000.				GENERAL SUPPORT
(12) ALS THERAPY DEVELOPMENT INSTITUTE 625 WALNUT ST MCKEESPORT, PA 15132	04-3462719	501(C)(3)	5,640.				ALS RESEARCH

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

**Grants and Other Assistance to Organizations,
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(1) CONTACT ALTOONA 2729 8TH AVE ALTOONA, PA 16602	25-1449123	501(C)(3)	22,579.				GENERAL SUPPORT
(2) ALTOONA AREA SCHOOL DISTRICT 1404 SIXTH AVE ALTOONA, PA 16602	25-1157777	501(C)(3)	616,607.				GENERAL SUPPORT
(3) ALTOONA BLAIR COUNTY DEVELOPMENT CORP 3900 INDUSTRIAL PARK DR ALTOONA, PA 16602	25-1143641	501(C)(3)	11,000.				GENERAL SUPPORT
(4) ALTOONA SYMPHONY ORCHESTRA 1331 12TH AVE ALTOONA, PA 16601	23-1513718	501(C)(3)	9,000.				GENERAL SUPPORT
(5) ALZHEIMERS DISEASE AND RELATED DIS ASSOC 270 WALKER DR STATE COLLEGE, PA 16801	25-1510692	501(C)(3)	9,100.				ALZHEIMERS RESEARCH
(6) AMD3 EDUCATION AND RESEARCH 3380 BLVD OF THE ALLIES	80-0073577	501(C)(3)	12,500.				GENERAL SUPPORT
(7) AMER ASSOC OF PEOPLE WITH DISABILITIES 1629 K ST NW WASHINGTON, DC 20006	52-1930174	501(C)(3)	15,000.				GENERAL SUPPORT
(8) AMERICAN CANCER SOCIETY INC 2 CRESENT PK WARREN, PA 16365	13-1788491	501(C)(3)	229,833.				CANCER RESEARCH
(9) AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR ARLINGTON, VA 22202	13-1623888	501(C)(3)	80,000.				DIABETES RESEARCH
(10) AMER FOUNDATION FOR SUICIDE PREVENTION 3811 OHARA ST PITTSBURGH, PA 15213	13-3393329	501(C)(3)	5,450.				SUICIDE AWARENESS
(11) AMERICAN HEART ASSOCIATION 444 LIBERTY AVE PITTSBURGH, PA 15222	13-5613797	501(C)(3)	669,318.				HEART RESEARCH
(12) AMERICAN RED CROSS 1804 N. 6TH ST HARRISBURG, PA 17102	53-0196605	501(C)(3)	40,000.				GENERAL SUPPORT

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARTHRITIS FOUNDATION 100 WEST STATION SQ PITTSBURGH, PA 15219	25-0983073	501(C)(3)	70,000.				ARTHRITIS RESEARCH
(2) ATTACK THEATRE INC 5720 FREINDSHIP AVE PITTSBURGH, PA 15206	20-1909284	501(C)(3)	15,000.				GENERAL SUPPORT
(3) AUTISM SPEAKS 8035 MCKNIGHT RD PITTSBURGH, PA 15237	20-2329938	501(C)(3)	8,000.				AUTISM RESEARCH
(4) BEDFORD FOOD OUTREACH INC PO BOX 324 BEDFORD, PA 15522	61-1519921	501(C)(3)	10,000.				GENERAL SUPPORT
(5) BEVERLYS BIRTHDAYS 31 ROBBINS STATION RD IRWIN, PA 15642	45-4248006	501(C)(3)	15,000.				GENERAL SUPPORT
(6) BIG BROTHERS BIG SISTERS OF GREATER PGH 5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206	25-6074707	501(C)(3)	25,000.				COMMUNITY DEVEL
(7) BLACK POLITICAL EMPOWERMENT PROJECT 2201 WYLIE AVE PITTSBURGH, PA 15219	47-2507780	501(C)(3)	11,000.				GENERAL SUPPORT
(8) BLAIR COUNTY CHAMBER OF COMMERCE 3900 INDUSTRIAL PARK DR ALTOONA, PA 16602	23-0340330	501(C)(6)	14,525.				GENERAL SUPPORT
(9) BLIND AND VISION REHAB SERVICES OF PGH 1800 WEST STREET HOMESTEAD, PA 15120	25-1803195	501(C)(3)	6,000.				GENERAL SUPPORT
(10) BLOOMFIELD LITTLE ITALY DAYS INC 2549 PENN AVE PITTSBURGH, PA 15222	46-0691769		10,000.				GENERAL SUPPORT
(11) BOB PERKS CANCER ASSISTANCE FUND 1290 DEERBROOK DR PORT MATILDA, PA 16870	20-4220990	501(C)(3)	20,000.				GENERAL SUPPORT
(12) BOROUGH OF GREENVILLE 125 MAIN ST GREENVILLE, PA 16125	25-6000376	GOVERNMENT	35,000.				COMMUNITY DEVEL

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
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Name of the organization

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**Grants and Other Assistance to Organizations,
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(1) BRASHEAR ASSOCIATION 2005 SARAH ST PITTSBURGH, PA 15203	25-0369810	501(C)(3)	13,100.				GENERAL SUPPORT
(2) BRENTWOOD BUSINESS OWNERS ASSOCIATION IN 3325 SAW MILL RUN BLVD PITTSBURGH, PA 15227	25-1884157	501(C)(3)	7,000.				GENERAL SUPPORT
(3) BURGER KING CANCER CARING CENTER 4117 LIBERTY AVE PITTSBURGH, PA 15224	25-1547942	501(C)(3)	12,500.				CANCER RESEARCH
(4) CANTEBURY PLACE 310 FISK ST PITTSBURGH, PA 15201	25-0965334	501(C)(3)	15,250.				GENERAL SUPPORT
(5) CARLOW UNIVERSITY 3333 FIFTH AVE PITTSBURGH, PA 15213	25-0965438	501(C)(3)	72,500.				GENERAL SUPPORT
(6) CARNEGIE INSTITUTE 4400 FORBES AVE PITTSBURGH, PA 15213	25-0965280	501(C)(3)	50,000.				GENERAL SUPPORT
(7) CARNEGIE MELLON UNIVERSITY PO BOX 360456 PITTSBURGH, PA 15251	25-0965281	501(C)(3)	859,000.				GENERAL SUPPORT
(8) CATHOLIC CHARITITES OF THE DIOCESE OF PG 212 NINTH ST PITTSBURGH, PA 15222	25-1326213	501(C)(3)	12,500.				GENERAL SUPPORT
(9) CE PRO BIKES LLC PO BOX 453 CARNEGIE, PA 15106	26-2571163	501(C)(3)	10,000.				GENERAL SUPPORT
(10) CELEBRATE POSITIVE LLC 9055 FOREST PATH DR GAINESVILLE, GA 30506	27-2198733		7,500.				COMMUNITY DEVEL
(11) CENTRAL CATHOLIC HIGH SCHOOL 4720 5TH AVE PITTSBURGH, PA 15213	20-0478989	501(C)(3)	10,000.				GENERAL SUPPORT
(12) CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY RD HARRISBURG, PA 17109	23-2202250	501(C)(3)	28,500.				GENERAL SUPPORT

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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(1) CHILD HEALTH ASSOC OF SEWICKLEY INC 1108 OHIO RIVER BLVD SEWICKLEY, PA 15143	25-6061722	501(C)(3)	7,000.				GENERAL SUPPORT
(2) CHILDREN'S HOSPITAL OF PGH FOUNDATION 4401 PENN AVE PITTSBURGH, PA 15224	25-1865744	501(C)(3)	508,221.				HEALTHCARE SUPPORT
(3) CIT INTERNATIONAL INC 111 S HIGHLAND ST MEMPHIS, TN 38111	80-0263969	501(C)(3)	11,000.				GENERAL SUPPORT
(4) CITY OF FARRELL 500 ROEMER BLVD FARRELL, PA 16121	25-6000858	GOVERNMENT	35,100.				GENERAL SUPPORT
(5) CITY THEATRE 1300 BINGHAM ST PITTSBURGH, PA 15203	25-1554580	501(C)(3)	10,000.				COMMUNITY DEVEL
(6) CIVIC LIGHT OPERA ASSOC OF GREATER PGH 719 LIBERTY AVE PITTSBURGH, PA 15222	25-6000890	501(C)(3)	20,000.				GENERAL SUPPORT
(7) ARMSTRONG COUNTY COMMUNITY ACTION AGENCY 705 BUTLER RD KITTANNING, PA 16201	25-6069264	501(C)(3)	10,000.				COMMUNITY DEVEL
(8) COMMUNITY CARE BEHAVIORAL HEALTH 600 GRANT ST PITTSBURGH, PA 15219	25-1799823	501(C)(3)	36,000.				GENERAL SUPPORT
(9) COMMUNITY FOOD WAREHOUSE OF MERCER COUNT 190 S SHARPSVILLE AVE SHARON, PA 16146	25-1446242	501(C)(3)	10,144.				COMMUNITY DEVEL
(10) COMMUNITY HUMAN SERVICES CORP 374 LAWN ST PITTSBURGH, PA 15213	25-1219610	501(C)(3)	31,970.				COMMUNITY DEVEL
(11) COMMUNITY LIVER ALLIANCE 612 SHADY OAK CT MARS, PA 16046	46-1909171	501(C)(3)	127,000.				LIVER RESEARCH
(12) COMMUNITY LIVING AND SUPPORT SERVICES 4638 CENTRE AVE PITTSBURGH, PA 15213-1596	25-0987252	501(C)(3)	6,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2019)

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Department of the Treasury
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(1) CONNECTING CHAMPIONS 6101 PENN AVE PITTSBURGH, PA 15206	45-2831126	501(C)(3)	30,000.				GENERAL SUPPORT
(2) CROHNS AND COLITIS FOUNDATION OF AMERICA 5001 BAUM BLVD PITTSBURGH, PA 15213	13-6193105	501(C)(3)	20,000.				CROHN & COLITIS RES
(3) DAPPER DAN CHARITIES PO BOX 100057 PITTSBURGH, PA 15230	23-7216540	501(C)(3)	17,500.				GENERAL SUPPORT
(4) DEPAUL SCHOOL FOR HEARING AND SPEECH 6202 ALDER ST PITTSBURGH, PA 15206	25-0965321	501(C)(3)	7,500.				HEARING & SPEECH SUP
(5) DOLLAR ENERGY FUND INC PO BOX 42329 PITTSBURGH, PA 15203	25-1442933	501(C)(3)	20,000.				GENERAL SUPPORT
(6) DOWN SYNDROME ASSOC OF PITTSBURGH 5513 WILLIAM FLYNN HWY GIBSONIA, PA 15044	25-1621542	501(C)(3)	15,000.				DOWN SYNDROME RES
(7) DRESS FOR SUCCESS PITTSBURGH 332 FIFTH AVE PITTSBURGH, PA 15222	20-2388089	501(C)(3)	6,667.				COMMUNITY DEVEL
(8) EAGLE PRINTING COMPANY PO BOX 271 BUTLER, PA 16003	25-0453210		7,500.				GENERAL SUPPORT
(9) ENERGY INNOVATION CENTER INSTITUTE INC 1435 BEDFORD AVE PITTSBURGH, PA 15219	25-1737221	501(C)(3)	150,800.				GENERAL SUPPORT
(10) EPILEPSY ASSOCIATION WESTERN CENTRAL PA 1501 REEDSDALE ST PITTSBURGH, PA 15233	23-7241930	501(C)(3)	25,000.				EPILEPSY RESEARCH
(11) ERIE COUNTY DEPARTMENT OF HEALTH 606 W SECOND ST ERIE, PA 16507	99-9999999	GOVERNMENT	500,000.				GENERAL SUPPORT
(12) ERIE DOWNTOWN DEVELOPMENT CORPORATION 100 ERIE INSURANCE PL ERIE, PA 16530	82-0709054	501(C)(3)	50,000.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-8295721

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE EXTRA MILE EDUCATION FOUNDATION 111 BLVD OF THE ALLIES PITTSBURGH, PA 15222	25-1621067	501(C)(3)	25,000.				GENERAL SUPPORT
(2) FAITH U.M.C. OF FOX CHAPEL 261 W CHAPEL RIDGE RD PITTSBURGH, PA 15238	25-1544985	501(C)(3)	10,000.				GENERAL SUPPORT
(3) FAMILY HOUSE INC 5001 BAUM BLVD PITTSBURGH, PA 15213	25-1519959	501(C)(3)	138,236.				COMMUNITY DEVEL
(4) FARRELL AREA SCHOOL DISTRICT 1600 ROEMER BLVD FARRELL, PA 16121	25-6010685	GOVERNMENT	35,000.				GENERAL SUPPORT
(5) FAYETTE EMERGENCY MEDICAL SERVICE 301 S ARCH ST CONNELLSVILLE, PA 15425	25-1762416	501(C)(3)	10,000.				GENERAL SUPPORT
(6) FONTANAFEST 932 BROOKLINE BLVD PITTSBURGH, PA 15226	26-0301352	501(C)(3)	7,000.				GENERAL SUPPORT
(7) FORTYX80 INC DBA PTC TECHCELERATE INC 100 S COMMONS PITTSBURGH, PA 15212	46-1691722	501(C)(3)	10,000.				GENERAL SUPPORT
(8) FOUNDATION OF THE PA MEDICAL SOCIETY PO BOX 8820 HARRISBURG, PA 17111-2754	37-1732501	501(C)(3)	6,130.				GENERAL SUPPORT
(9) FRATERNAL ASSOC OF PROF PARAMEDICS PO BOX 8454 PITTSBURGH, PA 15220	25-1368007	501(C)(3)	6,000.				GENERAL SUPPORT
(10) FREDDIE FU CYCLING TEAM 1229 TWELVE OAKS CT MURRYSVILLE, PA 15668	99-9999999		7,000.				GENERAL SUPPORT
(11) FRIENDS OF FLIGHT 93 NATIONAL MEMORIAL PO BOX 911 SHANKSVILLE, PA 15560	27-0505853	501(C)(3)	12,500.				GENERAL SUPPORT
(12) GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA ST PITTSBURGH, PA 15212	25-1126094	501(C)(3)	12,500.				COMMUNITY DEVEL

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Department of the Treasury
Internal Revenue Service

Name of the organization

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(1) GLOBAL LINKS 4809 PENN AVE PITTSBURGH, PA 15224	52-1629060	501(C)(3)	12,500.				GENERAL SUPPORT
(2) GLORIA GATES MEMORIAL FOUNDATION PO BOX 89 ALTOONA, PA 16603	25-1832472	501(C)(3)	43,250.				GENERAL SUPPORT
(3) GOODWILL OF SOUTHWESTERN PA INC 118 52ND ST PITTSBURGH, PA 15201	25-1098928	501(C)(3)	10,000.				GENERAL SUPPORT
(4) GRAND AERIE FRATERNAL ORDER OF EAGLES 1623 GATEWAY CIRCLE S GROVE CITY, OH 43123	39-0920675	501(C)(3)	10,000.				GENERAL SUPPORT
(5) GREATER PGH COMMUNITY FOOD BANK 1 N. LINDEN ST DUQUESNE, PA 15110	25-1420599	501(C)(3)	40,741.				COMMUNITY DEVEL
(6) GREATER PITTSBURGH CHAMBER OF COMMERCE 11 STANWIX ST PITTSBURGH, PA 15222	25-0399620	501(C)(3)	10,500.				GENERAL SUPPORT
(7) GREATER WASHINGTON COUNTY FOOD BANK 909 NATIONAL PK W BROWNSVILLE, PA 15417	23-2939247	501(C)(3)	10,000.				COMMUNITY DEVEL
(8) GREENVILLE AREA SCHOOL DISTRICT 9 DONATION RD GREENVILLE, PA 16125	25-6011926	GOVERNMENT	35,200.				GENERAL SUPPORT
(9) GWENS GIRLS 711 WEST COMMONS PITTSBURGH, PA 15212	75-3114136	501(C)(3)	8,200.				GENERAL SUPPORT
(10) HABITAT FOR HUMANITY OF GREATER PITTS 6435 FRANKSTOWN AVE PITTSBURGH, PA 15206	25-1529652	501(C)(3)	30,000.				COMMUNITY DEVEL
(11) HEINZ HISTORY CENTER 1212 SMALLMAN ST PITTSBURGH, PA 15222	25-0965391	501(C)(3)	691,361.				GENERAL SUPPORT
(12) HERITAGE COMMUNITY INITIATIVES INC 820 BRADDOCK AVE BRADDOCK, PA 15104	25-1442838	501(C)(3)	30,000.				GENERAL SUPPORT

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Schedule I (Form 990) (2019)

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Department of the Treasury
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Name of the organization

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

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(1) HM3 PARTNERS INDEPENDENCE FUND INC 405 AVONLEA CT GIBSONIA, PA 15044	46-5341326	501(C)(3)	12,500.				GENERAL SUPPORT
(2) HUMANE ANIMAL RESCUE 6926 HAMILTON AVE PITTSBURGH, PA 15208	25-0325750	501(C)(3)	20,000.				GENERAL SUPPORT
(3) INST FOR RES, EDU & TRAIN IN ADDICTION 425 SIXTH AVE PITTSBURGH, PA 15219	25-1857820	501(C)(3)	40,000.				GENERAL SUPPORT
(4) THE JEWISH HEALTHCARE FOUNDATION OF PGH 625 LIBERTY AVE PITTSBURGH, PA 15222	25-1624347	501(C)(3)	215,000.				GENERAL SUPPORT
(5) JUNIOR ACHIEVEMENT 120 MARSHALL DR WARRENDALE, PA 15086	25-0983059	501(C)(3)	42,600.				COMMUNITY DEVEL
(6) JUVENILE DIABETES RESEARCH FOUNDATION 960 PENN AVE PITTSBURGH, PA 15222	23-1907729	501(C)(3)	50,000.				DIABETES RESEARCH
(7) KANE COMMUNITY HOSPITAL FOUNDATION 4372 ROUTE 6 KANE, PA 16735	26-3906925	501(C)(3)	10,000.				HEALTHCARE SUPPORT
(8) KAPPA SCHOLARSHIP ENDOWMENT FUND OF W PA PO BOX 5013 PITTSBURGH, PA 15206	25-1672589	501(C)(3)	12,500.				GENERAL SUPPORT
(9) LADIES HOSPITAL AID SOCIETY 200 LOTHROP ST PITTSBURGH, PA 15213	23-7257527	501(C)(3)	206,000.				GENERAL SUPPORT
(10) LAWRENCE COUNTY CHAMBER OF COMMERCE 138 W WASHINGTON ST NEW CASTLE, PA 16101	25-0521810	501(C)(6)	14,484.				GENERAL SUPPORT
(11) LENDING HEARTS 114 HOODRIDGE DR PITTSBURGH, PA 15228	45-1783751	501(C)(3)	10,000.				GENERAL SUPPORT
(12) LUMINARI INC 400 BROAD ST SEWICKLEY, PA 15143	26-4196781	501(C)(3)	40,000.				GENERAL SUPPORT

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(1) MARCH OF DIMES INC 1550 CRYSTAL DR ARLINGTON, VA 22202	13-1846366	501(C)(3)	97,250.				GENERAL SUPPORT
(2) MARIO LEMIEUX FOUNDATION 816 FIFTH AVE PITTSBURGH, PA 15219	25-1708231	501(C)(3)	30,650.				GENERAL SUPPORT
(3) MCKEESPORT HOSPITAL FOUNDATION 1500 FIFTH AVE MCKEESPORT, PA 15132	25-1380418	501(C)(3)	14,000.				HEALTHCARE SUPPORT
(4) MENTAL HEALTH AMER OF SOUTHWESTERN PA 409 COULTER AVE GREENSBURG, PA 15601	25-1142972	501(C)(3)	10,000.				GENERAL SUPPORT
(5) MIGHTY PENGUINS SLED HOCKEY INC 8000 CRANBERRY SPR DR CRAN. TWP, PA 16066	27-5095701	501(C)(3)	7,500.				GENERAL SUPPORT
(6) MONROEVILLE AREA CHAMBER OF COMMERCE 2790 MOSSIDE BLVD MONROEVILLE, PA 15146	20-1073113	501(C)(6)	10,000.				GENERAL SUPPORT
(7) M-POWERHOUSE INC 1435 BEDFORD AVE PITTSBURGH, PA 15219	52-2054025	501(C)(3)	10,000.				GENERAL SUPPORT
(8) MUNICIPALITY OF MONROEVILLE 2700 MONROEVILLE BLVD MONROEVILLE, PA 15146	25-6004094	GOVERNMENT	10,500.				COMMUNITY DEVEL
(9) NAMI KEYSTONE PENNSYLVANIA 105 BRAUNLICH DR PITTSBURGH, PA 15237	25-1477291	501(C)(3)	21,215.				GENERAL SUPPORT
(10) NATIONAL DIVERSITY COUNCIL 2401 FOUNTAIN VIEW DR HOUSTON, TX 77057	71-1037612	501(C)(3)	18,500.				GENERAL SUPPORT
(11) NATIONAL KIDNEY FOUNDATION INC 30 E. 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	30,000.				KIDNEY RESEARCH
(12) NATL ASSOC OF HEALTH SERVICES EXECUTIVES 1050 CONNECTICUT AVE NW WA, DC 20036	62-1312239	501(C)(3)	9,950.				GENERAL SUPPORT

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(1) NATL OVARIAN CANCER COALITION PO BOX 101081 PITTSBURGH, PA 15237-3331	65-0628064	501(C)(3)	10,000.				CANCER RES
(2) NEGRO EDUCATIONAL EMERGENCY DRIVE 429 FOURTH AVE PITTSBURGH, PA 15219	25-6070821	501(C)(3)	37,500.				GENERAL SUPPORT
(3) NEIGHBORHOOD RESILIENCE PROJECT 2038 BEDFORD AVE PITTSBURGH, PA 15219	83-2086038	501(C)(3)	10,000.				GENERAL SUPPORT
(4) NEW ERA CAP FOUNDATION 501 SILVERSIDE RD WILMINGTON, DE 19809	81-1548325	501(C)(3)	10,000.				GENERAL SUPPORT
(5) NEW PITTSBURGH COURIER PUBLISHING CO INC 315 E CARSON STREET PITTSBURGH, PA 15219	25-1181398		5,850.				GENERAL SUPPORT
(6) NORTH ALLEGHENY SCHOOL DISTRICT 500 CUMBERLAND RD PITTSBURGH, PA 15237	25-6002301	GOVERNMENT	14,000.				GENERAL SUPPORT
(7) OAKLAND BUSINESS IMPROVEMENT DISTRICT 235 ATWOOD ST PITTSBURGH, PA 15213	25-1833743		115,500.				GENERAL SUPPORT
(8) ORTHOPAEDIC RESEARCH & EDU FDN (OREF) 6300 NORTH RIVER RD ROSEMONT, IL 60018	36-6009467	501(C)(3)	10,000.				GENERAL SUPPORT
(9) OUR CLUBHOUSE 2816 SMALLMAN ST PITTSBURGH, PA 15222	25-1845284	501(C)(3)	31,500.				CANCER SUPPORT
(10) OUR HEARTS TO YOUR SOLES PO BOX 243 INGOMAR, PA 15127	43-2063268	501(C)(3)	15,000.				GENERAL SUPPORT
(11) PA BREAST CANCER COALITION 2397 QUENTIN RD LEBANON, PA 17042	25-1722323	501(C)(3)	10,000.				CANCER SUPPORT
(12) PASSAVANT HOSPITAL FOUNDATION 9100 BARCOCK BLVD PITTSBURGH, PA 15237	23-1511600	501(C)(3)	167,731.				HEALTHCARE SUPPORT

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(1) PATIENT SAFETY MOVEMENT FOUNDATION 40 PARKER IRVINE, CA 92618	46-2730379	501(C)(3)	10,000.				GENERAL SUPPORT
(2) PEDIATRIC TRAVEL CLUB 5059 AVERY RD BROADVIEW HEIGHTS, OH 44147	13-4288387		10,000.				GENERAL SUPPORT
(3) PENN STATE UNIVERSITY 4701 COLLEGE DR ERIE, PA 16563	24-6000376	501(C)(3)	6,600.				GENERAL SUPPORT
(4) PENNSYLVANIA RESOURCE COUNCIL 64 SOUTH 14TH ST PITTSBURGH, PA 15203	23-6403971	501(C)(3)	22,000.				GENERAL SUPPORT
(5) PENNSYLVANIANS FOR MODERN COURTS 2 PENN CENTER PHILADELPHIA, PA 19102	23-2434262	501(C)(3)	15,000.				GENERAL SUPPORT
(6) PEOPLES OAKLAND 3433 BATES ST PITTSBURGH, PA 15213	23-7407933	501(C)(3)	41,970.				GENERAL SUPPORT
(7) PITTSBURGH ARTS AND LECTURES 301 S. CRAIG ST PITTSBURGH, PA 15213	25-1657947	501(C)(3)	22,500.				GENERAL SUPPORT
(8) PITTSBURGH BALLET THEATRE INC 2900 LIBERTY AVE PITTSBURGH, PA 15201	23-7101094	501(C)(3)	28,750.				GENERAL SUPPORT
(9) PITTSBURGH FILMMAKERS INC 6300 FIFTH AVE PITTSBURGH, PA 15232	25-1229210	501(C)(3)	10,000.				GENERAL SUPPORT
(10) PITTSBURGH IRISH AND CLASSICAL THEATRE PO BOX 23607 PITTSBURGH, PA 15222	23-2874694	501(C)(3)	10,000.				GENERAL SUPPORT
(11) PITTSBURGH MAGAZINE 600 WATERFRONT DR PITTSBURGH, PA 15222	30-0565335		50,000.				GENERAL SUPPORT
(12) PITTSBURGH OPERA 2425 LIBERTY AVE PITTSBURGH, PA 15222	25-1073139	501(C)(3)	20,000.				GENERAL SUPPORT

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(1) PITTSBURGH PENGUINS FOUNDATION ONE CHATHAM CENTER PITTSBURGH, PA 15219	27-3431123	501(C)(3)	12,500.				GENERAL SUPPORT
(2) THE PITTSBURGH PROMISE 1901 CENTRE AVE PITTSBURGH, PA 15219	26-1982661	501(C)(3)	25,000.				COMMUNITY DEVEL
(3) PITTSBURGH PUBLIC THEATER CORP 621 PENN AVE PITTSBURGH, PA 15222	23-7398683	501(C)(3)	12,500.				GENERAL SUPPORT
(4) PITTSBURGH THREE RIVERS MARATHON 810 RIVER AVE PITTSBURGH, PA 15212	26-2524046	501(C)(3)	15,000.				GENERAL SUPPORT
(5) PITTSBURGH TRUST FOR CULTURAL RESOURCES 719 LIBERTY AVE PITTSBURGH, PA 15222-3508	25-1469002	501(C)(3)	40,000.				GENERAL SUPPORT
(6) PITTSBURGH URBAN MAGNET PROJECT 100 ROSS ST PITTSBURGH, PA 15219	25-1800835	501(C)(3)	10,000.				GENERAL SUPPORT
(7) POINT PARK UNIVERSITY 201 WOOD ST PITTSBURGH, PA 15222	25-1094922	501(C)(3)	200,000.				GENERAL SUPPORT
(8) POISE FOUNDATION 429 FORBES AVE PITTSBURGH, PA 15219	25-1393426	501(C)(3)	77,500.				GENERAL SUPPORT
(9) PRESBYTERIAN SENIORCARE FOUNDATION 1215 HULTON RD OAKMONT, PA 15139	56-2289600	501(C)(3)	7,530.				GENERAL SUPPORT
(10) PRIMARY HEALTH NETWORK 100 SHENANGO AVE SHARON, PA 16146	25-1381800	501(C)(3)	31,500.				HEALTHCARE SUPPORT
(11) PROGRAM TO AID CITIZEN ENTERPRISE 603 STANWIX ST PITTSBURGH, PA 15222	25-1205316	501(C)(3)	10,000.				GENERAL SUPPORT
(12) PROPEL SCHOOLS FOUNDATION 3447 E CARSON ST PITTSBURGH, PA 15203	20-1100962	501(C)(3)	7,500.				GENERAL SUPPORT

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Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-8295721

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PULSEPOINT FOUNDATION PO BOX 12594 PLEASANTON, CA 94588	45-2725805	501(C)(3)	6,000.				GENERAL SUPPORT
(2) QUANTUM THEATRE, INC 5907 PENN AVE PITTSBURGH, PA 15206	25-1760895	501(C)(3)	12,500.				GENERAL SUPPORT
(3) READING IS FUNDAMENTAL PITTSBURGH 10 CHILDREN'S WAY PITTSBURGH, PA 15212	25-1558336	501(C)(3)	10,000.				COMMUNITY DEVEL
(4) RETREAT & REFRESH STROKE CAMP 2000 W PIONEER PKWY PEORIA, IL 61615	64-0954851	501(C)(3)	25,000.				GENERAL SUPPORT
(5) ROBERT MORRIS UNIVERSITY 6001 UNIVERSITY BLVD MOON TWP, PA 15108	25-1120678	501(C)(3)	850,000.				GENERAL SUPPORT
(6) SECOND HARVEST FOOD BANK OF NW PA 1507 GRIMM DR ERIE, PA 16501	25-1405798	501(C)(3)	20,500.				COMMUNITY DEVEL
(7) SHENANGO VALLEY CHAMBER OF COMMERCE 41 CHESTNUT AVE SHARON, PA 16146	25-1039261	501(C)(6)	11,960.				GENERAL SUPPORT
(8) SMALL SEEDS DEVELOPMENT INC 6033 BROAD ST PITTSBURGH, PA 15206	25-1834826	501(C)(3)	15,000.				COMMUNITY DEVEL
(9) SMART FUTURES 6401 PENN AVE PITTSBURGH, PA 15206	30-0263715	501(C)(3)	15,000.				COMMUNITY DEVEL
(10) SOCIETY OF ST VINCENT DE PAUL STORES 927 FRANKLIN ST JOHNSTOWN, PA 15905	25-0965567	501(C)(3)	10,000.				GENERAL SUPPORT
(11) SOMERSET COMMUNITY HOSPITAL FOUNDATION 225 SOUTH CENTER AVE SOMERSET, PA 15501	25-1441863	501(C)(3)	10,000.				HEALTHCARE SUPPORT
(12) SOUTHERN ALLEGHENIES MUSEUM OF ART PO BOX 9 LORETTO, PA 15940	25-1271659	501(C)(3)	6,825.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-8295721

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SPECIAL OLYMPICS PENNSYLVANIA 2570 BLVD OF THE GEN. NORRISTOWN, PA 19403	23-2078543	501(C)(3)	10,000.				GENERAL SUPPORT
(2) STANLEY M MARKS BLOOD CANCER RESEARCH 5150 CENTER AVE PITTSBURGH, PA 15232	82-3369773	501(C)(3)	15,000.				CANCER RESEARCH
(3) STEELWHEELERS INC 83 WESTMINSTER PL PITTSBURGH, PA 15209	25-1358502	501(C)(3)	7,500.				GENERAL SUPPORT
(4) SUSAN G KOMEN PITTSBURGH AFFILIATE 1133 S BRADDOCK AVE PITTSBURGH, PA 15218	81-0665396	501(C)(3)	72,000.				CANCER RESEARCH
(5) T CONN SPORTS INC 528 SKYLINE DR BELLE VERNON, PA 15012	22-3902543		10,000.				GENERAL SUPPORT
(6) TEALL INVESTMENTS V P.O. BOX 21528 WINSTON-SALEM, NC 27120	83-2060347		30,000.				GENERAL SUPPORT
(7) THE 9TH ST CLINIC 410 9TH ST MCKEESPORT, PA 15132	20-8981905	501(C)(3)	16,500.				GENERAL SUPPORT
(8) THE AMERICAN IRELAND FUND 1601 MARYS AVE PITTSBURGH, PA 15215	25-1306992	501(C)(3)	25,000.				GENERAL SUPPORT
(9) THE BUS STOPS HERE FOUNDATION PO BOX 11346 PITTSBURGH, PA 15238	38-3378049	501(C)(3)	10,000.				GENERAL SUPPORT
(10) THE CHUCK NOLL FOUNDATION FOR BRAIN INJU 3400 SOUTH WATER ST PITTSBURGH, PA 15203	81-3755463	501(C)(3)	50,000.				GENERAL SUPPORT
(11) THE FIRST TEE OF PITTSBURGH 5370 SCHENLEY DR PITTSBURGH, PA 15217	01-0867393	501(C)(3)	20,000.				GENERAL SUPPORT
(12) THE FRIENDSHIP CIRCLE OF PITTSBURGH INC 1922 MURRAY AVE PITTSBURGH, PA 15217	20-8950616	501(C)(3)	7,500.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-8295721

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE GRANT FOUNDATION 2840 LIBERTY AVE PITTSBURGH, PA 15222	25-1017587	501(C)(3)	15,000.				GENERAL SUPPORT
(2) THE JOE BERETTA FOUNDATION PO BOX 777 MT JULIET, TN 37121	81-3849103	501(C)(3)	10,000.				GENERAL SUPPORT
(3) THE MENTORING PARTNERSHIP OF SW PA 1901 CENTRE AVE PITTSBURGH, PA 15219	23-2876447	501(C)(3)	12,500.				COMMUNITY DEVEL
(4) THE MIDWIFE CENTER FOR BIRTH AND WOMENS 2825 PENN AVE PITTSBURGH, PA 15222	25-1864282	501(C)(3)	10,000.				GENERAL SUPPORT
(5) THE PITTSBURGH CONTINGENCY INC 1716 NEVADA ST PITTSBURGH, PA 15218	45-5398705	501(C)(3)	11,100.				GENERAL SUPPORT
(6) THE REGIONAL OPPORTUNITY CENTER P.O. BOX 1544 PITTSBURGH, PA 15230	20-2939474	501(C)(3)	20,000.				GENERAL SUPPORT
(7) THE SALVATION ARMY 700 NORTH BELL AVE CARNEGIE, PA 15106	13-5562351	501(C)(3)	22,500.				GENERAL SUPPORT
(8) THE SPRINGBOARD FOUNDATION INC 118 VALLEY BRK DR HENDERSONVILLE, TN 37075	47-5307022	501(C)(3)	15,000.				GENERAL SUPPORT
(9) THE UNITED WAY OF VENANGO COUNTY 1999 ALLEGHENY BLVD RENO, PA 16343	25-1219187	501(C)(3)	1,192,225.				GENERAL SUPPORT
(10) THELMA LOVETE YMCA 2114 CENTRE AVE PITTSBURGH, PA 15219	27-2990653	501(C)(3)	10,000.				COMMUNITY DEVEL
(11) THREE RIVERS ROWING ASSOC 300 WATERFRONT DR PITTSBURGH, PA 15222	25-1544798	501(C)(3)	16,500.				GENERAL SUPPORT
(12) TURTLE CREEK VALLEY COG PO BOX 318 TURTLE CREEK, PA 15145	25-1214597	GOVERNMENT	10,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2019

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Inspection**

Employer identification number

20-8295721

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF BLAIR COUNTY INC 5414 SIXTH AVE ALTOONA, PA 16602	23-1352003	501(C)(3)	30,500.				GENERAL SUPPORT
(2) UNITED WAY OF LAWRENCE COUNTY 2223 N MERCER ST NEW CASTLE, PA 16101	25-0987221	501(C)(3)	10,100.				GENERAL SUPPORT
(3) UNITED WAY OF SOUTHWESTERN PA 1250 PENN AVE PITTSBURGH, PA 15230	25-1043578	501(C)(3)	59,000.				GENERAL SUPPORT
(4) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	168,698,804.				GENERAL SUPPORT
(5) UPMC HORIZON COMM HEALTH FDN 875 N HERMITAGE RD HERMITAGE, PA 16148	25-0523970	501(C)(3)	10,000.				HEALTHCARE SUPPORT
(6) UPTOWN PARTNERS OF PITTSBURGH 710 FIFTH AVE PITTSBURGH, PA 15219	45-0560925	501(C)(3)	25,000.				GENERAL SUPPORT
(7) URBAN IMPACT FOUNDATION 801 UNION AVE PITTSBURGH, PA 15212	25-1752269	501(C)(3)	17,000.				COMMUNITY DEVEL
(8) URBAN LEAGUE OF GREATER PGH ONE SMITHFIELD ST PITTSBURGH, PA 15222	25-0965592	501(C)(3)	60,000.				COMMUNITY DEVEL
(9) WCA FOUNDATION 300 FOOTE AVE JAMESTOWN, NY 14702	22-2393584	501(C)(3)	12,500.				GENERAL SUPPORT
(10) WESLEY FAMILY SERVICES 1304 TRUMAN AVE KEY WEST, FL 33040	59-0624461	501(C)(3)	30,000.				COMMUNITY DEVEL
(11) WESTERN PA NATL HEMOPHILIA FOUNDATION 532 S AIKEN AVE PITTSBURGH, PA 15232	25-1359331	501(C)(3)	7,434.				GENERAL SUPPORT
(12) WESTERN PSYCHIATRIC HOSPITAL 3811 O'HARA ST PITTSBURGH, PA 15213	25-0965480	501(C)(3)	52,500.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2019

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Inspection**

Employer identification number

20-8295721

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTERN REGIONAL EMS 1002 CHURCH HILL RD PITTSBURGH, PA 15205	20-1233020	501(C)(3)	7,030.				GENERAL SUPPORT
(2) WESTMORELAND COUNTY FOOD BANK INC 100 DEVONSHIRE DR DELMONT, PA 15626	25-1422682	501(C)(3)	10,000.				COMMUNITY DEVEL
(3) WOMEN FOR A HEALTHY ENVIRONMENT 5877 COMMERCE ST PITTSBURGH, PA 15206	47-2651553	501(C)(3)	25,000.				GENERAL SUPPORT
(4) WOODLANDS FOUNDATION 134 SHENOT RD WEXFORD, PA 15090	25-1818538	501(C)(3)	10,250.				GENERAL SUPPORT
(5) YMCA OF GREATER PITTSBURGH 420 FORT DUQUENSE BLVD PITTSBURGH, PA 15222	25-0969497	501(C)(3)	24,500.				COMMUNITY DEVEL
(6) YORK COUNTY FOOD BANK 254 W PRINCESS ST YORK, PA 17401	23-2452484	501(C)(3)	10,000.				COMMUNITY DEVEL
(7) YOUTHPLACES 711 W COMMONS PITTSBURGH, PA 15212	43-2068912	501(C)(3)	25,000.				GENERAL SUPPORT
(8) YWCA GREATER PITTSBURGH 305 WOOD STREET PITTSBURGH, PA 15222	25-0965639	501(C)(3)	6,000.				COMMUNITY DEVEL
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 198.

3 Enter total number of other organizations listed in the line 1 table 14.

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART 1 LINE 2

IT IS THE POLICY OF UPMC TO CONTRIBUTE FINANCIAL SUPPORT TO TAX EXEMPT ORGANIZATIONS AND AGENCIES THAT SUPPORT THE UPMC MISSION AND STRENGTHEN THE HEALTH AND QUALITY OF LIFE OF THOSE WHO LIVE AND WORK IN THE COMMUNITIES WE SERVE. UPMC MAKES CERTAIN SUPPORT PAYMENTS TO THE UNIVERSITY OF PITTSBURGH (EIN 25-0965591) UNDER AN AFFILIATION AGREEMENT BETWEEN THE TWO ORGANIZATIONS FOR THE PURPOSE OF FURTHERING THEIR JOINT EDUCATIONAL AND RESEARCH MISSION. THE TOTAL OF THIS SUPPORT FOR THE FISCAL YEAR ENDING JUNE 30, 2020 INCLUSIVE OF AMOUNTS REPORTED ABOVE AND ALL OTHER SUPPORT PAID BY UPMC ENTITIES IS IN EXCESS OF \$398M.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART II

ASSISTANCE PROVIDED TO ENTITIES THAT ARE NOT SECTION 501(C)(3)

ORGANIZATIONS ARE PROVIDED TO SUPPORT CHARITABLE INITIATIVES THAT THESE

ORGANIZATIONS HAD UNDERTAKEN.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

20-8295721

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.

- | | |
|---|---|
| ☒ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☒ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- 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.

Only section 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.

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.

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

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8	X	
9	X	

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2****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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER SCHMIDT, MD ORTHOPAEDIC SURGEON	(i)	1,387,403.	996,874.	10,088.	24,487.	31,622.	2,450,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ABHINAV HUMAR, MD TRANSPLANT SURGEON	(i)	1,626,150.	500,837.	5,534.	22,501.	20,553.	2,175,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 THOMAS GLEASON, MD CARDIOTHORACIC SURGEON	(i)	1,918,480.	20,000.	60,101.	23,662.	16,092.	2,038,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JAMES BRADLEY, MD ORTHOPAEDIC SURGEON	(i)	1,620,970.	59,120.	29,794.	29,564.	32,898.	1,772,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DEAN SOTEREANOS, MD ORTHOPAEDIC SURGEON	(i)	1,384,266.	225,894.	15,652.	24,907.	32,310.	1,683,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DAVID NACE, MD FORMER DIRECTOR	(i)	123,312.	14,703.	1,479.	15,491.	798.	155,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ANDREW NOWALK, MD FORMER DIRECTOR	(i)	114,157.	25,052.	56,237.	12,752.	2,811.	211,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 STEPHEN NIMMO ESQ FORMER OFFICER	(i)	321,888.	294,000.	43,985.	71,472.	34,346.	765,691.	29,793.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MARGARET BELL (AUE) TREASURER/SECRETARY	(i)	183,078.	73,126.	1,380.	23,342.	34,862.	315,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ERIC CARTWRIGHT (AUE) VICE PRESIDENT	(i)	286,499.	248,000.	46,617.	56,420.	19,733.	657,269.	26,338.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ROBERT BLOSAT (BHM) BOARD CHAIR AND PRES	(i)	389,438.	250,000.	49,219.	74,821.	24,597.	788,075.	38,125.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ANDREA BADWAY (BHM) BOARD MEMBER	(i)	228,522.	118,000.	3,346.	28,810.	22,771.	401,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DANIEL KELLY AGNEW, MD BOARD MEMBER	(i)	714,243.	135,582.	31,011.	24,217.	28,750.	933,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 ROBYN BECKWITH, M.B.A. () BOARD MEMBER AND SECRETARY	(i)	171,434.	23,750.	830.	16,336.	21,759.	234,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 JEFFREY KNORR (BHO) SECRETARY	(i)	110,056.	82,000.	174.	10,086.	20,210.	222,526.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 DONALD GOODMAN (CEM) BOARD MEMBER AND V PRESIDENT	(i)	145,104.	65,000.	1,334.	18,899.	29,692.	260,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2019

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAN SWAYZE (CEM) FORMER BOARD SECRETARY	(i)	146,821.	20,000.	656.	19,333.	12,690.	199,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DOUGLAS GARRETSON (CEM) PRESIDENT	(i)	196,185.	120,250.	5,471.	24,764.	31,102.	377,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CAROLINE DANIELS, MD (C) SECRETARY	(i)	185,969.	88,978.	467.	17,405.	19,559.	312,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 BARBARA GAINES, MD (CHP) BOARD MEMBER	(i)	477,263.	64,096.	59,913.	28,127.	7,523.	636,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 RACHEL BERGER (CHP) FORMER BOARD MEMBER	(i)	38,179.	8,767.	213.	5,970.	388.	53,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 NICHOLAS BARCELLONA (CH) SECRETARY & VP OF OPERATIONS	(i)	172,164.	124,000.	500.	18,919.	21,078.	336,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KENNETH NASH, MD (CCB) BOARD MEMBER	(i)	312,451.	2,964.	2,038.	19,432.	1,170.	338,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JAMES GIAMMARCO (CCB) CHIEF FINANCIAL OFFICER	(i)	163,591.	96,000.	1,174.	22,260.	10,113.	293,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JAMES GAVIN (CCB) PRESIDENT	(i)	293,246.	280,875.	41,735.	57,281.	16,911.	690,048.	26,620.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MATTHEW HURFORD (CCB) PRESIDENT	(i)	292,054.	102,768.	7,023.	21,833.	13,852.	437,530.	2,915.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 WILLIAM A NIGRO (CRP) BOARD MEMBER, TREAS AND CFO	(i)	146,290.	21,733.	272.	14,035.	8,075.	190,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 BRYANT WESLEY, ESQ (CRP) SECRETARY	(i)	194,890.	147,000.	3,999.	33,814.	6,374.	386,077.	2,435.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 PHILIP M CACCHIONE, MD BOARD CHAIR AND PRESIDENT	(i)	451,826.	125,517.	42,624.	25,613.	17,048.	662,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 ROBERT GEIGER, DO (EPN) BOARD MEMBER	(i)	386,922.	106,679.	37,206.	22,098.	16,866.	569,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 NOREEN FREDRICK (HNA) FORMER BOARD MEMBER	(i)	180,803.	27,000.	2,030.	16,740.	15,905.	242,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 NANCI CASE (HNF) PRESIDENT	(i)	194,450.	80,000.	2,780.	17,665.	20,608.	315,503.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAWNDRA JONES (MYC) BOARD MEMBER	(i)	193,819.	65,000.	1,103.	22,834.	14,956.	297,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CAROL VANZILE (MYC) BOARD SECRETARY	(i)	112,122.	6,120.	2,688.	8,942.	20,459.	150,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DAVID BOBRZYNSKI (MYC) BOARD TREASURER	(i)	155,778.	92,000.	1,120.	21,457.	19,645.	290,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MARK ZACHARIA, ESQ (MYC) BOARD VICE CHAIR	(i)	161,248.	79,300.	947.	16,047.	22,857.	280,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 NATHAN MOORE, MD (RHS) BOARD MEMBER	(i)	214,067.	100,578.	602.	21,945.	33,273.	370,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MBEMBO BONGUTU, MD (RHS) BOARD MEMBER	(i)	343,202.	64,929.	1,380.	26,253.	28,832.	464,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 AJAIPAL KANG, MD (RHS) BOARD MEMBER	(i)	936,663.	779,588.	2,801.	21,783.	26,945.	1,767,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 LYNN RUPP (RHS) PRESIDENT	(i)	235,334.	117,000.	1,187.	24,723.	14,190.	392,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DAVID KRUSZEWSKI, MD (S) BOARD CHAIR	(i)	424,369.	128,597.	40,367.	25,609.	36,131.	655,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 CHARLES HAGERTY (SHB) BOARD VICE CHAIR	(i)	187,667.	66,002.	1,708.	19,335.	16,233.	290,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DANIEL GRANT (SCS) BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,118.	72,000.	2,463.	22,041.	21,372.	291,994.	0.
12 MARK BONDI (THS) PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	187,363.	101,750.	3,709.	25,153.	23,091.	341,066.	0.
13 STANLEY MARKS, MD (UPC) BOARD CHAIR	(i)	1,431,876.	0.	145,192.	188,329.	35,372.	1,800,769.	110,856.
	(ii)	1,037,150.	0.	0.	0.	0.	1,037,150.	0.
14 ROBERT FERRIS, MD (UPC) BOARD MEMBER	(i)	660,540.	136,473.	3,784.	24,148.	9,037.	833,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 RICHARD BONDI (UPC) TREASURER AND CFO	(i)	186,442.	110,000.	1,273.	20,711.	19,631.	338,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 SAMIR SABA, MD (UPP) BOARD MEMBER	(i)	534,953.	62,815.	47,645.	27,739.	7,464.	680,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT GUNN, MD (UPP) BOARD MEMBER	(i)	422,531.	62,754.	77,293.	27,396.	7,157.	597,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 VICTOR MORELL, MD (UPP) BOARD MEMBER	(i)	2,198,131.	180,000.	59,437.	27,209.	20,211.	2,484,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JANET WATERS, MD (UPP) BOARD MEMBER	(i)	197,513.	8,358.	2,962.	10,616.	2,622.	222,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CHRISTINA PATTERSON, MD BOARD MEMBER	(i)	154,727.	38,000.	39,383.	14,875.	3,061.	250,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ELIZABETH PICCIONE, MD BOARD MEMBER	(i)	530,805.	41,901.	1,994.	21,613.	26,804.	623,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JOHN GALLEY (UPP) BOARD MEMBER	(i)	490,954.	550,000.	60,875.	110,359.	29,487.	1,241,675.	56,605.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 FREDDIE H FU, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	1,318,905.	145,000.	30,556.	33,847.	15,232.	1,543,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 LAWRENCE WECHSLER, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	208,212.	181,950.	31,253.	32,223.	3,436.	457,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JULES SUMKIN, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	392,795.	198,600.	16,231.	33,411.	7,057.	648,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DAVID A LEWIS, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	333,959.	278,990.	16,505.	29,362.	5,436.	664,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DEREK ANGUS, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	488,486.	262,762.	7,059.	30,360.	9,008.	797,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 GEORGE K MICHALOPOULOS BOARD MEMBER AND DEPT CHAIR	(i)	321,653.	217,941.	15,456.	33,661.	4,495.	593,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 JOEL S GREENBERGER, MD BOARD MEMBER AND DEPT CHAIR	(i)	250,485.	232,775.	33,727.	33,600.	4,363.	554,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 LOUIS D FALO JR, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	190,502.	235,835.	25,613.	30,569.	4,296.	486,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 JAMES D LUKETICH, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	2,265,569.	125,000.	48,014.	33,261.	22,886.	2,494,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JOEL B NELSON, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	658,485.	515,250.	9,840.	30,471.	11,924.	1,225,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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1 J. PETER RUBIN, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	720,552.	157,025.	4,728.	23,981.	10,065.	916,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GWENDOLYN SOWA, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	128,218.	123,310.	830.	19,461.	2,644.	274,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARK GLADWIN, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	223,219.	201,050.	2,133.	21,873.	3,369.	451,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT M FRIEDLANDER, M BOARD MEMBER AND DEPT CHAIR	(i)	1,243,449.	275,300.	5,702.	22,135.	15,919.	1,562,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 TERENCE DERMODY, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	368,385.	53,250.	6,732.	20,249.	4,700.	453,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JOSE SAHEL, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	476,581.	250,000.	26,774.	20,249.	5,715.	779,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 AMAN MAHAJAN, MD (UPP) BOARD MEMBER AND DEPT CHAIR	(i)	708,635.	125,000.	4,485.	16,800.	10,402.	865,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JONAS JOHNSON (UPP) BOARD MEMBER AND TREASURER	(i)	463,485.	399,300.	24,255.	32,864.	8,740.	928,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 TIMOTHY ROBERT BILLIAR, BOARD SECRETARY AND DEPT CHAIR	(i)	476,112.	369,932.	14,638.	31,575.	9,106.	901,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ANN EVANS (UPP) CHIEF FINANCIAL OFFICER	(i)	291,649.	315,000.	18,019.	64,989.	24,773.	714,430.	16,660.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CLIFTON CALLAWAY, MD (U) FORMER BOARD MEMBER	(i)	135,672.	29,460.	679.	18,521.	2,145.	186,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 HYAGRIV SIMHAN, MD (UPP) FORMER BOARD MEMBER	(i)	340,474.	75,815.	1,563.	23,455.	3,842.	445,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 JOSEPH LOSEE, MD (UPP) FORMER BOARD MEMBER	(i)	251,682.	80,000.	212,320.	24,319.	4,301.	572,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 TRENT EMERICK, MD (UPP) FORMER BOARD MEMBER	(i)	337,801.	157,275.	26,023.	17,632.	5,900.	544,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 LOUIS ALARCON, MD (UPP) FORMER BOARD MEMBER	(i)	602,533.	128,502.	65,096.	8,400.	7,602.	812,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JOON SUP LEE, MD (UPP) FORMER BRD MEMBER & DEPT CHAIR	(i)	522,904.	110,889.	12,960.	133,739.	500.	780,992.	0.
	(ii)	402,942.	164,057.	9,353.	0.	27,810.	604,162.	0.

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1 JEANNETTE SOUTH-PAUL, M FORMER BRD MEMBER & DEPT CHAIR	(i)	69,431.	103,447.	4,750.	20,312.	454.	198,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 HOWARD GUTSTEIN, MD (UP FORMER BRD MEMBER & DEPT CHAIR	(i)	105,232.	40,185.	2,076.	9,968.	1,080.	158,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ARTHUR S LEVINE, MD (U BOARD MEMBER	(i)	500,000.	0.	0.			500,000.	0.
	(ii)	887,908.	0.	59,608.	33,600.	61,564.	1,042,680.	0.
4 PATRICK GALLAGHER (UPM) BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	548,994.	600,602.	9,546.	33,600.	102,656.	1,295,398.	0.
5 GREGORY K PEASLEE (UPM) EVP & CHIEF ADMIN OFFICER	(i)	349,364.	1,222,756.	116,174.	79,664.	5,601.	1,773,559.	109,303.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ROBERT A DEMICHIEI (UPM) EVP AND CFO	(i)	637,418.	923,462.	222,196.	43,638.	47,214.	1,873,928.	216,612.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 W THOMAS MCGOUGH, ESQ (U EVP AND CHIEF LEGAL OFFICER	(i)	774,714.	1,032,775.	512,193.	414,290.	25,875.	2,759,847.	488,958.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 STEVEN D SHAPIRO, MD (U EVP AND CHIEF MED AND SCI OFF	(i)	641,820.	1,357,586.	548,146.	879,184.	11,566.	3,438,302.	534,529.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DAVID FARNER (UPM) EVP AND CHIEF OF STAFF	(i)	768,706.	1,250,538.	512,365.	755,262.	38,820.	3,325,691.	504,693.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 C TALBOT HEPPENSTALL JR EVP, TREAS, & PRES ENTERPRISES	(i)	640,517.	852,427.	1,513,225.	387,145.	35,241.	3,428,555.	1,499,504.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CHARLES BOGOSTA (UPM) EXEC VP & PRES INTERN'L	(i)	627,090.	932,756.	257,493.	378,206.	41,128.	2,236,673.	244,896.
	(ii)	10,000.	0.	600.	1,200.	245.	12,045.	0.
12 DIANE HOLDER (UPM) EVP, PRES INS SRV & PRES HPLAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	904,543.	1,601,526.	303,943.	513,631.	28,040.	3,351,683.	275,922.
13 JEFFREY A ROMOFF (UPM) PRESIDENT AND CEO	(i)	1,253,258.	4,511,000.	3,306,652.	408,151.	20,911.	9,499,972.	880,272.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 MICHELE P JEGASOTHY, ES SECRETARY	(i)	128,602.	86,000.	405.	16,515.	32,105.	263,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 MARSHALL WEBSTER, MD (U SENIOR VICE PRESIDENT	(i)	505,486.	723,650.	353,368.	217,900.	10,318.	1,810,722.	290,494.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 LESLIE C. DAVIS (UPM) SR VP, EVP AND COO HSD	(i)	775,200.	1,035,505.	531,854.	501,322.	27,419.	2,871,300.	522,011.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2019

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID RUSSELL (ALT) BOARD MEMBER	(i)	273,777.	211,200.	20,210.	50,637.	5,123.	560,947.	4,841.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MICHAEL SCHLECHTER, MD BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	276,599.	86,996.	2,598.	24,046.	33,497.	423,736.	0.
3 GERALD MURRAY (ALT) FORMER PRESIDENT	(i)	404,452.	245,000.	164,679.	125,454.	35,371.	974,956.	156,109.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RONALD J. MCCONNELL (AL) FORMER VICE PRESIDENT	(i)	160,203.	0.	37,810.	0.	0.	198,013.	37,810.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JAN E. FISHER (ALT) PRESIDENT	(i)	412,966.	231,714.	50,484.	74,214.	22,436.	791,814.	39,254.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MARIO WILFONG (ALT) TREASURER AND CFO	(i)	169,770.	78,000.	78,264.	13,793.	22,695.	362,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 DAVID BURWELL, MD (ALF) BOARD MEMBER	(i)	282,031.	30,160.	19,997.	22,017.	18,968.	373,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOSEPH ANTONOWICZ, MD () FORMER BOARD MEMBER	(i)	296,216.	0.	8,600.	59,232.	21,439.	385,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 TIMOTHY BALCONI (ALF) PRESIDENT	(i)	173,565.	45,000.	1,198.	16,433.	21,936.	258,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DAVID BAER, MD (BDF) BOARD MEMBER	(i)	218,319.	85,641.	8,390.	30,120.	22,443.	364,913.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CHRISTOPHER SAMUEL, MD BOARD MEMBER	(i)	460,770.	0.	5,290.	19,600.	12,730.	498,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 TIMOTHY HORSKY, DO (BDF) BOARD MEMBER	(i)	323,606.	0.	3,148.	13,080.	8,028.	347,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 GRANT HORMELL, MD (BDF) BOARD MEMBER	(i)	293,422.	0.	6,534.	24,947.	32,200.	357,103.	2,146.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 JOSEPH TALARICO, DO (BD) BOARD MEMBER	(i)	426,902.	0.	7,120.	29,030.	15,775.	478,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 MATTHEW MASSARO, DO (BD) FORMER BOARD MEMBER	(i)	0.	15,731.	0.	0.	0.	15,731.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JAMES DONNELLY (CHS) BOARD MEMBER	(i)	187,506.	99,150.	2,653.	20,603.	19,931.	329,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CECIL MILLER (CHS) SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	145,133.	53,120.	668.	15,324.	5,976.	220,221.	0.
2 ROBERT LUCAS, ESQ (CMI) BOARD MEMBER	(i)	192,673.	132,000.	10,076.	34,498.	24,249.	393,496.	5,635.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 FRANCIS SOLANO, MD (CMI) BOARD MEMBER AND PRESIDENT	(i)	532,534.	342,080.	37,828.	50,408.	29,634.	992,484.	23,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DONNA OTTOVIANI (CMI) BOARD MEMBER SECRETARY, VP AND	(i)	211,350.	105,000.	2,528.	26,306.	9,103.	354,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DEBORAH S BRODINE (CPS) BOARD MEMBER AND PRESIDENT	(i)	348,952.	315,000.	30,727.	73,069.	22,364.	790,112.	28,505.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JEROME SHAFFER (CPS) BOARD MEMBER TREASURER AND CFO	(i)	184,310.	120,000.	21,343.	27,717.	15,811.	369,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KOTAYYA KONDAVEETI, MD BOARD MEMBER	(i)	462,500.	50,000.	0.	0.	0.	512,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 LAURENE TIMMONS (EAS) BOARD SECRETARY, TREASURER AND	(i)	130,034.	76,000.	1,768.	16,511.	6,817.	231,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 TAMRA MINTON (EAS) FORMER BOARD SECRETARY	(i)	64,811.	7,500.	727.	1,531.	5,382.	79,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MARK SEVCO (EAS) FORMER PRESIDENT	(i)	442,845.	310,000.	56,970.	85,649.	27,870.	923,334.	54,113.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MARK O'HERN (EAS) PRESIDENT	(i)	228,352.	135,000.	10,647.	34,911.	35,313.	444,223.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 RICHARD WADAS, MD (EMI) BOARD MEMBER AND PRESIDENT	(i)	519,167.	170,461.	9,801.	36,831.	24,609.	760,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DONALD M YEALY, MD (EMI) BOARD MEMBER AND V PRESIDENT	(i)	321,782.	259,975.	47,514.	31,423.	6,791.	667,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 RUSSELL MEYERS (EMI) BOARD TREASURER	(i)	115,698.	48,000.	233.	11,915.	21,064.	196,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 TERRENCE LEWIS, ESQ (EM) SECRETARY	(i)	162,259.	90,000.	684.	15,800.	11,244.	279,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JAMES SCHUSTER, MD (FYO) BOARD MEMBER	(i)	383,482.	264,600.	40,668.	82,268.	32,593.	803,611.	32,061.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN LOVELACE (FYO) BOARD MEMBER AND PRESIDENT	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 547,322.	517,000.	46,150.	112,745.	15,896.	1,239,113.	19,000.
2 GORDON GEBBENS (FYO) BOARD MEMBER AND TREASURER	(i) 429,743.	392,000.	45,124.	87,591.	22,728.	977,186.	38,472.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 SHERYL KASHUBA, ESQ (FY) BOARD MEMBER, SECTY & CLO	(i) 324,190.	294,000.	21,424.	75,582.	12,659.	727,855.	18,598.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 SCOTT LAMMIE (FYO) CHIEF FINANCIAL OFFICER	(i) 407,429.	352,800.	76,264.	105,531.	39,549.	981,573.	67,525.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 STEPHEN PERKINS, MD (FY) FORMER BOARD MEMBER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 333,678.	247,900.	17,890.	63,994.	33,159.	696,621.	10,400.
6 CARRIE ENNIS (HMT) BOARD SECRETARY	(i) 132,434.	20,900.	262.	11,686.	15,289.	180,571.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 DAVID GIBBONS (HMT) PRESIDENT	(i) 400,926.	355,000.	30,464.	78,902.	8,772.	874,064.	27,031.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 MICHAEL BONINGER (HCM) BOARD MEMBER & PRESIDENT	(i) 278,820.	51,000.	1,620.	27,658.	3,600.	362,698.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 DONALD BECKSTEAD (HNV) BOARD MEMBER	(i) 321,239.	0.	4,716.	75,818.	17,005.	418,778.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 SUSAN DUCHMAN (HNV) BOARD MEMBER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 176,137.	97,566.	2,479.	18,715.	16,510.	311,407.	0.
11 DIANA WOY (HNV) FORMER BOARD MEMBER	(i) 142,961.	0.	433.	48,115.	8,028.	199,537.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 AMY SWINDELL, DO (HNV) FORMER BOARD MEMBER	(i) 255,815.	2,960.	829.	18,677.	1,457.	279,738.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 HOLLY LORENZ (HHC) BOARD MEMBER	(i) 312,713.	295,000.	43,605.	67,790.	10,231.	729,339.	29,610.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 ROBERT GRIFFITH (HHC) CFO AND TREASURER	(i) 168,822.	22,750.	145.	11,597.	8,316.	211,630.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 PAULA THOMAS (HHC) PRESIDENT	(i) 181,594.	97,000.	2,622.	26,959.	31,322.	339,497.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16 TULIO ESTRADA, MD (HRZ) BOARD MEMBER	(i) 465,692.	6,983.	7,722.	25,112.	20,801.	526,310.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

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1 DONALD OWREY (HRZ) PRESIDENT	(i)	176,713.	230,000.	20,290.	70,048.	6,915.	503,966.	5,688.
	(ii)	117,774.	60,000.	27,906.	0.	22,926.	228,606.	14,594.
2 FRANCIS FOTI, MD (KAN) BOARD MEMBER	(i)	305,554.	93,000.	4,522.	24,757.	22,257.	450,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARK PAPALIA (KAN) PRESIDENT	(i)	129,532.	15,000.	253.	10,330.	5,423.	160,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT P EDWARDS, MD (M) BOARD MEMBER	(i)	266,175.	211,000.	7,098.	29,092.	4,426.	517,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOHN COMERCI (MAG) BOARD MEMBER	(i)	661,470.	54,590.	60,559.	25,562.	7,563.	809,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 GABRIELLA GOSMAN, MD (M) BOARD MEMBER	(i)	240,574.	244.	58,711.	22,698.	2,688.	324,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 STEPHEN EMERY, MD (MAG) BOARD MEMBER	(i)	416,039.	41,956.	48,448.	26,366.	3,253.	536,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SUKETU MANSURIA, MD (MA) BOARD MEMBER	(i)	498,156.	77,608.	50,057.	23,457.	6,701.	655,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RICHARD BEIGI, MD (MAG) BOARD MEMBER AND PRESIDENT	(i)	337,382.	125,326.	74,491.	59,403.	4,014.	600,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 CAREY ANDREW-JAJA, MD () FORMER BOARD MEMBER	(i)	122,779.	1,100.	3,454.	10,088.	3,796.	141,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 THOMAS DIACOVO, MD (MAG) FORMER BOARD MEMBER	(i)	293,599.	4,945.	3,870.	14,736.	3,671.	320,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SUSAN RAKFAL, MD (MCK) BOARD MEMBER	(i)	213,323.	0.	3,658.	20,104.	9,030.	246,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 KENNETH PLOWEY, MD (MCK) BOARD MEMBER	(i)	245,302.	67,389.	1,898.	18,145.	20,715.	353,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 SANDY RADER (MCK) FORMER BOARD MEMBER	(i)	406,638.	185,996.	21,489.	46,990.	22,767.	683,880.	9,548.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 DONALD BECK, DPM (MCK) FORMER BOARD MEMBER	(i)	68,592.	0.	11.	4,642.	7,542.	80,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 CHRISTOPHER STOCKHAUSEN FORMER TREASURER AND CFO	(i)	204,529.	134,000.	7,542.	24,938.	9,540.	380,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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1 SUSAN MARTIN (MER) BOARD MEMBER	(i)	152,446.	57,842.	2,199.	21,995.	15,936.	250,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN WARD (MER) BOARD MEMBER	(i)	573,130.	6,697.	5,380.	25,002.	27,836.	638,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PHILIP POLLICE (MER) BOARD MEMBER	(i)	1,320,013.	177,523.	10,088.	24,568.	31,120.	1,563,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MICHAEL GRACE (MER) BOARD MEMBER AND PRESIDENT	(i)	308,189.	315,000.	30,670.	62,013.	30,254.	746,126.	18,988.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 AJ PINEVICH, MD (MER) BOARD SECRETARY	(i)	308,006.	108,000.	22,081.	34,276.	17,258.	489,621.	6,071.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JOHN MCKEATING, MD (MER) FORMER BOARD MEMBER	(i)	388,270.	44,010.	7,359.	26,509.	24,174.	490,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 TAMRA MINNIER (NWH) BOARD MEMBER	(i)	357,145.	356,000.	38,913.	80,148.	18,574.	850,780.	34,875.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 RANDALL BOGGESS, DO (NWH) BOARD MEMBER	(i)	396,378.	36,000.	2,154.	22,049.	21,030.	477,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DAVID MCCANDLESS, MD (NWH) BOARD MEMBER	(i)	185,713.	70,093.	7,917.	24,004.	15,058.	302,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 LINDA BARNHART, MD (NWH) BOARD MEMBER	(i)	482,620.	2,333.	954.	18,140.	20,948.	524,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BRIAN DURNIOK (NWH) BOARD MEMBER AND PRESIDENT	(i)	264,732.	164,000.	15,855.	50,325.	7,266.	502,178.	13,364.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 BRAD DINGER (NWH) CHIEF FINANCIAL OFFICER	(i)	173,958.	34,000.	1,569.	18,399.	16,080.	244,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 SERGIO GIANCOLA, MD (NWH) FORMER BOARD MEMBER	(i)	566,612.	3,343.	2,912.	20,245.	24,657.	617,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 TRACEY BEIRIGER (OVI) BOARD TREASURER & SECRETARY	(i)	201,240.	162,000.	28,095.	44,672.	25,777.	461,784.	6,638.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 JAMES W BOYLE, MD (PSV) BOARD MEMBER	(i)	354,689.	89,140.	8,170.	26,587.	11,924.	490,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 DANIEL R SULLIVAN, MD (NWH) BOARD SECRETARY	(i)	293,086.	91,125.	66,639.	26,538.	1,682.	479,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2****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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	BRIAN FRITZ (PSV) CHIEF FINANCIAL OFFICER	(i) 156,912.	96,000.	376.	16,908.	16,862.	287,058.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	DAVID T MARTIN (PSV) FORMER PRESIDENT	(i) 492,962.	525,000.	85,814.	107,546.	22,330.	1,233,652.	74,796.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	SUSAN HOOLAHAN (PSV) PRESIDENT	(i) 291,271.	162,000.	20,847.	57,937.	17,704.	549,759.	2,955.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	JAMES F. PINGPANK, MD (BOARD MEMBER)	(i) 441,910.	317,955.	56,978.	22,554.	6,804.	846,201.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	EDWARD T KARLOVICH (PR SVP & CFO HSD)	(i) 459,960.	688,000.	65,306.	110,405.	24,356.	1,348,027.	58,600.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	EILEEN SIMMONS (PRY) CHIEF FINANCIAL OFFICER	(i) 291,370.	240,000.	39,303.	61,394.	17,165.	649,232.	24,548.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	JARED WEINER (PRY) CHIEF FINANCIAL OFFICER	(i) 170,724.	90,000.	287.	13,792.	16,793.	291,596.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	ALAN WELLS, MD (PRY) FORMER BOARD MEMBER	(i) 196,962.	7,930.	2,447.	19,910.	2,328.	229,577.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
9	CHARISSA PACELLA, MD (P) FORMER BOARD MEMBER	(i) 247,158.	32,737.	59,191.	21,169.	2,905.	363,160.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
10	WILLIAM BARRINGTON, MD FORMER BOARD MEMBER	(i) 421,299.	52,298.	72,861.	29,703.	6,654.	582,815.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
11	JOHN INNOCENTI (PRY) PRESIDENT	(i) 492,024.	575,000.	78,512.	112,923.	33,136.	1,291,595.	61,362.
		(ii) 0.	0.	0.	0.	0.	0.	0.
12	ALEXANDER J CIOCCA, ESQ BOARD MEMBER	(i) 176,422.	147,000.	35,041.	43,416.	22,905.	424,784.	11,725.
		(ii) 0.	0.	0.	0.	0.	0.	0.
13	SANDRA MCANALLEN (SMH) BOARD MEMBER	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 480,487.	379,000.	30,409.	91,762.	16,996.	998,654.	17,000.
14	MARSHALL STAFFORD, MD (FORMER BOARD MEMBER)	(i) 280,617.	40,000.	1,358.	28,717.	13,459.	364,151.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
15	DAVID PATTON (SMH) PRESIDENT	(i) 256,548.	155,000.	10,609.	48,684.	20,380.	491,221.	9,395.
		(ii) 0.	0.	0.	0.	0.	0.	0.
16		(i)						
		(ii)						

Schedule J (Form 990) 2019

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.

SCHEDULE J

PART 1

QUESTION 1: UPMC MAY PROVIDE THE FOLLOWING BENEFITS TO CERTAIN EXECUTIVES

WHEN THEY ARE NECESSARY TO ACHIEVE UPMC'S CHARITABLE MISSION OBJECTIVES:

FIRST-CLASS OR CHARTER TRAVEL; TRAVEL FOR COMPANIONS; TAX INDEMNIFICATION

OR GROSS UP PAYMENTS; AND/OR BUSINESS CLUB DUES OR INITIATION FEES.

PROVISION OF ANY SUCH BENEFITS IS PREDICATED ON COMPLIANCE WITH THE

ORGANIZATION'S POLICIES, IS SUBJECT TO REVIEW AND APPROVAL PROCESSES, AND

IS TREATED AS TAXABLE INCOME TO THE EXECUTIVES WHERE REQUIRED UNDER THE

INTERNAL REVENUE CODE.

QUESTION 4A: CERTAIN PERSONS AS DISCLOSED IN PART II WERE PROVIDED

SEVERANCE OR SEPARATION PAYMENTS AS CONTRACTUALLY PROVIDED FOR PER UPMC'S

COMPENSATION POLICY. THESE PAYMENTS ARE PROPERLY REPORTED IN PART II,

COLUMN (B).

QUESTION 4B: ALL PERSONS PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN ARE DISCLOSED IN SCHEDULE J WITH CORRESPONDING AMOUNTS

DISCLOSED WITHIN THE TOTAL AMOUNT IN SCHEDULE J COLUMN C "RETIREMENT AND

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.

OTHER DEFERRED COMPENSATION". DUE TO RESTRICTIONS IMPOSED BY THE INTERNAL REVENUE CODE ("CODE"), CERTAIN OFFICERS AND KEY EMPLOYEES ARE LIMITED IN THE AMOUNT OF BENEFITS WHICH MAY BE RECEIVED UNDER A TAX QUALIFIED RETIREMENT PROGRAM. LIKE MANY EMPLOYERS, UPMC SUPPLEMENTS ITS RETIREMENT BENEFITS THROUGH A SUPPLEMENTAL RETIREMENT PROGRAM. THE SUPPLEMENTAL RETIREMENT PROGRAM IS SUBJECT TO MULTI YEAR VESTING WHICH PLACES THE OFFICERS AND KEY EMPLOYEES' RETIREMENT BENEFIT AT RISK OF FORFEITURE IF THE VESTING REQUIREMENTS ARE NOT SATISFIED. ONCE VESTED HOWEVER, PROVISIONS OF THE CODE REQUIRE THAT THE VESTED AMOUNTS BE REPORTED ON THE FORM 990 AND THE VESTED OFFICER OR KEY EMPLOYEE INCLUDE IN CURRENT INCOME THE VALUE OF HER OR HIS SUPPLEMENTAL RETIREMENT BENEFIT. NOTWITHSTANDING THE TAX REQUIREMENT TO RECOGNIZE THE VESTED AMOUNT OF THE SUPPLEMENTAL RETIREMENT BENEFIT AS CURRENT INCOME FOR FICA TAXATION AND REPORTING PURPOSES, THIS BENEFIT, WHICH GENERALLY HAS BEEN EARNED OVER HER OR HIS ENTIRE CAREER, HAS NOT AND WILL NOT BE DISTRIBUTED UNTIL THE OFFICER OR KEY EMPLOYEE RETIRES OR SEPARATES FROM SERVICE FROM UPMC. THE SUPPLEMENTAL RETIREMENT PROGRAM PROVIDES FOR THE CURRENT DISTRIBUTION OF ONLY THE AMOUNT NECESSARY TO SATISFY ANY INCOME TAX

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.

LIABILITY RESULTING FROM THE VESTING DURING ACTIVE EMPLOYMENT. FINALLY,
IT SHOULD BE NOTED THAT IN ACCORDANCE WITH IRS INSTRUCTIONS, A
SUBSTANTIAL PORTION OF THE AMOUNT REPORTED ON THE FORM 990 ATTRIBUTABLE
TO SUPPLEMENTAL RETIREMENT PROGRAM VESTING HAS BEEN REPORTED IN
PREVIOUSLY FILED FORMS 990.

QUESTION 7: UPMC PROVIDES INCENTIVE COMPENSATION AS PART OF ITS TOTAL
COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES. THIS COMPONENT IS
BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND
OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE
YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA IN THE CONTEXT OF
APPROPRIATE RISK TAKING. THESE CRITERIA DIRECTLY SUPPORT UPMC'S MISSION
AND INCLUDE: PATIENT QUALITY AND SATISFACTION, COMMUNITY BENEFITS,
OPERATIONAL AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND STRATEGIC
BUSINESS INITIATIVES AMONG OTHERS.

QUESTION 8 & 9: UPMC FOLLOWS THE REPUTABLE PRESUMPTION OF REASONABLENESS
PROCEDURES DESCRIBED IN REGULATIONS SECTION 53.4958-6(C), WHERE

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.

APPLICABLE. THIS INCLUDES CONTRACTS THAT MAY QUALIFY FOR THE INITIAL
CONTRACT EXCEPTION UNDER REGULATIONS SECTION 53.4958-4 (A) (3) .

**SCHEDULE K
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

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

ERIE COUNTY HOSPITAL AUTHORITY

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A ERIE COUNTY HOSPITAL AUTHORITY	23-2302072		05/06/2010	35,000,000.	HAMOT SERIES 2010ABC SEE SCHEDULE		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	26,465,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	35,000,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	522,137.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	10,527,255.							
11 Other spent proceeds	23,950,608.							
12 Other unspent proceeds								
13 Year of substantial completion	2010							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2019

Part III Private Business Use

ERIE COUNTY HOSPITAL AUTHORITY

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

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

HAMOT SERIES 2010ABC SCHEDULE O

DESCRIPTION OF PURPOSE

SCHEDULE K PART I, DESCRIPTION OF PURPOSE, COLUMN (F) SERIES 2010ABC -
REFUNDED ERIE COUNTY HOSPITAL AUTHORITY'S REVENUE SERIES 1998A BONDS
ISSUED 6/30/1998; ADVANCE REFUNDED ERIE COUNTY HOSPITAL AUTHORITY'S
REVENUE SERIES 2002 BONDS ISSUED 12/5/2002; CONSTRUCT, RENOVATE, EQUIP
INPATIENT AND OUTPATIENT HOSPITAL AND HEALTH CARE FACILITIES TO BE OWNED
AND OPERATED BY THE MEDICAL CENTER, INCLUDING THE HAMOT WOMEN'S HOSPITAL

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

TRANSACTIONS WITH INTERESTED PERSONS

A NAME OF INTERESTED PERSON MICHAEL MONTLER

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UPMC ALTOONA BOARD MEMBER ROBERT MONTLER

C AMOUNT OF TRANSACTION 88,836.00

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON RICHARD WERTZ, M.D.

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UPMC ALTOONA BOARD MEMBER ROBERT E WERTZ, M.D

C AMOUNT OF TRANSACTION 609,133.00

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON EDITH TZENG MD

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH PHYSICIAN

BOARD MEMBER TIMOTHY BILLIAR M.D.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

C AMOUNT OF TRANSACTION 216,404.00

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON ANNA ROMAN PHD

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH PHYSICIAN

BOARD MEMBER GEORGE MICHALOPULOS M.D.

C AMOUNT OF TRANSACTION 354,568.00

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON RACHEL YEALY MD

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH PHYSICIAN

BOARD MEMBER DONALD YEALY M.D.

C AMOUNT OF TRANSACTION 19,216.00

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		3,558.	FAIR MARKET VALUE
5 Clothing and household goods	X		66,157.	FAIR MARKET VALUE
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles	X	50.	25,869.	FAIR MARKET VALUE
19 Food inventory	X	35.	22,277.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	1.	900.	FAIR MARKET VALUE
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		619.	1,535,290.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000

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

ADDITIONAL INFORMATION

PART 1, COLUMN (B), LINE 25 - OTHER THE AMOUNTS IN COLUMN (B) REPRESENT
THE NUMBER OF CONTRIBUTIONS NOT THE NUMBER OF ITEMS CONTRIBUTED.

LINE 25 - BABY FORMULA MAGEE WOMENS HOSPITAL OF UPMC RECEIVES DONATIONS
OF INFANT FORMULA THAT IT IN TURN DISTRIBUTES TO NEEDY MOTHERS OF
INFANTS WHO COULD NOT OTHERWISE AFFORD THE FORMULA.

LINE 25 - OTHER FOR VARIOUS FUNDRAISING EVENTS STEELER ITEMS, AMUSEMENT
PARK ADMISSION TICKETS AND OTHER SUCH ITEMS ARE DONATED FOR USE IN THE
FUNDRAISING EVENT.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
BABY FORMULA	X	1.	927,410.	FAIR MARKET VALUE
ADVERTISING	X	9.	212,289.	FAIR MARKET VALUE
TOYS	X	304.	173,617.	FAIR MARKET VALUE
MISCELLANEOUS	X	152.	100,264.	FAIR MARKET VALUE
GIFT CERTIFICATES	X	89.	70,681.	FAIR MARKET VALUE
SPORT EVENTS	X	19.	20,733.	FAIR MARKET VALUE
TRIP, TOURS, SHOWS	X	7.	13,395.	FAIR MARKET VALUE
ADMISSION TICKETS	X	6.	11,085.	FAIR MARKET VALUE
GIFT BASKETS	X	26.	3,941.	FAIR MARKET VALUE
JEWELRY	X	5.	1,375.	FAIR MARKET VALUE
ENTERTAINMENT	X	1.	500.	
TOTALS		<u>619.</u>	<u>1,535,290.</u>	

Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	☒	☐
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	☒	☐
4b	If "Yes," did the organization provide such notice?	4b	☒	☐
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5	☒	☐
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a	☐	☒
6b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b	☐	☐
c	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2 Did or will any officer, director, trustee, or key employee of the organization:

a	Become a director or trustee of a successor or transferee organization?	2a	☐	☐
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	☐	☐
c	Become a direct or indirect owner of a successor or transferee organization?	2c	☐	☐
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	☐	☐
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

SCHEDULE N, PART I

THE FOLLOWING SUBORDINATE ENTITIES OF UPMC GROUP MERGED OUT OF EXISTENCE
DURING TAX YEAR 2019 (FISCAL YEAR JULY 1, 2019 - JUNE 30, 2020).
ALL PROPER STATE DOCUMENTS OF MERGER WERE FILED AND ARE ATTACHED. THE
ENTITIES HAVE BEEN INACTIVE AND HAD NO ASSETS OR LIABILITIES AT THE TIME
OF MERGER:

1. JAMESON HEALTH SERVICES, INC. EIN: 03-0486993
2. PASSAVANT PROFESSIONAL ASSOCIATES, INC. EIN: 25-1755608

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

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PART 1 SUMMARY

PART 1, LINE 5 AND PART V LINE 2A

THE TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2019 OF 66,202
IS REPRESENTATIVE OF THE SUM OF ALL INDIVIDUALS EMPLOYED BY EACH OF THE
55 SEPARATE AND DISTINCT LEGAL ENTITIES THAT ARE SUBSIDIARIES OF UPMC AND
ARE INCLUDED IN THE GROUP RETURN.

PART I, LINE 8 CONTRIBUTIONS, GRANTS AND SIMILAR AMOUNTS RECEIVED:

PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5) THE SPONSORING
ENTITY OF UPMC GROUP, UPMC, HAS ELECTED TO REPORT INFORMATION ABOUT
CONTRIBUTIONS, GRANTS AND SIMILAR AMOUNTS RECEIVED; INFORMATION ABOUT
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES; CERTAIN OTHER HIGHLY
PAID EMPLOYEES; CERTAIN INDEPENDENT CONTRACTORS ON A CONSOLIDATED BASIS
ALONG WITH ALL MEMBERS OF THE UPMC GROUP RETURN.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

UPMC GROUP REFLECTS THE COMPOSITE INFORMATION AND OPERATIONS OF
FIFTY-FIVE (55) TAX EXEMPT ENTITIES, INCLUDING 15 HOSPITAL ENTITIES, 13
PHYSICIAN SERVICE ENTITIES, 3 SKILLED NURSING FACILITIES, AND 24 OTHER
ANCILLARY SERVICE AND SUPPORT ENTITIES FROM WITHIN THE UPMC (UNIVERSITY

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OF PITTSBURGH MEDICAL CENTER) INTEGRATED HEALTHCARE DELIVERY SYSTEM (IHDS). THIS DELIVERY SYSTEM IS COMPRISED OF PREMIER HEALTHCARE PROVIDERS SUCH AS ACUTE INPATIENT HOSPITALS, CANCER TREATMENT FACILITIES, PHYSICIAN GROUPS, SKILLED NURSING FACILITIES AND OTHER ORGANIZATIONS PROVIDING HEALTHCARE SUPPORT SERVICES THAT OUR DIVERSE PATIENT POPULATION REQUIRE.

DURING FISCAL YEAR 2020 (ENDED JUNE 30, 2020) THE ENTITIES WITHIN UPMC GROUP ADMITTED 121,171 INPATIENTS, RECORDED 778,907 INPATIENT DAYS, 341,694 EMERGENCY ROOM VISITS, 101,859 SURGERIES, AND 661 TRANSPLANTS. THEY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT COST, OF OVER \$1,226,000,000. UPMC GROUP MEMBERS PROVIDED SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED PROGRAMS, OUTREACH PROGRAMS, HEALTH SCREENINGS, EDUCATIONAL CLASSES, AND VOLUNTEER SERVICES AT A COST OF OVER \$404,900,000. UPMC GROUP ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN EXCESS OF \$545,200,000.

THE FIFTEEN HOSPITALS INCLUDED IN UPMC GROUP ARE: UPMC PRESBYTERIAN SHADYSIDE, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, MAGEE-WOMEN'S HOSPITAL OF UPMC, UPMC MERCY, UPMC ST. MARGARET, UPMC PASSAVANT, UPMC HORIZON, UPMC NORTHWEST, UPMC MCKEESPORT, UPMC BEDFORD, UPMC EAST, UPMC HAMOT, UPMC ALTOONA, UPMC JAMESON AND UPMC KANE.

COVID-19 WHILE THE COVID-19 PANDEMIC CONTINUES TO POSE UNPRECEDENTED

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CHALLENGES FOR HOSPITALS AND HEALTH SYSTEMS ACROSS THE COUNTRY, UPMC IS LEVERAGING THE CLINICAL AND SCIENTIFIC EXPERTISE AT UPMC AND THE UNIVERSITY OF PITTSBURGH TO KEEP OUR COMMUNITY AND EMPLOYEES SAFE, TREAT THE DISEASE WITH CLINICAL AND OPERATIONAL EXCELLENCE, AND LEAD IMPORTANT INTERNATIONAL EFFORTS. WITH A STRONG PRESENCE IN BOTH THE PROVIDER AND INSURANCE BUSINESSES, AS WELL AS INTERNATIONAL AND COMMERCIALIZATION ARENAS, UPMC IS REPOSITIONING AND DEPLOYING ITS ASSETS IN UNIQUE WAYS. FROM THE ONSET OF THE PANDEMIC, UPMC'S DIVERSIFIED IDFS (INTEGRATED DELIVERY AND FINANCING SYSTEM) MODEL POSITIONED IT TO WITHSTAND VOLATILITY NEVER BEFORE SEEN IN THE HEALTH CARE MARKET. THROUGHOUT THE EVOLVING PANDEMIC, UPMC'S EXPERTS EXPLAINED HIGHLY COMPLEX SCIENCE TO A GENERAL PUBLIC AUDIENCE; OUR CYCLE OF PUBLIC BRIEFINGS PROVIDED A TRUSTED SOURCE FOR CLINICAL AND SAFETY INFORMATION DURING A PERIOD CHARACTERIZED BY WIDESPREAD FEAR AND MISINFORMATION. UPMC IMPLEMENTED A PAY PROTECTION PROGRAM TO SHIELD ITS WORKFORCE FROM THE RISK OF INFECTION AND THE POSSIBILITY OF SEVERE FINANCIAL LOSS WHILE STAFFING WAS ADJUSTED AND REDEPLOYED TO ASSIST WITH EMERGING AND CRITICAL NEEDS. FINANCIAL PROTECTION AND SUPPORT FOR STAFF WAS AFFIRMED BY PROVIDING PAID TIME TO EMPLOYEES WHO WERE ASKED TO QUARANTINE AFTER COVID-19 EXPOSURE, REGARDLESS OF THEIR ABILITY TO WORK DURING THIS PERIOD. UPMC FOCUSED ON PROTECTING AND TREATING VULNERABLE POPULATIONS INCLUDING THE ELDERLY, FRAIL, IMMUNOCOMPROMISED, AND THOSE IN POVERTY. UPMC'S EARLY FOCUS ON SENIORS, COUPLED WITH A STRONG HISTORY OF INFECTION CONTROL IN THE ORGANIZATION'S SKILLED NURSING FACILITIES, RESULTED IN LOW INFECTION

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RATES - ZERO IN THE FIRST FOUR MONTHS. TO CONTINUE TO MEET OUR COMMUNITY'S HEALTH CARE NEEDS DURING THE PANDEMIC, UPMC RECONSTRUCTED ITS CLINICAL DELIVERY SYSTEM TO SAFELY CARE FOR THE CRITICALLY ILL - INCREASING SYSTEMWIDE CAPACITY TO 750 ICU BEDS, WHILE MAINTAINING ACCESS TO MEDICAL-SURGICAL TREATMENTS. TELEMEDICINE CONNECTED UPMC'S CRITICAL CARE SPECIALISTS WITH PROVIDERS HUNDREDS OF MILES AWAY - GREATLY EXTENDING THE REACH OF THE ORGANIZATION'S WORLD-CLASS CARE. UPMC INCREASED AMBULATORY TELEMEDICINE VISITS FROM 250 A DAY TO MORE THAN 15,000 A DAY IN THE SECOND QUARTER OF 2020 - PROVIDERS AND PATIENTS AVOIDED EXPOSURE WHILE ACHIEVING GREATER ACCESS TO CARE. UPMC DEPLOYED ITS SCIENTIFIC RESOURCES TO ADDRESS THE PANDEMIC AND WAS AMONG THE FIRST TO DEVELOP AN IN-HOUSE COVID-19 TEST, WIDELY AVAILABLE TO THE PUBLIC THROUGH NUMEROUS TESTING SITES THROUGHOUT ALL UPMC REGIONS. UPMC IS ALSO A LEADING DISTRIBUTOR OF COVID-19 VACCINES AND CONTINUES TO BE PENNSYLVANIA'S LARGEST VACCINATOR. UPMC'S ADAPTIVE CLINICAL TRIALS IDENTIFIED STEROIDS AS AN EFFECTIVE THERAPY FOR SEVERE COVID-19. ADDITIONALLY, UPMC AND THE UNIVERSITY OF PITTSBURGH ARE ADVANCING RESEARCH ON MONOCLONAL ANTIBODIES FOR BOTH PREVENTION AND TREATMENT OF COVID-19. AS UPMC DEVELOPS A GREATER UNDERSTANDING OF THE DISEASE, WE ARE CONTINUING TO ADAPT AND EVOLVE TO KEEP OUR COMMUNITIES HEALTHY.

UPMC PRESBYTERIAN SHADYSIDE IS THE ACADEMIC HUB OF UPMC'S INPATIENT PROVIDER SERVICES AND IS THE GREATER PITTSBURGH REGION'S LARGEST INPATIENT ACUTE CARE HOSPITAL. THE MISSION OF UPMC PRESBYTERIAN SHADYSIDE IS TO PROVIDE PREMIER PROGRAMS IN PATIENT CARE, BIOMEDICAL AND

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HEALTH SERVICES RESEARCH AND TEACHING AND EDUCATION THAT WILL CONTRIBUTE TO THE PREVENTION, DIAGNOSIS, AND TREATMENT OF HUMAN DISEASE AND DISABILITY, REGARDLESS OF A PATIENTS' ABILITY TO PAY. THE FACILITIES THAT ARE A PART OF THE UPMC PRESBYTERIAN SHADYSIDE CAMPUSES ARE UPMC PRESBYTERIAN, UPMC SHADYSIDE, WESTERN PSYCHIATRIC INSTITUTE AND CLINIC (WPIC), UPMC MONTEFIORE, AND THE EYE AND EAR INSTITUTE. UPMC PRESBYTERIAN SHADYSIDE HAS LEADING PROGRAMS IN ORGAN TRANSPLANTATION, ONCOLOGY, CARDIOLOGY AND CARDIOTHORACIC SURGERY, CRITICAL CARE MEDICINE AND TRAUMA SERVICES, NEUROSURGERY, ORTHOPEDICS, OPHTHALMOLOGY, AND BEHAVIORAL HEALTH, AS WELL AS OTHER MEDICAL SPECIALTIES. UPMC PRESBYTERIAN (INCLUDING UPMC MONTEFIORE) IS A 758-BED TEACHING HOSPITAL THAT HAS BEEN PROVIDING HEALTH CARE SINCE 1893. UPMC SHADYSIDE IS A 479-BED TERTIARY HOSPITAL THAT HAS BEEN SERVING THE RESIDENTS OF PITTSBURGH AND THE TRI-STATE AREA SINCE 1866 AND IS A MAGNETTM DESIGNATED HOSPITAL. MAGNET STATUS IS ONE OF THE HIGHEST ACHIEVEMENTS A HOSPITAL CAN OBTAIN IN PROFESSIONAL NURSING, AND DEMONSTRATES NURSING EXCELLENCE, A COMMITMENT TO QUALITY PATIENT CARE, AND A HEALTHY WORK ENVIRONMENT. WESTERN PSYCHIATRIC INSTITUTE AND CLINIC IS A 289-INPATIENT-BED FACILITY THAT IS A NATIONAL LEADER IN THE TREATMENT OF MENTAL HEALTH AND ADDICTIVE DISORDERS.

UPMC PRESBYTERIAN SHADYSIDE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$602,500,000 DURING THE YEAR ENDED JUNE 30, 2020. UPMC

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PRESBYTERIAN SHADYSIDE IS ACTIVELY INVOLVED IN SPONSORING MANY PROGRAMS FOR PATIENTS, CHILDREN, TEENS, SENIORS, AND THE COMMUNITY AS A WHOLE. IT PROVIDES SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED PROGRAMS, OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES, AND MENTORSHIPS, WHICH ARE COLLECTIVELY TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY AT LARGE, AT A COST OF OVER \$231,400,000. UPMC PRESBYTERIAN SHADYSIDE ALSO FUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$308,500,000.

UPMC PRESBYTERIAN SHADYSIDE REACHED THE COMMUNITY THROUGH MANY EDUCATIONAL PRESENTATIONS, HEALTH FAIRS AT SCHOOLS AND NEIGHBORHOOD CENTERS, FREE HEALTH SCREENINGS, AND SUPPORT GROUPS. OTHER COMMUNITY PROGRAMS THAT BENEFITED PATIENTS AND GUESTS INCLUDE DISCOUNTED OR FREE PARKING AND USE OF THE "BLUE SHUTTLE", WHICH PROVIDES FREE TRANSPORTATION FROM THE FAMILY HOUSE TO THE HOSPITAL. UPMC PRESBYTERIAN SHADYSIDE PROVIDED MEDICATIONS TO PATIENTS BEING DISCHARGED WHO COULD NOT AFFORD THE COST OF PRESCRIPTIONS. ASSISTANCE WITH GUARDIANSHIP AND TRANSPORTATION SERVICES WAS PROVIDED TO PATIENTS AND THEIR FAMILIES WHO ARE EXPERIENCING FINANCIAL DIFFICULTY. BUS, WHEELCHAIR VAN, AND AMBULANCE TRANSPORTATION WAS PROVIDED FOR PATIENTS IN NEED, AND FREE PARKING WAS PROVIDED TO MANY ORGANIZATIONS THAT HELD EVENTS FURTHERING UPMC PRESBYTERIAN SHADYSIDE'S MISSION.

HOSPITAL STAFF HAVE ATTENDED AND PARTICIPATED IN NUMEROUS HEALTH FAIRS IN

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THE AREA. SUBJECTS COVERED INCLUDED INJURY PREVENTION, CANCER PREVENTION AND EARLY DETECTION, NUTRITION, FIRST AID AND CPR INSTRUCTION, AND MANY OTHER MEDICAL TOPICS. COMFORT CARTS WERE PROVIDED TO FAMILY MEMBERS OF TERMINAL PATIENTS. DONATIONS OF CLOTHING, ACCESSORIES, AND PERSONAL PRODUCTS WERE COLLECTED FOR VARIOUS ORGANIZATIONS AND FOOD DRIVES BENEFITED AREA FOOD BANKS. SCHOOL SUPPLIES AND CHRISTMAS GIFTS WERE ALSO COLLECTED FOR CHILDREN IN NEED. UPMC PRESBYTERIAN SHADYSIDE PARTICIPATED IN DRUG TAKE BACK DAYS TO GET UNUSED MEDICATIONS OUT OF CIRCULATION AND OUT OF THE HANDS OF PEOPLE WHO COULD BE HARMED BY THEM. THE HOSPITAL ALSO PROVIDED CONFERENCE SPACE TO VARIOUS COMMUNITY ORGANIZATIONS AND REPLENISHED AMBULANCE STOCK TO ALLOW FOR CONTINUED EMS RESPONSE READINESS IN THE COMMUNITY.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

RENOWNED FOR ITS OUTSTANDING CLINICAL SERVICES, RESEARCH PROGRAMS AND MEDICAL EDUCATION, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH (CHILDREN'S) HAS HELPED TO ESTABLISH THE STANDARDS OF EXCELLENCE IN PEDIATRIC CARE. CHILDREN'S CONTINUES TO HOLD THE PRESTIGIOUS MAGNETTM DESIGNATION. MAGNET HOSPITALS ARE RECOGNIZED FOR BUILDING AND SUPPORTING A CONTINUOUS CULTURE OF TRANSFORMATIONAL LEADERSHIP, STRUCTURAL EMPOWERMENT, EXEMPLARY EVIDENCE-BASED PRACTICE, ADVANCED TRAINING, AND NEW KNOWLEDGE APPLICATION AND INNOVATIONS.

CHILDREN'S RECOGNIZES THAT THE NEED FOR EXCELLENT PATIENT CARE JUST DOESN'T EXIST WITHIN THEIR OWN LOCAL COMMUNITY BUT EXISTS THROUGHOUT THE US AND ABROAD. CHILDREN'S IS A 313-BED HOSPITAL THAT PROVIDES A MULTITUDE

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OF SERVICES FROM AMBULATORY CARE TO TRANSPLANTATION TO CARDIAC CARE. OVER 1,000,000 INFANTS, CHILDREN AND ADOLESCENTS VISIT CHILDREN'S AND ITS SATELLITE LOCATIONS TO BE SEEN BY TALENTED AND COMMITTED PEDIATRIC EXPERTS FOR THEIR CARE. CHILDREN'S HOSPITAL IS A LEADER IN LIVER TRANSPLANTATION AND CARDIOTHORACIC SERVICES. TO INCREASE ACCESS TO CARE OF PATIENTS THROUGHOUT THE STATE OF FLORIDA AND VIRGINIA, CHILDREN'S HOSPITAL HAS CREATED PARTNERSHIPS WITH ST. JOSEPH'S CHILDREN'S HOSPITAL, WOLFSON CHILDREN'S HOSPITAL, FLORIDA CHILDREN'S HOSPITAL (ADVENT HEALTH) AND THE UNIVERSITY OF VIRGINIA'S CHILDREN'S HOSPITAL. THE PRIMARY MISSION OF UPMC CHILDREN'S HOSPITAL OF PITTSBURGH IS TO SERVE AS A COMMUNITY RESOURCE DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF CHILDREN OF ALL AGES, THROUGH EXCELLENCE IN PATIENT CARE, TEACHING, AND RESEARCH, REGARDLESS OF THE PATIENTS' ABILITY TO PAY.

CHILDREN'S LEADS THE WAY IN ADVANCED TECHNOLOGY APPLICATION WITH RESPECT TO ITS USE OF ELECTRONIC MEDICAL RECORDS AND HAS BEEN RECOGNIZED BY AN INDEPENDENT HEALTH CARE RESEARCH ORGANIZATION AS THE NUMBER ONE PEDIATRIC HOSPITAL IN ITS USE OF HEALTH CARE INFORMATION TECHNOLOGY. CHILDREN'S WAS THE FIRST PEDIATRIC HOSPITAL IN THE COUNTRY TO ACHIEVE STAGE 7 CERTIFICATION OF THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) ANALYTIC ELECTRONIC MEDICAL RECORD ADOPTION MODEL (ENRAM). CHILDREN'S WAS ALSO RECOGNIZED BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION AS A LEADER IN LGBTQ HEALTHCARE EQUALITY FOR THE FIFTH YEAR, AND PARENTS MAGAZINE NAMED THE HOSPITAL AS ONE OF THE TOP 20 MOST INNOVATIVE CHILDREN'S HOSPITALS BASED ON RESULTS OF A SURVEY SENT TO

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CHILDREN'S HOSPITAL ASSOCIATION MEMBERS. THE SURVEY IDENTIFIED HOSPITALS WITH INNOVATIONS THAT HAVE RESULTED IN MEDICAL ADVANCES AND CONSIDERED A HOSPITAL'S ADOPTION OF NEW TECHNOLOGIES AND ITS EFFORTS TO SHARE ITS INNOVATIONS WITH OTHER PEDIATRIC CENTERS. CHILDREN'S WAS RANKED BY U.S. NEWS AND WORLD REPORT'S FOR BEING PART OF THE TOP TEN CHILDREN'S HOSPITALS IN THE COUNTRY AND FOR BEING IN THE TOP FIVE BEST HOSPITALS FOR PEDIATRIC CARDIOLOGY AND HEART SURGERY.

CHILDREN'S PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICARE AND MEDICAID SHORTFALLS, AT A COST OF OVER \$44,600,000 DURING FISCAL YEAR 2020. SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH CHARITABLE CONTRIBUTIONS, OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES AND MENTORSHIPS WHICH WERE TARGETED AT PATIENTS, PATIENTS' FAMILIES AND THE COMMUNITY AT LARGE, AT A COST OF \$14,800,000. CHILDREN'S SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$57,800,000 DURING FISCAL YEAR 2020.

ONE OF THE COMMUNITY PROGRAMS OFFERED BY CHILDREN'S IS THE FAMILY CARE CONNECTION (FCC), WITH THE GOAL OF IMPROVING THE HEALTH OF CHILDREN AND FAMILIES IN AREAS WITH HIGH RATES OF CHILD ABUSE, INFANT MORTALITY, AND POVERTY. THE FCC OFFERS A VARIETY OF FAMILY SUPPORT PROGRAMS THAT ENHANCE RELATIONSHIPS BETWEEN PARENTS AND CHILDREN, IMPROVE MATERNAL AND CHILD HEALTH, ADDRESS SCHOOL READINESS THROUGH CHILD DEVELOPMENT ACTIVITIES, AND ASSESS AND EDUCATE THE PUBLIC TO PREVENT CHILD ABUSE AND NEGLECT. FCC STAFF PROVIDES HOME VISITS, ON-SITE PROGRAMMING AND

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CONSULTATION, REFERRAL AND LINKAGES TO A VAST NUMBER OF COMMUNITY AGENCIES, AND CHILD DEVELOPMENT, PARENTING, EDUCATIONAL AND COMMUNITY-BUILDING ACTIVITIES.

CHILDREN'S PROVIDED FREE ORTHODONTIC CARE TO THOSE WHO ARE UNINSURED OR UNDERINSURED AND WOULD NOT HAVE THIS CARE AVAILABLE TO THEM. THE HOSPITAL PARTICIPATED IN THE LEND A HAND INITIATIVE AND COLLECTED HOUSEHOLD AND CLEANING SUPPLIES, CLOTHING, TOYS, PERSONAL CARE ITEMS, BOTTLES AND DIAPERS, AND SCHOOL SUPPLIES FOR THOSE IN NEED. CHILDREN'S ALSO HAS A SAFETY CENTER IN THE HOSPITAL THAT IS OPEN TO THE COMMUNITY. IT PROVIDES EDUCATION, HANDS ON TRAINING, AND SAFETY RESOURCES TO FAMILIES AT NO COST. THE HOSPITAL PROVIDED CAR SEATS TO FAMILIES IN NEED UPON DISCHARGE AND OFFERED PARENTS AND CAREGIVERS OF PATIENTS FREE FLU SHOTS.

BASED IN PITTSBURGH, PENNSYLVANIA, UPMC MAGEE-WOMEN'S HOSPITAL (MAGEE) ENHANCES THE HEALTH CARE AND WELL-BEING OF WOMEN, MEN, INFANTS, AND THEIR FAMILIES. IT IS A 383- BED, FULL-SERVICE ACUTE CARE, RESEARCH AND TEACHING CENTER. AS A NATIONAL CENTER OF EXCELLENCE IN WOMEN'S HEALTH, MAGEE IS CONSISTENTLY RECOGNIZED FOR MEDICAL EXCELLENCE AND INNOVATION, OUTSTANDING PATIENT CARE, EDUCATION, RESEARCH, STANDARDS DEVELOPMENT, AND ADVOCACY. MAGEE IS COMMITTED TO PROVIDING SUPERIOR CARE TO AREA FAMILIES, REGARDLESS OF THEIR ABILITY TO PAY. MAGEE PROVIDES AN EXPANDED RANGE OF SERVICES TO BOTH MEN AND WOMEN INCLUDING DIAGNOSTIC IMAGING, INCLUDING CT AND MRI, A HEART CENTER, BARIATRIC SURGERY, ORTHOPAEDICS,

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DIGESTIVE DISORDER TREATMENT, PULMONOLOGY, PLASTIC SURGERY, VASCULAR SURGERY, CANCER TREATMENT, AND UROLOGY.

MAGEE HAS ACHIEVED MAGNETTM DESIGNATION AS A REFLECTION OF ITS NURSING QUALITY, PROFESSIONALISM AND TEAMWORK PATIENT CARE. WITH THIS CREDENTIAL, MAGEE JOINS THE GLOBAL COMMUNITY OF MAGNET-RECOGNIZED ORGANIZATIONS. JUST 523 U.S. HEALTH CARE ORGANIZATIONS OUT OF MORE THAN 6,300 U.S. HOSPITALS HAVE ACHIEVED MAGNETTM RECOGNITION.

RECOGNIZED AS A NATIONAL CENTER OF EXCELLENCE IN WOMEN'S HEALTH BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, MAGEE SERVES AS THE TEACHING FACILITY FOR OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, AND NEONATOLOGY FOR THE UNIVERSITY OF PITTSBURGH (THE UNIVERSITY). MEMBERS OF THE MEDICAL STAFF HOLD ACADEMIC APPOINTMENTS AT THE UNIVERSITY AND ARE ACTIVELY INVOLVED IN EDUCATION AND RESEARCH, AS WELL AS PATIENT CARE. OVER 10,000 BIRTHS OCCUR AT MAGEE EACH YEAR. MAGEE IS ALSO THE REGIONAL REFERRAL CENTER FOR HIGH-RISK MATERNAL CARE. THE HOSPITAL'S NEONATAL INTENSIVE CARE UNIT IS THE LARGEST IN PENNSYLVANIA, TREATING MORE THAN 1,800 SERIOUSLY OR CRITICALLY ILL INFANTS ANNUALLY.

MAGEE WAS RECOGNIZED BY PRACTICE GREENHEALTH AS A PARTNER FOR CHANGE. THE AWARD IS PRESENTED IN RECOGNITION FOR SUCCESSFUL PROGRAMS TO REDUCE OPERATIONAL ENVIRONMENTAL IMPACT TO HEALTH CARE FACILITIES THAT CONTINUOUSLY IMPROVE AND EXPAND UPON PROGRAMS TO ELIMINATE MERCURY, REDUCE AND RECYCLE WASTE, AND SOURCE PRODUCTS SUSTAINABLY. MAGEE

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PREVIOUSLY EARNED RECOGNITION FOR ITS GREEN PRACTICES, INCLUDING RECYCLING, REDUCING WASTE, ENERGY AND CHEMICALS IN SURGICAL PROCEDURES, MAINTAINING AN ORGANIC GARDEN THAT PROVIDES VEGETABLES USED FOR PATIENT AND CAFETERIA MEALS, AND INCORPORATING ENVIRONMENTAL HEALTH INTO COMMUNITY EDUCATION PROGRAMS.

MAGEE PARTICIPATED IN MANY COMMUNITY EVENTS. EDUCATIONAL INFORMATION WAS OFFERED AT VARIOUS HEALTH FAIRS, FREE AND DISCOUNTED PARKING WAS PROVIDED TO PATIENTS AND LOCAL COMMUNITY ORGANIZATIONS, AND THE HOSPITAL PROVIDED NEW REFUGEE ARRIVALS WITH WOMEN'S HEALTH EDUCATION. THE PRENATAL EMAIL PROGRAM PROVIDES WEEKLY EMAILS, AT NO COST, TO PREGNANT WOMEN AND THEIR FAMILIES. THESE EMAILS INCLUDE INFORMATION ON THE GROWING BABY, CURRENT RESEARCH FINDINGS ON NEWBORN HEALTH, AND HEALTHY BEHAVIORS FOR PREGNANT WOMEN. BREAST CANCER AWARENESS SYMPOSIUMS WERE OFFERED AS WELL AS EDUCATION ABOUT THE ISSUES CANCER SURVIVORS FACE.

MAGEE IS ACTIVELY INVOLVED IN THE COMMUNITY, SERVING INFANTS, TEENS, WOMEN, MEN, AND THEIR FAMILIES. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, MAGEE PROVIDED CHARITABLE CONTRIBUTIONS AND COMMUNITY SERVICE PROGRAMS AND SIMILAR FUNDING OF APPROXIMATELY \$6,200,000. MAGEE PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF OVER \$23,400,000. MAGEE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$136,100,000.

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UPMC MERCY, ESTABLISHED IN 1847 BY THE SISTERS OF MERCY, WAS THE FIRST HOSPITAL IN PITTSBURGH AND THE FIRST MERCY HOSPITAL IN THE U.S. UPMC MERCY OFFERS A BROAD RANGE OF SERVICES AND PROVIDES COMPASSIONATE CARE IN THE CATHOLIC TRADITION. THE SOCIAL RESPONSIBILITY OF CATHOLIC HEALTH CARE IS GUIDED BY FIVE ESSENTIAL PRINCIPLES: TO PROMOTE HUMAN DIGNITY, TO CARE FOR THE POOR, TO CONTRIBUTE TO THE COMMON GOOD, TO EXERCISE RESPONSIBLE STEWARDSHIP, AND ADHERENCE TO THE MORAL TEACHINGS OF THE CHURCH.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

UPMC MERCY HAS 417 LICENSED BEDS AND IS PITTSBURGH'S ONLY CATHOLIC HOSPITAL WITH SPECIALIZED SERVICES, INCLUDING THE NEUROSCIENCES, LEVEL 1 TRAUMA AND BURN SERVICES, WOMEN'S HEALTH, ORTHOPAEDICS, AND PHYSICAL MEDICINE AND REHABILITATION. UPMC MERCY IS A CARE IS PROVIDED TO ALL IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. UPMC MERCY CARRIES OUT ITS MISSION THROUGH ITS CORE VALUES AND WITH A COMMITMENT TO BEING A TRANSFORMING, HEALING PRESENCE WITHIN THE COMMUNITIES IT SERVES.

UPMC MERCY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$64,200,000 IN THE FISCAL YEAR ENDED JUNE 30, 2020. UPMC MERCY ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH VARIOUS OUTREACH AND OTHER COMMUNITY SERVICES PROGRAMS AT A COST OF \$7,300,000 AND PROVIDED FUNDING OF OVER \$23,900,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION. UPMC MERCY PROVIDES JOB SHADOWING AND MENTORING EXPERIENCES FOR NURSING STUDENTS AND MENTORS OTHER STUDENTS FROM VARIOUS HEALTH CARE RELATED DISCIPLINES.

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STAFF FROM UPMC MERCY PARTICIPATED IN MANY COMMUNITY HEALTH FAIRS. THEY PROVIDED EDUCATIONAL INFORMATION IN THE AREAS OF BURNS AND BURN CARE, STROKE, AND DIABETES. IN ADDITION, SUPPORT GROUPS FOR SPINAL CORD INJURY, BRAIN INJURY, STROKE, AND AMPUTEES ARE OFFERED BY UPMC MERCY. UPMC MERCY ALSO PROVIDED SPIRITUAL CARE AND HEALTH CARE TO THE HOMELESS. UPMC MERCY PROVIDED CAB SERVICE VOUCHERS TO PATIENTS IN NEED AND MADE CONTRIBUTIONS TO SUPPORT AREA HEALTH AND WELFARE PROGRAMS AND CHARITIES. UPMC MERCY CONDUCTED A STROKE CAMP FOR SURVIVORS AND CAREGIVERS. IT ALLOWED SURVIVORS TO INTERACT AND NETWORK WITH OTHER STROKE SURVIVORS AND THEIR CAREGIVERS AND GAVE CAREGIVERS A RESPITE AS VOLUNTEERS HELPED WITH THE CARE OF THE STROKE SURVIVORS. THE HOSPITAL ALSO PROVIDED FREE AND REDUCED PARKING VALIDATIONS FOR PATIENTS, AND FREE AND DISCOUNTED MEAL TICKET VOUCHERS TO FAMILIES, VOLUNTEERS, AND OTHERS. LEFTOVER FOOD WAS PACKAGED AND LABELED FOR DONATION TO THE FOOD BANK. UPMC MERCY PARTICIPATED IN AN ADOPT-A-FAMILY PROGRAM TO PROVIDE CHRISTMAS GIFTS TO LOW-INCOME FAMILIES AND COLLECTED SCHOOL SUPPLIES FOR CHILDREN IN THE COMMUNITY.

UPMC MERCY EARNED AN "A" SAFETY GRADE FROM THE LEAPFROG GROUP, A NATIONAL ORGANIZATION AIMING TO IMPROVE HEALTH CARE QUALITY AND SAFETY FOR CONSUMERS AND PURCHASERS. AN A GRADE IS THE HIGHEST POSSIBLE RATING. IT SHOWS PROVEN EFFORTS IN PROTECTING PATIENTS FROM HARM AND MEETING RIGOROUS SAFETY STANDARDS.

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UPMC BROKE GROUND IN MARCH OF 2019 ON THE NEW UPMC VISION AND REHABILITATION AT UPMC MERCY, WHICH IS BEING DESIGNED FOR THE MANY PATIENTS IN THE PITTSBURGH REGION AND BEYOND WHO NEED PHYSICAL REHABILITATION AND THOSE WHO HAVE DISEASES OF THE EYE OR VISION IMPAIRMENT. THE FACILITY, PART OF UPMC'S \$2 BILLION INVESTMENT IN SPECIALTY CARE WILL POSITION UPMC AT THE GLOBAL FOREFRONT OF REHABILITATION AND OPHTHALMIC RESEARCH AND CARE.

THE STATE-OF-THE-ART FACILITY ALSO WILL OFFER GENE AND CELL THERAPIES TO TREAT DISEASES OF THE EYE. OTHER VISION SERVICES FOR PATIENTS WILL INCLUDE HIGH-RESOLUTION IMAGING AND STATE-OF-THE-ART OCULAR TESTING, LASER-ASSISTED CATARACT SURGERY, MICRO-INVASIVE OCULAR SURGERY AND MORE THAN 25 SCIENTIFIC TEAMS DEVELOPING THE THERAPIES OF TOMORROW TO FIGHT BLINDNESS. IN ADDITION, AN URGENT CARE EYE CLINIC FOR EYE AND VISION EMERGENCIES WITH EXTENDED HOURS WHERE PATIENTS CAN ACCESS OPHTHALMOLOGIST SPECIALISTS DIRECTLY.

UPMC ST. MARGARET IS A 250-BED ACUTE-CARE AND TEACHING HOSPITAL SERVING PRIMARILY THE MORE THAN 250,000 RESIDENTS OF PITTSBURGH'S NORTHERN AND EASTERN SUBURBS AND HAS RECEIVED THEIR THIRD MAGNET™ DESIGNATION. MAGNET STATUS IS THE HIGHEST INTERNATIONAL RECOGNITION FOR THE HIGHEST STANDARD OF EXCELLENCE IN PATIENT CARE FOR HOSPITALS. FOUNDED IN 1898, UPMC ST. MARGARET IS HOME TO ONE OF THE OLDEST AND LARGEST FAMILY PRACTICE RESIDENCY PROGRAMS IN PENNSYLVANIA.

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UPMC ST. MARGARET IS COMMITTED TO ITS MISSION OF PROVIDING QUALITY HEALTH CARE TO ALL IN NEED AND HAS IMPLEMENTED POLICIES TO ASSURE ACCESS TO ITS SERVICES, REGARDLESS OF ABILITY TO PAY. IT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$40,500,000 IN THE FISCAL YEAR ENDED JUNE 30, 2020. UPMC ST. MARGARET ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH FREE OR LOW-COST OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY. THESE PROGRAMS HAVE ASSISTED THOUSANDS OF PEOPLE IN THE COMMUNITY AT A COST TO THE HOSPITAL OF OVER \$2,200,000 IN THE FISCAL YEAR ENDED JUNE 30, 2020. UPMC ST. MARGARET ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF OVER \$7,700,000 IN FISCAL YEAR 2020.

UPMC ST. MARGARET'S PARAMEDIC RESPONSE TEAM PROVIDES ADVANCED LIFE SUPPORT TO PATIENTS AND ASSISTANCE TO LOCAL AMBULANCE SERVICES. THE UNIT IS STAFFED WITH A PARAMEDIC WHO RESPONDS TO ASSIST WHEN DISPATCHED BY COUNTY 911 OPERATORS. UPMC ST. MARGARET WAS RECOGNIZED BY THE EMERGENCY NURSES ASSOCIATION WITH THE LANTERN AWARD, BECOMING ONLY THE FOURTH HOSPITAL IN PENNSYLVANIA TO EARN THE PRESTIGIOUS AWARD. THE LANTERN AWARD IS PRESENTED TO EMERGENCY DEPARTMENTS THAT EXEMPLIFY EXCEPTIONAL PRACTICE AND INNOVATIVE PERFORMANCE IN THE CORE AREAS OF LEADERSHIP, PRACTICE, EDUCATION, ADVOCACY AND RESEARCH.

FREE OR DISCOUNTED PARKING WAS PROVIDED TO ALL PATIENTS WHO CAME TO THE

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HOSPITAL FOR OUTPATIENT SERVICES. UPMC ST. MARGARET OFFERED FREE FLU SHOTS AND CHOLESTEROL, BLOOD PRESSURE, AND BONE DENSITY SCREENINGS TO AREA RESIDENTS. THE HOSPITAL ALSO COLLECTED CHILDREN'S WINTER CLOTHES AND NEW TOYS AND DONATED THEM TO LOCAL CHARITIES, OFFERED DIABETES EDUCATION CLASSES, COPD AND SMOKING CESSATION INFORMATION, AND EDUCATIONAL PRESENTATIONS OF VARIOUS HEALTH ISSUES. ST. MARGARET'S HOSTED A FREE COMMUNITY HEALTH AND WELLNESS FAIR WHERE COMMUNITY MEMBERS COULD OBTAIN FREE SERVICES, SCREENINGS AND INTERACTION WITH BOTH PHYSICIANS AND PHARMACISTS. ST. MARGARET OFFERED A FREE PUBLIC SEMINAR ENTITLED "TRAVELING SMART WITH DIABETES." THIS SEMINAR WAS DESIGNED TO AID THE DIABETIC COMMUNITY TO LEARN HOW TO BETTER UNDERSTAND THEIR DISEASE AND HOW TO BETTER MANAGE THEIR BLOOD GLUCOSE LEVEL WHILE TRAVELING. ST. MARGARET HOSTED AN ALIVE & WELL HEALTH PRESENTATION TO EDUCATE THE COMMUNITY ON HEART HEALTH AND WAYS TO IMPROVE CARDIOVASCULAR STRENGTH. FREE HEALTH SCREENINGS AND EDUCATION INCLUDED: BLOOD PRESSURE, CHOLESTEROL, BLOOD SUGAR AND STROKE EDUCATION.

FOUNDED IN 1849, UPMC PASSAVANT IS A PROVIDER OF QUALITY HEALTH CARE SERVICES TO PATIENTS IN THE AREAS OF ACUTE CARE, EMERGENCY CARE, INPATIENT CARE, OUTPATIENT CARE, AND COMMUNITY OUTREACH. UPMC PASSAVANT IS A 423-BED HOSPITAL THAT PROVIDES THESE SERVICES TO PATIENTS IN THE NORTHERN METROPOLITAN REGION OF PITTSBURGH AND ALLEGHENY COUNTY AND SOUTHERN BUTLER COUNTY, REGARDLESS OF THEIR ABILITY TO PAY. AS UPMC'S TERTIARY CARE CENTER NORTH OF PITTSBURGH, THIS STATE-OF-THE-ART HOSPITAL

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OFFERS UPMC'S BRAND OF WORLD-CLASS MEDICAL CARE AT TWO CAMPUSES TO SERVE COMMUNITIES NORTH OF THE CITY.

THROUGH UPMC PASSAVANT, HIGH-QUALITY CARE AND ALL THE RESOURCES OF AN ACADEMIC MEDICAL CENTER ARE NOW MORE READILY AVAILABLE TO RESIDENTS NORTH OF PITTSBURGH. WITH STRONG SPECIALTY PROGRAMS IN HEART CARE, ONCOLOGY, ORTHOPAEDICS, AND SPINE SURGERY AT THE MCCANDLESS CAMPUS; A COMPREHENSIVE BREAST CENTER AND STATE-OF-THE-ART IMAGING CENTER AT THE CRANBERRY CAMPUS; A TRULY PATIENT-AND-FAMILY-CENTERED ATMOSPHERE; AND EXPANSION PROJECTS UNDER WAY AT BOTH HOSPITAL CAMPUSES, UPMC PASSAVANT IS DEMONSTRATING ITS COMMITMENT TO EXCELLENCE IN PATIENT CARE. UPMC PASSAVANT HAS BEEN CREDENTIALLED AS A MAGNETTM ORGANIZATION. MAGNET STATUS IS THE HIGHEST INTERNATIONAL RECOGNITION FOR NURSING EXCELLENCE AND LEADERSHIP.

DURING THE FISCAL YEAR ENDED JUNE 30, 2020, UPMC PASSAVANT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$74,100,000.

UPMC PASSAVANT PROVIDED MANY COMMUNITY OUTREACH AND SUPPORT PROGRAMS IN FISCAL YEAR 2020 THAT INCLUDED HEALTH FAIRS, HEALTH SCREENINGS, EDUCATIONAL/COUNSELING PROGRAMS, IMMUNIZATIONS, SUPPORT GROUPS, AND OTHER PROGRAMS THAT BENEFITED THE COMMUNITY. THESE SERVICES HELPED THOUSANDS OF COMMUNITY MEMBERS UNDERSTAND AND MANAGE A WIDE ARRAY OF HEALTH CARE ISSUES AND CONDITIONS. THE VALUE OF THESE PROGRAMS AND OTHER FUNDING TO THE COMMUNITY WAS APPROXIMATELY \$4,500,000 IN THE FISCAL YEAR ENDED JUNE

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30, 2020. UPMC PASSAVANT ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2020 AT A COST OF OVER \$5,100,000.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

THE COMMUNITY BENEFITED FROM THE MANY HEALTH FAIRS THAT UPMC PASSAVANT SPONSORED AND PARTICIAPTED. INFORMATION WAS OFFERED ON CANCER, STROKE, AND SMOKING CESSATION. ALSO, SCREENINGS FOR FOOT CARE, BONE DENSITY, AND HIGH BLOOD PRESSURE WERE PROVIDED. UPMC PASSAVANT OFFERS A FREE VALET SERVICE TO ALL CANCER CENTER PATIENTS. PASSAVANT HOSPITAL UNDERSTANDS THE CHALLENGES OF THEIR PATIENTS AND FAMILY MEMBERS FACE WHEN DEALING WITH THE LOSS OF A LOVED ONE. THE HOSPITAL OFFERED A SIX-WEEK BEREAVEMENT SUPPORT GROUP THAT WAS FREE AND OPEN TO THE PUBLIC. PASSAVANT HOSTED FREE LIVE VIRTUAL EVENTS FOCUSED ON COMMON SLEEP DISORDERS AND HOW THEY AFFECT YOUR BODY, (INCLUDING SNORING AND SLEEP APNEA) AND WOMEN'S BREAST HEALTH, FOCUSING ON THE LATEST IN BREAST CANCER RESEARCH, DIAGNOSIS AND TREATMENTS, AND ADVANCEMENT IN DIAGNOSTIC SCREENINGS.

UPMC PASSAVANT IS A MAJOR SPONSOR OF NEW, OUTDOOR FITNESS COURT IN THE TOWN OF MCCANDLESS. WITH THE GOAL OF MAKING COMMUNITY FITNESS FREE AND OPEN TO ALL, PASSAVANT SUPPORTED A SIGNIFICANT PORTION OF THE PROJECT. PROVIDING NORTH HILLS COMMUNITIES WITH A FITNESS COURT CONTRIBUTES TO COMMUNITY-WIDE WELLNESS AND HEALTHY LIVING AND SUPPORTS TO REDUCE AND PREVENT CHRONIC DISEASES. CHRONIC DISEASE MANAGEMENT, SPECIFICALLY HEART

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(CARDIOVASCULAR) DISEASE AND STROKE, IS DEFINED AS A SIGNIFICANT HEALTH NEED FOR NORTH HILLS COMMUNITIES OF ALLEGHENY COUNTY, ACCORDING TO UPMC'S 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. EXERCISE CAN BE AN IMPORTANT MEASURE IN PREVENTATIVE HEALTH CARE FOR CONDITIONS LIKE DIABETES, CARDIOVASCULAR DISEASE AND ARTHRITIS.

UPMC PASSAVANT HAS EXPANDED THEIR SPECIALTY CARE BY BRINGING UPMC HILLMAN CANCER CENTER, UPMC MAGEE-WOMENS HOSPITAL AND UPMC HEART AND VASCULAR INSTITUTE TO THEIR HOSPITALS AND OUTPATIENT CARE CENTERS. UPMC HILLMAN CANCER CENTER AT UPMC PASSAVANT WILL BECOME THE FIRST HOSPITAL IN THE NORTHERN REGION WITH ROBOTIC BRONCHOSCOPY FOR EARLY LUNG CANCER DIAGNOSIS. UPMC MAGEE-WOMEN'S HOSPITAL AT UPMC PASSAVANT ADDED A FULL-SERVICE BREAST SCREENING PROGRAM WITH ADVANCED DIGITAL MAMMOGRAPHY AND RELATED DIAGNOSTIC SERVICES. UPMC HEART AND VASCULAR INSTITUTE AT UPMC PASSAVANT RECENTLY ADDED WATCHMANTM, AN ADVANCED CARDIAC PROCEDURE THAT LOWERS THE RISK OF STROKE IN PATIENTS WITH ATRIAL FIBRILLATION. IN EARLY 2020, THE HOSPITAL BEGAN PERFORMING TAVR, TRANSCATHETER AORTIC VALVE REPLACEMENT, A SOPHISTICATED ALTERNATIVE TO OPEN HEART SURGERY FOR PATIENTS WITH AORTIC VALVE DISEASE.

FOUNDED IN 1906, UPMC HORIZON, A 117-BED HOSPITAL, STRIVES TO BE THE PREMIER HEALTH CARE DELIVERY SYSTEM IN MERCER COUNTY, PENNSYLVANIA. IN FURTHERANCE OF ITS MISSION TO PROVIDE EXEMPLARY HEALTH CARE SERVICES, UPMC HORIZON PROVIDES PATIENT-CENTERED, QUALITY HEALTH CARE IN A

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COST-EFFECTIVE MANNER, ADHERING TO THE VALUES OF EXCELLENCE, COMPASSION, AND THE RESPECT FOR HUMAN DIGNITY, REGARDLESS OF A PATIENT'S ABILITY TO PAY. UPMC HORIZON, WITH CAMPUSES IN GREENVILLE AND SHENANGO VALLEY, OFFERS CLINICAL EXPERTISE IN PRIMARY CARE MEDICINE, CARDIOLOGY, ONCOLOGY, DIGESTIVE DISORDERS, BARIATRIC SURGERY, WOMEN'S HEALTH, RADIOLOGY/IMAGING SERVICES, AND PAIN MANAGEMENT.

DURING THE FISCAL YEAR ENDED JUNE 30, 2020, UPMC HORIZON PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$38,200,000. THE COMMUNITIES SERVED BY UPMC HORIZON ARE IN AN ECONOMICALLY DISTRESSED AND MEDICALLY UNDERSERVED AREA. IN THE YEAR ENDED JUNE 30, 2020, UPMC HORIZON PROVIDED COMMUNITY SERVICE PROGRAMS AND OTHER FUNDING AT A COST OF OVER \$3,200,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$2,900,000.

MANY GROUPS WITHIN THE COMMUNITY BENEFITED FROM UPMC HORIZON'S DIABETES INITIATIVE THROUGH WHICH BLOOD SUGAR SCREENINGS AND EDUCATIONAL PRESENTATIONS WERE GIVEN TO DIABETES SUPPORT GROUPS TO RAISE PUBLIC AWARENESS OF THE DISEASE. UPMC HORIZON PROVIDED MEETING SPACE TO AREA SUPPORT GROUPS FOCUSING ON CONDITIONS SUCH AS TOTAL JOINT PROCEDURE, BREAST CANCER, AND DIABETES. THE HOSPITAL DONATED EPI-PEN AUTO INJECTORS TO FIRST RESPONDERS AND AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) TO AREA BUSINESSES AND ORGANIZATIONS. UPMC HORIZON HOSTS CANCER SUPPORT GROUPS AND OFFERS ONGOING WALK WITH A DOC PROGRAMS. WALK WITH A DOC IS A WALKING

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PROGRAM FOR EVERYONE INTERESTED IN TAKING STEPS FOR A HEALTHIER LIFESTYLE. THE DOCTOR PRESENTS ON VARIOUS HEALTH TOPICS AND THEN LEADS A WALK WITH THE ATTENDEES, ALLOWING THEM TO WALK AT THEIR OWN PACE.

UPMC HORIZON EARNED AN "A" SAFETY GRADE FROM THE LEAPFROG GROUP, A NATIONAL ORGANIZATION AIMING TO IMPROVE HEALTH CARE QUALITY AND SAFETY FOR CONSUMERS AND PURCHASERS. AN A GRADE IS THE HIGHEST POSSIBLE RATING. IT SHOWS PROVEN EFFORTS IN PROTECTING PATIENTS FROM HARM AND MEETING RIGOROUS SAFETY STANDARDS.

UPMC NORTHWEST ESTABLISHED IN 1899, SERVES THE RESIDENTS OF THE FRANKLIN, OIL CITY AND SURROUNDING PENNSYLVANIA COMMUNITIES. UPMC NORTHWEST IS A STATE-OF-THE-ART MEDICAL FACILITY, WITH 174-LICENSED BEDS, THAT PROVIDES ACUTE INPATIENT, OUTPATIENT, BEHAVIORAL HEALTH, REHABILITATION, SKILLED NURSING, AND SUPPORT AND EDUCATION SERVICES. THE HOSPITAL PROVIDES SERVICES TO ALL PERSONS, REGARDLESS OF ABILITY TO PAY. SIXTY-NINE PERCENT OF UPMC NORTHWEST'S FISCAL YEAR 2020 PATIENTS WERE MEDICARE OR STATE MEDICAID PATIENTS.

DURING THE FISCAL YEAR ENDED JUNE 30, 2020, UPMC NORTHWEST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$24,700,000. THE HOSPITAL PROVIDED FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF \$2,500,000 THROUGH COMMUNITY OUTREACH PROGRAMS TARGETED AT PATIENTS, THEIR FAMILIES, AND THE COMMUNITY, AS WELL AS DONATIONS AND VOLUNTEER

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SERVICES. UPMC NORTHWEST ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2020 AT A COST OF OVER \$488,000.

FAMILIES BENEFITED FROM UPMC NORTHWEST'S PREPARED CHILDBIRTH CLASSES, WHICH READIED PARTICIPANTS FOR THEIR CHILDBIRTH EXPERIENCE. UPMC NORTHWEST ALSO OFFERED INFANT CARE CLASSES WHICH PROVIDED INFORMATION TO PARENTS ON HOW TO CARE FOR NEWBORNS, AND SIBLING CLASSES WHICH PREPARED CHILDREN TO BECOME BIG BROTHERS OR BIG SISTERS.

UPMC NORTHWEST'S ESPECIALLY FOR WOMEN PROGRAM PROVIDED INFORMATION AND SCREENINGS FOR WOMEN'S HEALTH, AND THEIR ESPECIALLY FOR MEN PROGRAM EDUCATED MEN ON THE MOST COMMON HEALTH CONCERNS AFFECTING THEM. THROUGH HEALTH FAIRS AND EDUCATIONAL PROGRAMS, THE ORGANIZATION PROVIDED PROSTATE SCREENINGS, OSTEOPOROSIS SCREENINGS, SMOKING CESSATION INFORMATION, NUTRITION INFORMATION, STROKE SCREENINGS, STROKE EDUCATION, AND CPR EDUCATION. UPMC NORTHWEST PROVIDED TRANSPORTATION TO PATIENTS WHO WERE IN NEED UPON DISCHARGE FROM THE HOSPITAL AND PROVIDED COMPLEMENTARY ROOM USAGE TO VARIOUS COMMUNITY ORGANIZATIONS.

UPMC NORTHWEST EARNED AN "A" SAFETY GRADE FROM THE LEAPFROG GROUP, A NATIONAL ORGANIZATION AIMING TO IMPROVE HEALTH CARE QUALITY AND SAFETY FOR CONSUMERS AND PURCHASERS. AN A GRADE IS THE HIGHEST POSSIBLE RATING. IT SHOWS PROVEN EFFORTS IN PROTECTING PATIENTS FROM HARM AND MEETING RIGOROUS SAFETY STANDARDS.

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FOUNDED IN 1894, UPMC MCKEESPORT IS A 213-BED, NONPROFIT ACUTE CARE COMMUNITY HOSPITAL THAT PRIMARILY SERVES THE RESIDENTS OF MCKEESPORT, PENNSYLVANIA AND THE SURROUNDING AREA. UPMC MCKEESPORT IS A TEACHING HOSPITAL, WITH RESIDENCY PROGRAMS IN BOTH FAMILY PRACTICE AND INTERNAL MEDICINE.

UPMC MCKEESPORT PROVIDES A WIDE RANGE OF QUALITY HEALTH CARE SERVICES, REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IT IS IN A GEOGRAPHIC AREA OF ECONOMIC DISTRESS, AND MUCH OF THE SURROUNDING COMMUNITY IS RECOGNIZED AS MEDICALLY UNDERSERVED, WITH A POPULATION THAT IS PREDOMINANTLY ELDERLY AND ECONOMICALLY DISADVANTAGED. THE HOSPITAL'S MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTH CARE EDUCATION TO ALL PERSONS. THEREFORE, IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, THE FOLLOWING WERE PROVIDED REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY: FREE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY.

DURING THE FISCAL YEAR ENDED JUNE 30, 2020, UPMC MCKEESPORT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$25,400,000. THE HOSPITAL ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES, AND FUNDING OF SCHOOLS FOR HEALTH PROFESSIONS. THE ESTIMATED COSTS OF PROVIDING THESE SERVICES

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IN FISCAL YEAR 2020, AS WELL AS FUNDING EDUCATION AND RESEARCH SUPPORT, WERE APPROXIMATELY \$2,700,000 AND \$7,400,000 RESPECTIVELY.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

FAMILY MEDICINE FACULTY VOLUNTEERED AT A FREE CLINIC ON A WEEKLY BASIS, PROVIDING MEDICAL CARE AND PHARMACY SERVICES TO THE UNINSURED AND HOMELESS RESIDENTS OF MCKEESPORT AND SURROUNDING AREAS. THE HOSPITAL PROVIDED FREE PARKING FOR CLIENTS AND COMMUNITY PROGRAMMING. UPMC MCKEESPORT ALSO PROVIDED TRANSPORTATION FOR PATIENTS.

UPMC MCKEESPORT HAS A LEADERSHIP ROLE IN THE MON RIVER FLEET COMMUNITY PARTNERSHIP, WHICH PROVIDED FREE INFLUENZA IMMUNIZATIONS TO COMMUNITY RESIDENTS. THE HOSPITAL OFFERED SPACE AT REDUCED RATES TO VARIOUS CHARITABLE/COMMUNITY ORGANIZATIONS AND ENHANCED THE QUALITY OF LIFE FOR AREA SENIORS BY OFFERING SCREENINGS, SOCIALIZATION OPPORTUNITIES, AND HEALTH EDUCATION. UPMC MCKEESPORT PROVIDED THE CITY OF MCKEESPORT WITH OFFICE FURNITURE AND SUPPLIES THAT WERE NO LONGER BEING USED. THE HOSPITAL PARTNERED WITH "CALL TO ACTION" TO HOST THE FREE, FIRST-EVER MCKEESPORT COMMUNITY DAY, WHICH INCLUDED, BANDS, DANCING, DJ, FOOD, HEALTH SCREENINGS, RAFFLES AND GIVEAWAYS. MCKEESPORT HOSTED AN ALIVE & WELL HEALTH PRESENTATION ON DEPRESSION AND ANXIETY IN OLDER ADULTS, PROVIDED A FREE HOT LUNCH, SCREENINGS AND FREE PARKING. THE SYMPOSIUM FOCUSED ON LEARNING THE CAUSES AND SYMPTOMS OF LATE-LIFE DEPRESSION, AVAILABLE TREATMENT OPTIONS AND WAYS THAT COMMUNITY MEMBERS CAN SUPPORTED A FRIEND OR LOVED ONE SUFFERING FROM DEPRESSION.

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UPMC BEDFORD IS AN ACUTE CARE GENERAL HOSPITAL, LOCATED IN EVERETT, PENNSYLVANIA, WITH UNITS FOR MEDICAL CARE, SURGICAL CARE, OBSTETRICAL CARE, INTENSIVE CARE, AND TELEMETRY SERVICES. IT OFFERS A VARIETY OF DIAGNOSTIC CAPABILITIES, INCLUDING CT SCAN AND MRI. THE HOSPITAL OPERATES A CARDIAC-PULMONARY REHABILITATION PROGRAM, AN OUTPATIENT PROCEDURE UNIT, AND AN AMBULATORY SURGICAL UNIT. THE EMERGENCY FACILITIES INCLUDE 24-HOUR IN-HOUSE COVERAGE, A LICENSED HELIPORT FOR EMERGENCY TRANSPORT, AND TRAUMA CENTER AFFILIATION.

UPMC BEDFORD IS COMMITTED TO PROVIDING SERVICES TO ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, UPMC BEDFORD PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$8,900,000. THE HOSPITAL ALSO PROVIDED SERVICES, WITH AN AGGREGATE VALUE OF OVER \$1,000,000 TO THE GENERAL POPULATION THROUGH OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY AND PROVIDED FUNDING OF OVER \$22,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION.

FAMILIES BENEFITED FROM THE UPMC BEDFORD'S PREPARED CHILDBIRTH CLASSES, WHICH DISCUSSED THE BASICS OF LABOR AND DELIVERY. CHILDREN PARTICIPATED IN THE HOSPITAL'S SIBLING CLASSES WHERE THEY LEARNED HOW TO HOLD A BABY AND CHANGE A DIAPER. UPMC BEDFORD CONTRIBUTED SPACE FOR SEVERAL AREA CHARITABLE/COMMUNITY GROUPS, INCLUDING THE TOPS BEDFORD, OVEREATERS ANONYMOUS, AND BEDFORD COUNTY VISITORS BUREAU. STAFF PARTICIPATED IN

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MANY HEALTH FAIRS TO PROVIDE EDUCATION AND SCREENINGS SUCH AS BLOOD PRESSURE, DIABETES, VISION, FOOT EXAMS, AND BONE DENSITY. THE HOSPITAL DONATED LINENS FOR THE ANNUAL CAMP CADET PROGRAM OFFERED TO MIDDLE SCHOOL STUDENTS. FOR OVER THIRTY YEARS, THE HOSPITAL DISPLAYED THEIR ANNUAL MITTEN TREE AND COLLECTED NEW MITTENS, HATS, GLOVES, JACKETS, SOCKS, SHOES, BOOTS AND OTHER GIFTS FOR LOCAL COMMUNITY MEMBERS IN NEED OF WARM WINTER ITEMS.

UPMC EAST IS A FULL-SERVICE COMMUNITY HOSPITAL, WITH 155-BEDS, THAT PROVIDES PATIENT-CENTERED CARE. LOCATED IN MONROEVILLE, PENNSYLVANIA, UPMC EAST SERVES PATIENTS USING ADVANCED TECHNOLOGIES AND WAS BUILT USING ENVIRONMENTALLY EFFICIENT CONSTRUCTION PRACTICES. UPMC EAST HAS RECENTLY ADDED 30,000 SQ. FEET OF SPACE IN THEIR ER DEPARTMENT - DOUBLING THEIR CAPACITY. THEY INCREASED PRIVATE EMERGENCY EXAM ROOMS FROM 24 TO 44, WITH 10 NEW, DEDICATED OBSERVATION ROOMS. GROUND FLOOR SERVICE AREAS IN CENTRAL STERILE PROCESSING, CLINICAL ENGINEERING AND INFORMATION TECHNOLOGY ALSO HAVE BEEN EXPANDED.

TO ADDRESS THE INCREASING NUMBER OF PATIENTS FROM THE SURROUNDING AREA SEEKING HIGH-QUALITY CARE AT UPMC EAST, THE HOSPITAL RECENTLY EXPANDED SPECIALTY SERVICES AND OPENED A NEW 2,520 SQUARE-FOOT MULTI-SPECIALTY CLINIC THAT BRINGS 14 UPMC EAST CLINICIANS AND AN ARRAY OF PATIENT-CENTERED OUTPATIENT SERVICES TO THE GREENSBURG AREA. SERVICES AVAILABLE INCLUDE UPMC'S ORTHOPAEDIC AND SPORTS MEDICINE, HEART AND VASCULAR, PAIN MANAGEMENT, GASTROENTEROLOGY, GENERAL SURGERY, AND MAGEE

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WOMEN'S HEALTH SERVICES.

THE HOSPITAL IS COMMITTED TO PROVIDING SERVICES TO ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, UPMC EAST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$15,300,000. THE HOSPITAL ALSO PROVIDED SERVICES WITH AN AGGREGATE VALUE OF OVER \$1,000,000 FOR OUTREACH PROGRAMS, DONATIONS, AND PROVIDED FUNDING OF OVER \$947,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION.

UPMC EAST STAFF PARTICIPATED IN VARIOUS AREA HEALTH FAIRS AND PRESENTED EDUCATIONAL TALKS TO THE COMMUNITY. TOPICS COVERED INCLUDED CANCER, HEART DISEASE, STROKE, AND BLOOD PRESSURE. THE HOSPITAL PROVIDED POINSETTIAS FOR PATIENTS, SCHOOL SUPPLIES FOR CHILDREN IN NEED, BACKPACKS OF FOOD TO CHILDREN WHO WOULD OTHERWISE GO HUNGRY OVER THE WEEKEND, TOTE BAGS TO AN AREA EMS, COATS, HATS, SCARVES, AND GLOVES FOR THOSE IN NEED, AND PROM GOWNS FOR THE UNDERSERVED IN LOCAL SCHOOL DISTRICTS. A FREE EDUCATION AND SUPPORT PROGRAM IS OFFERED TO THOSE DIRECTLY OR INDIRECTLY AFFECTED BY ADDICTION.

UPMC HAMOT (HAMOT) IS A 424-BED TERTIARY MEDICAL CENTER WITH SPECIALTIES THAT INCLUDE CARDIOLOGY, NEUROSCIENCE, CRITICAL CARE, ORTHOPEDICS, AND WOMEN'S HEALTH SERVICES. THE MEDICAL CENTER REACHES OUT TO MORE THAN 1 MILLION PEOPLE IN NORTHWESTERN PENNSYLVANIA, WESTERN NEW YORK, AND

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EASTERN OHIO. THE MISSION IS TO SERVE PATIENTS, COMMUNITIES AND ONE ANOTHER IN THE HAMOT TRADITION OF QUALITY, HEALTH, HEALING, AND EDUCATION. IN PARTNERSHIP WITH ITS PHYSICIANS, PAYERS, AND OTHER STAKEHOLDERS, HAMOT WILL CONTINUE TO ADVANCE THE HEALTH AND WELLNESS OF THE COMMUNITIES IT SERVES, REGARDLESS OF PATIENTS' ABILITY TO PAY, BY ACHIEVING CLINICAL QUALITY OF THE HIGHEST NATIONAL STANDARDS AND MAXIMIZING OPERATIONAL EFFICIENCIES. HAMOT FULFILLS ITS MISSION THROUGH COMMITMENT TO THESE CORE VALUES: QUALITY, COMPASSION, SERVICE, RESPECT, INTEGRITY, AND COOPERATION.

HAMOT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$36,700,000 DURING FISCAL YEAR 2020. SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH DONATIONS, OUTREACH PROGRAMS, SCREENINGS, AND EDUCATIONAL CLASSES AT A COST OF \$7,900,000. HAMOT SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$6,800,000 DURING FISCAL YEAR 2020.

HAMOT HAS BEEN RECOGNIZED AS A MAGNETTM DESIGNATED HOSPITAL. MAGNET STATUS IS THE HIGHEST INTERNATIONAL RECOGNITION FOR NURSING EXCELLENCE AND LEADERSHIP. THE HOSPITAL WAS REQUIRED TO MEET NEARLY 80 STANDARDS OF EXCELLENCE AND WAS RECOGNIZED FOR BUILDING AND SUPPORTING A CONTINUOUS CULTURE OF TRANSFORMATIONAL LEADERSHIP, ADVANCED TRAINING, AND NEW KNOWLEDGE APPLICATION AND INNOVATIONS. HAMOT IS THE FIRST AND ONLY ACCREDITED KIDNEY TRANSPLANT PROGRAM IN THE NORTHWESTERN PENNSYLVANIA REGION AND HAS BEEN HONORED BY THE AMERICAN HEART ASSOCIATION/AMERICAN

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STROKE ASSOCIATION FOR THE CARE OF ITS STROKE PATIENTS.

HAMOT REACHED THE COMMUNITY THROUGH TELEVISION HEALTH SEGMENTS AS WELL AS THROUGH PRINT MEDIA. OTHER PROGRAMS AND PRESENTATIONS INCLUDED COPD EDUCATION, NUTRITION, END OF LIFE ISSUES AND ADVANCE DIRECTIVES, AND CARDIAC AND RESPIRATORY DISEASE EARLY DETECTION AND PREVENTION. SCREENINGS WERE OFFERED FOR COLON CANCER, CHOLESTEROL, BLOOD PRESSURE, AND GLUCOSE, AND AUDIOLOGY AND SPEECH SERVICES WERE PROVIDED TO CLEFT PALATE CLINIC PATIENTS. THE HOSPITAL DONATED FOOD TO A LOCAL FOOD BANK AND PROVIDED NOURISHMENT TO PATIENTS' FAMILIES IN NEED.

UPMC ALTOONA IS A 374-BED HOSPITAL SERVING PRIMARILY THE MORE THAN 20 COUNTIES THROUGHOUT CENTRAL PENNSYLVANIA. IT MAINTAINS A LEVEL II ADULT TRAUMA CENTER, PROVIDING COMPREHENSIVE CARE FOR THE MOST SEVERELY INJURED. UPMC ALTOONA CARES FOR THE BEHAVIORAL HEALTH OF THE REGION THROUGH A 34-BED INPATIENT FACILITY AND OFFERS OUTPATIENT THERAPY. UPMC ALTOONA'S STATION MEDICAL CENTER BRINGS OUTPATIENT SERVICES CLOSER TO PATIENTS BY PROVIDING MANY STATE-OF-THE-ART DIAGNOSTIC SERVICES. THESE SERVICES INCLUDE NEUROLOGY TESTING, SLEEP STUDIES, FULL SERVICE MEDICAL IMAGING, LABORATORY SERVICES, OCCUPATIONAL MEDICINE, A BREAST CENTER, CARDIAC REHABILITATION, AND PHYSICAL AND OCCUPATIONAL THERAPY.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

UPMC ALTOONA IS COMMITTED TO ITS MISSION OF PROVIDING EXCEPTIONAL HEALTH CARE TO ALL IN NEED, REGARDLESS OF ABILITY TO PAY.IT PROVIDED CHARITY

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CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$50,300,000 IN THE FISCAL YEAR ENDED JUNE 30, 2020. UPMC ALTOONA ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH FREE OR LOW-COST OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY.

THESE PROGRAMS AND SUPPORT, INCLUDING DIRECT DONATIONS, HAVE ASSISTED THOUSANDS OF PEOPLE IN THE COMMUNITY WITH THE COSTS TO THE HOSPITAL OF APPROXIMATELY \$12,300,000 IN THE FISCAL YEAR ENDED JUNE 30, 2020. UPMC ALTOONA ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF \$3,700,000 IN FISCAL YEAR 2020.

UPMC ALTOONA PROVIDES MEETING SPACE TO VARIOUS COMMUNITY GROUPS INCLUDING THE ALZHEIMER'S SUPPORT GROUP, SUICIDE LOSS SUPPORT GROUP, PARKINSON'S SUPPORT GROUP, BARIATRIC SUPPORT GROUP, DEPRESSION AND BIPOLAR SUPPORT GROUP, SLEEP APNEA SUPPORT GROUP, AND THE CAREGIVER'S SUPPORT GROUP. THE HOSPITAL PROMOTES HEALTH AT AREA BUSINESSES BY PERFORMING FREE SCREENINGS AND PROVIDING INFORMATION AT THEIR HEALTH AND WELLNESS FAIRS.

FREE MEDICATIONS ARE DISTRIBUTED BY UPMC ALTOONA TO PATIENTS UPON DISCHARGE WHO LACK THE RESOURCES OR INSURANCE COVERAGE TO COVER THE COSTS OF MEDICATIONS OR COPAYS. UPMC ALTOONA PROVIDED FREE TRANSPORTATION FOR INDIGENT PATIENTS, AS WELL AS TRANSPORT FOR UNINSURED OR UNDERINSURED PATIENTS WHO REQUIRE A HIGHER LEVEL OF CARE.

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LOCATED IN NEW CASTLE, PENNSYLVANIA, UPMC JAMESON IS A FULL-SERVICE, 141-BED, COMMUNITY HOSPITAL PROVIDING INPATIENT HOSPITAL CARE, SURGICAL SERVICES, DIAGNOSTIC IMAGING, EMERGENCY MEDICINE, SENIOR CARE, REHABILITATION, AND A VARIETY OF SPECIALIZED HEALTH CARE SERVICES FOR THE RESIDENTS OF LAWRENCE COUNTY AND ITS SURROUNDING COMMUNITIES. JAMESON IS THE REGIONAL DESTINATION FOR: BARIATRIC SURGERY, CRITICAL CARE MEDICINE, HEART AND VASCULAR CARE, INPATIENT REHABILITATION AND ROBOTIC SURGERY.

DURING THE FISCAL YEAR ENDED JUNE 30, 2020, UPMC JAMESON PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$14,700,000. UPMC JAMESON PROVIDED COMMUNITY SERVICE PROGRAMS AND OTHER FUNDING AT A COST OF OVER \$7,300,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$3,636,000.

UPMC JAMESON IS ACCREDITED BY THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) AS A COMPREHENSIVE CENTER. THE UPMC HEART AND VASCULAR INSTITUTE AT UPMC JAMESON IS ACCREDITED BY CORAZON, INC., A PITTSBURGH-BASED ACCREDITATION AGENCY ON BEHALF OF THE PENNSYLVANIA DEPARTMENT OF HEALTH.

UPMC KANE (KANE) IS A 31-BED ACUTE CARE HOSPITAL WITH ICU LICENSED BY THE COMMONWEALTH OF PENNSYLVANIA SERVING COMMUNITY MEMBERS MAINLY FROM THE THREE-COUNTY REGION OF MCKEAN, ELK AND WARREN COUNTIES. KANE'S ACTIVE AND

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CONSULTING MEDICAL STAFF AND CARE PROVIDERS OFFER A BROAD BASE OF PRIMARY AND SPECIALTY CARE AND SERVICES INCLUDING: FAMILY AND INTERNAL MEDICINE, WOMEN'S HEALTH, SURGICAL SERVICES, 24 HOUR EMERGENCY ROOM, CENTER FOR ORTHO, REHAB, PAIN WITH COMPLETE ORTHOPEDICS, THE FULL RANGE OF REHABILITATION SERVICES (PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES) AND PAIN MANAGEMENT; KANE CARDIAC REHAB, UPMC HAMOT CARDIOLOGY AND GASTROENTEROLOGY (DIGESTIVE HEALTH) CLINICS; UROLOGY CLINIC; EYE (CATARACT SURGERY), CHEMOTHERAPY, AND GYNECOLOGY. IN FURTHERANCE OF ITS MISSION TO PROVIDE EXEMPLARY HEALTH CARE SERVICES, KANE PROVIDES PATIENT-CENTERED, QUALITY HEALTH CARE IN A COST-EFFECTIVE MANNER, ADHERING TO THE VALUES OF EXCELLENCE, COMPASSION, AND THE RESPECT FOR HUMAN DIGNITY, REGARDLESS OF A PATIENT'S ABILITY TO PAY.

DURING THE FISCAL YEAR ENDED JUNE 30, 2020, UPMC KANE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$6,097,000. THE HOSPITAL PROVIDED FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF \$786,000 THROUGH COMMUNITY OUTREACH PROGRAMS TARGETED AT PATIENTS, THEIR FAMILIES, AND THE COMMUNITY, AS WELL AS DONATIONS, VOLUNTEER SERVICES, AND RESEARCH AND EDUCATION PROGRAMS.

THE COMMUNITY BENEFITED FROM A VARIETY OF PROGRAMS OFFERED BY KANE. THE HOSPITAL OFFERED FREE MULTIPHASIC BLOOD SCREENINGS, WELLNESS SCREENINGS (VASCULAR, BONE DENSITY, MAMMOGRAPHY AND LUNG CANCER), WOMEN'S HEALTH AND WELLNESS SCREENS, BLOOD PRESSURE CLINICS AND FLU SHOT CLINICS. NUTRITIONAL COUNSELING WAS PRESENTED TO AREA STUDENTS AND SPORT PHYSICALS

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WERE CONDUCTED FOR ATHLETES IN A LOCAL SCHOOL DISTRICT. KANE HOSTS AN ANNUAL LADIES NIGHT OUT EVENT FOCUSED ON WOMEN'S HEALTH AND BREAST CANCER AWARENESS. THEY SUPPORT TWELVE COMMUNITY BLOOD BANK DRIVES ANNUALLY AND HOST COMMUNITY FAIR AND EXPOS.

THERE ARE THIRTEEN PHYSICIAN SERVICE ENTITIES THAT ARE PART OF UPMC GROUP, INCLUDING UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES, UNIVERSITY OF PITTSBURGH PHYSICIANS, UPMC COMMUNITY MEDICINE, INC., UPMC EMERGENCY MEDICINE, INC., REGIONAL HEALTH SERVICES, INC., BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC., BUTLER HEALTH SYSTEM/UPMC OB/GYN JOINT VENTURE, INC., ERIE PHYSICIAN NETWORK-UPMC, INC., PASSAVANT PROFESSIONAL ASSOCIATES, INC., UNIVERSITY HEALTH CENTER OF PITTSBURGH, JAMESON MEDICAL CARE, INC., UPMC LOCUM CLINICIANS AND UPMC ADVANCED PRACTICE PROVIDERS. THESE PHYSICIAN SERVICE ENTITIES INCLUDE OVER 4,900 PHYSICIANS AND PHYSICIAN EXTENDERS.

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES (UPMC HILLMAN CANCER CENTER) PROVIDES THE HIGHEST LEVEL OF ONCOLOGY SERVICES TO PATIENTS THROUGHOUT THE TRI-STATE REGION. WORKING IN TANDEM WITH THE UNIVERSITY OF PITTSBURGH CANCER INSTITUTE (UPCI), WHICH COMPRISES THE ACADEMIC AND RESEARCH ACTIVITIES FOR ONCOLOGY AT THE UNIVERSITY OF PITTSBURGH AND UPMC, UPMC HILLMAN CANCER CENTER OFFERS PATIENTS THE LATEST ADVANCES IN CANCER PREVENTION, DETECTION, DIAGNOSIS, AND TREATMENT.

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THE MISSION OF UPMC HILLMAN CANCER CENTER REFLECTS THE OVERALL MISSION OF UPCI AS A PREMIER NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER TO PROVIDE THE HIGHEST LEVEL OF CLINICAL CARE TO THE MORE THAN 138,000 PATIENTS TREATED AT ITS FACILITIES EACH YEAR WHILE PERFORMING CUTTING-EDGE CANCER RESEARCH. AT UPMC HILLMAN CANCER CENTER, MORE THAN 2,000 PHYSICIANS, SCIENTISTS, ADMINISTRATIVE STAFF, AND OTHER HEALTH CARE PROFESSIONALS WORK TOGETHER TO REDUCE THE BURDEN OF CANCER. THEY REPRESENT A VARIETY OF SPECIALTIES INCLUDING SURGICAL ONCOLOGY, MEDICAL ONCOLOGY, RADIATION ONCOLOGY, OTOLARYNGOLOGY, NEURO-ONCOLOGY, GYNECOLOGIC ONCOLOGY, PALLIATIVE CARE, AND BEHAVIORAL MEDICINE. COMBINED, THESE DISCIPLINES GIVE THE CANCER CENTERS A RANGE OF KNOWLEDGE WHICH COVERS VIRTUALLY ALL TYPES OF ADULT CANCER.

THE UPMC HILLMAN CANCER CENTER IS THE REGION'S ONLY NATIONAL CANCER INSTITUTE - DESIGNATED COMPREHENSIVE CANCER CENTER AND IS AMONG THE LARGEST CANCER NETWORKS IN THE COUNTRY AND HAS NOW EXPANDED INTERNATIONALLY. THE DOMESTIC NETWORK COVERS A GEOGRAPHIC AREA OF MORE THAN 200 MILES AROUND GREATER PITTSBURGH AND IS COMPRISED OF OVER 206 AFFILIATED ONCOLOGISTS AT MORE THAN 75 LOCATIONS THROUGHOUT WESTERN PENNSYLVANIA. THESE NETWORK LOCATIONS WERE SELECTED TO MAKE IT POSSIBLE FOR ANY PATIENT IN THE REGION TO ACCESS A UPMC CANCER CENTERS LOCATION WITHIN 20 MINUTES. THESE NETWORK LOCATIONS ARE CLOSELY TIED TO THE HILLMAN CANCER CENTER THROUGH PERSONNEL AND TECHNOLOGY LINKS.

HILLMAN IS HOME TO INTERNATIONALLY RENOWNED SURGICAL, MEDICAL, AND

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RADIATION ONCOLOGY SPECIALISTS, WHO PERFORM TREATMENT PROCEDURES UNAVAILABLE ELSEWHERE IN THE REGION. HILLMAN ALSO HAS THE REGION'S MOST ADVANCED IMAGING TECHNOLOGIES TO DETECT CANCER AND MONITOR TREATMENT. HILLMAN IS DRIVING CLINICAL INNOVATION BY PROVIDING STATE-OF-THE-ART TREATMENT AND IMAGING TECHNOLOGY SUCH AS VARIAN TRUEBEAMTM AND EDGETM, ACCURAY CYBERKNIFE[®], POSITRON-EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY (PET-CT), AND MAGNETIC-RESONANCE IMAGING (MRI) ENABLE UPMC'S RADIATION ONCOLOGY DEPARTMENT TO EMPLOY THE LATEST INNOVATION TECHNIQUES SUCH AS INTENSITY MODULATED RADIATION THERAPY (IMRT), STEREOTACTIC RADIOSURGERY (SRS), AND STEREOTACTIC BODY RADIOTHERAPY (SBRT), AND MRI-GUIDED HDR BRACHYTHERAPY.

HILLMAN CANCER CENTER IS ALSO HOME TO A COMPONENT OF THE NATIONAL INSTITUTES OF HEALTH-FUNDED GENERAL CLINICAL RESEARCH CENTER, WHICH PROVIDES SUPPORT FOR CONDUCTING OF RESEARCH CLINICAL TRIALS.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

THE MEDICAL PROFESSIONALS AT UPMC HILLMAN CANCER CENTER ENCOMPASS 15 AREAS OF EXPERTISE, EACH FOCUSING ON A SPECIFIC TYPE OR TREATMENT OF CANCER. THESE INCLUDE A WORLD-RENOWNED MELANOMA PROGRAM, AS WELL AS PROGRAMS DEVOTED TO BRAIN CANCERS, BREAST CANCER, COLON AND GASTROINTESTINAL CANCERS, HEAD AND NECK CANCERS, PANCREATIC CANCER, LIVER CANCER, LUNG CANCER, GYNECOLOGIC CANCERS, PROSTATE AND UROLOGIC CANCERS, AND STEM CELL TRANSPLANTATION. PEDIATRIC CANCERS ARE TREATED BY SPECIALISTS AT THE CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC.

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PATIENTS ALSO HAVE ACCESS TO CLINICAL TRIALS, IMMUNOTHERAPIES, GENETIC COUNSELING, AND ADDITIONAL SUPPORT SERVICES INCLUDING NUTRITION AND REHABILITATION FOCUSED ON IMPROVING A CANCER SURVIVORS' QUALITY OF LIFE. IN ADDITION TO PROVIDING FREE COLON CANCER SCREENINGS, HILLMAN PRESENTS FREE COLON CANCER PREVENTION HEALTH FAIRS THAT INCLUDE THE FOLLOWING EDUCATION MATERIALS AND SCREENINGS: CANCER PREVENTION AND NUTRITION, SMOKING CESSATION, RECOMMENDED GUIDELINES FOR CANCER SCREENINGS, COLONOSCOPIES, BONE DENSITY SCREENING AND BLOOD PRESSURE/CIRCULATION TESTING.

IN ADDITION TO THE MANY SERVICES OFFERED BY UPMC HILLMAN CANCER CENTER, IT IS ALSO SIGNIFICANTLY INVOLVED IN THE COMMUNITY. DURING FISCAL YEAR 2020, UPMC HILLMAN CANCER CENTER FUNDED MANY COMMUNITY BENEFITS PROGRAMS, CHARITABLE DONATIONS, AND EDUCATION AND RESEARCH COSTING OVER \$6,500,000.

UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP) IS A MULTI-SPECIALTY FACULTY/PHYSICIAN PRACTICE PLAN WHOSE MISSION IS TO SUPPORT THE CLINICAL AND ACADEMIC MISSIONS OF UPMC, SUPPORT UPMC'S HEALTH CARE SERVICES SUBSIDIARIES AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE (SCHOOL OF MEDICINE), AND PROVIDE HIGHLY ACCESSIBLE, HIGH-QUALITY PATIENT CARE THROUGH A WIDE ARRAY OF PHYSICIAN/MEDICAL SPECIALTIES AT UPMC AND ITS AFFILIATED HOSPITALS AND HEALTH CARE ENTITIES.

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UPP INCLUDES 4,238 ACADEMIC PHYSICIANS AND ALLIED HEALTH CARE PROVIDERS. THE PHYSICIANS' SPECIALTIES INCLUDE: ANESTHESIOLOGY, CRITICAL CARE MEDICINE, CARDIOVASCULAR SERVICES, UROLOGY, PHYSICAL MEDICINE AND REHABILITATION, EMERGENCY MEDICINE, FAMILY MEDICINE, PATHOLOGY, PSYCHIATRY, RADIOLOGY, RADIATION ONCOLOGY, INTERNAL MEDICINE, ORTHOPAEDICS, NEUROLOGY, NEUROSURGERY, PEDIATRICS, OBSTETRICS AND GYNECOLOGY, SURGERY, DERMATOLOGY, OPHTHALMOLOGY, OTOLARYNGOLOGY, AND HEART, LUNG AND ESOPHAGEAL SURGERY, AS WELL AS SUB SPECIALTIES WITHIN EACH OF THESE BROAD CATEGORIES. UPP PHYSICIANS ARE ALSO MEMBERS OF THE FACULTY OF THE UNIVERSITY OF PITTSBURGH'S SCHOOL OF MEDICINE. AS FACULTY, THEY EDUCATE MEDICAL STUDENTS AND DOCTORS IN TRAINING. IN ADDITION TO CLINICAL PATIENT CARE AND RESIDENT EDUCATION, MANY UPP PHYSICIANS ARE INVOLVED IN CUTTING-EDGE MEDICAL RESEARCH.

ONE OF THE PRIMARY EXEMPT PURPOSES AND MISSIONS OF UPP IS TO PROVIDE QUALITY AND ACCESSIBLE MEDICAL CARE TO THE PUBLIC, WITHOUT REGARD FOR A PATIENT'S ABILITY TO PAY. THIS COMMITMENT IS EVIDENCED BY THE FACT THAT UPP PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, AT A COST OF OVER \$21,600,000 IN THE FISCAL YEAR ENDED JUNE 30, 2020. UPP SERVES TO ENHANCE THE QUALITY HEALTH CARE SERVICES OF ALL THE TERTIARY AND ADVANCED CARE ENTITIES, AS WELL AS ACADEMIC SUBSIDIARIES AND AFFILIATES OF UPMC.

AS PART OF THIS MISSION, UPP ALSO SERVES THE COMMUNITY BY PROVIDING FREE SERVICES AND PROGRAMS. THROUGHOUT THE YEAR UPP OFFERED LIPID, BLOOD PRESSURE, AND BMI SCREENINGS, AND PROVIDED EDUCATIONAL INFORMATION ON

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BARIATRIC SURGERY, DIABETES, AND OBESITY.

THE HOMELESS, WORKING POOR, TRANSIENTLY HOUSED, AND UNINSURED ARE PROVIDED HEALTH CARE SERVICES AT NO CHARGE THROUGH THE PROGRAM FOR HEALTH CARE TO UNDERSERVED POPULATIONS. THIS INCLUDES VOLUNTEER-STAFFED BASIC CARE CLINICS THAT OFFER SERVICES THAT INCLUDE GENERAL PRIMARY CARE, ACUTE CARE, CHRONIC DISEASE MANAGEMENT, SPECIALTY CARE, PREVENTATIVE CARE, AND IMMUNIZATIONS, AS WELL AS FREE PHARMACEUTICALS AND PHARMACEUTICAL ASSISTANCE PROGRAMS AND HEALTH EDUCATION. THESE CLINICS ARE STAFFED BY VOLUNTEER PHYSICIANS AND PHARMACISTS.

IN TOTAL, UPP PROVIDED COMMUNITY SERVICE PROGRAMS AND DONATIONS OF \$2,093,000 AND FUNDED OVER \$85,500,000 IN MEDICAL EDUCATION AND RESEARCH IN THE FISCAL YEAR ENDED JUNE 30, 2020.

IT IS THE MISSION OF UPMC COMMUNITY MEDICINE, INC. (CMI) TO PROVIDE HIGH-QUALITY AND ACCESSIBLE PATIENT CARE THROUGH PRIMARY CARE PHYSICIANS AND OTHER PHYSICIAN/MEDICAL SPECIALTIES AT UPMC AND ITS AFFILIATED HOSPITALS AND HEALTH CARE ENTITIES. CMI HAS 765 PHYSICIANS AND PHYSICIAN EXTENDERS.

THE CREATION OF CMI AS A MULTI-SPECIALTY PHYSICIAN PRACTICE PLAN HAS MADE OBTAINING MEDICAL CARE EASIER, MORE EFFICIENT, AND MORE EFFECTIVE FOR PATIENTS. THE VAST ARRAY OF MEDICAL PHYSICIANS AND SPECIALISTS ARE READILY ACCESSIBLE TO VIRTUALLY ALL PATIENTS WITHIN CMI'S SERVICE AREAS

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WHICH INCLUDE WESTERN PENNSYLVANIA AND THE TRI-STATE AREA. THE PHYSICIANS' SPECIALTIES AVAILABLE WITHIN CMI INCLUDE FAMILY MEDICINE, INTERNAL MEDICINE, GERIATRICS, ORTHOPAEDICS, NEUROSURGERY, PEDIATRICS, OBSTETRICS/GYNECOLOGY, SURGERY, OPHTHALMOLOGY, NEUROLOGY, RHEUMATOLOGY, ENDOCRINOLOGY, AND PULMONOLOGY.

ONE OF THE PRIMARY MISSIONS OF CMI IS TO PROVIDE ACCESSIBLE, QUALITY MEDICAL CARE TO THE PUBLIC, WITHOUT REGARD FOR A PATIENT'S ABILITY TO PAY. THIS COMMITMENT IS EVIDENCED BY THE FACT THAT CMI PROVIDED CHARITY CARE OR OTHER UNCOMPENSATED CARE AND COMMUNITY SERVICES, AT A COST OF \$2,700,000 IN THE FISCAL YEAR ENDED JUNE 30, 2020. CMI ALSO SERVES TO ENHANCE THE QUALITY OF HEALTH CARE SERVICES PROVIDED BY THE HOSPITALS AND OTHER HEALTHCARE SUBSIDIARIES AND AFFILIATES OF UPMC. CMI PROVIDED CHARITABLE CONTRIBUTIONS AND SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY AT A COST OF OVER \$81,200,000.

AS A PART OF ITS MISSION, CMI PHYSICIANS AND STAFF PROVIDE SERVICES TO THE COMMUNITY THROUGH VARIOUS PROGRAMS WHICH ARE TARGETED TO PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY AT LARGE TO EDUCATE AND PROMOTE GOOD HEALTH. IN CONJUNCTION WITH OTHER UPMC ENTITIES AND COMMUNITY RESOURCES, CMI PHYSICIANS AND STAFF ROUTINELY PARTICIPATE IN VARIOUS SCREENING PROGRAMS FOR MEDICAL CONDITIONS SUCH AS OSTEOPOROSIS, HIGH BLOOD PRESSURE, DIABETES, CORONARY HEART FAILURE, AND BARIATRIC SURGERY. MANY CMI PHYSICIANS AND STAFF ALSO PARTICIPATE IN ONGOING PATIENT, FAMILY, COMMUNITY, AND PHYSICIAN EDUCATIONAL PROGRAMS RELATED TO THESE

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MEDICAL CONDITIONS AND A VARIETY OF OTHER MEDICAL TOPICS WHICH ARE
DESIGNED TO IMPROVE THE QUALITY OF PATIENT CARE AND PATIENT OUTCOMES.

CMI PROVIDES PHYSICIAN AND MEDICAL SERVICES THROUGHOUT WESTERN
PENNSYLVANIA AND THE TRI-STATE AREA IN BOTH URBAN AND RURAL SETTINGS,
INCLUDING MANY UNDERSERVED AREAS. SOME OF THESE AREAS WOULD HAVE NO
OTHER PHYSICIAN PRESENCE OTHERWISE.

REGIONAL HEALTH SERVICES, INC. (RHS) OFFERS PHYSICIAN SERVICES. ITS
MISSION IS TO SERVE PATIENTS AND THE COMMUNITY THROUGH CLINICAL
EXCELLENCE, ALIGNMENT OF PHYSICIANS, AND OUTPATIENT SERVICES. RHS IS
COMPRISED OF NETWORKS OF PHYSICIANS OFFERING SPECIALTY SERVICES, PRIMARY
CARE SERVICES, AND SPORTS MEDICINE. THE PHYSICIANS PRACTICE IN MULTIPLE
LOCATIONS AND PROVIDE SERVICES THAT INCLUDE PLASTIC SURGERY, EMERGENCY
ROOM, INTENSIVISTS, HOSPITALISTS, GENERAL SURGERY, RADIOLOGY,
NEUROSURGERY, PAIN MEDICINE, PULMONOLOGY, BARIATRIC SURGERY, UROLOGY,
ORTHOPEDIC SURGERY, ENDOCRINOLOGY, AND INFECTIOUS DISEASE SERVICES. RHS
PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, AT A COST OF
APPROXIMATELY \$3,400,000 IN THE FISCAL YEAR ENDED JUNE 30, 2020, AS WELL
AS \$4,900,000 IN SUBSIDIZED HEALTH SERVICES AND COMMUNITY PROGRAMS.

BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC. (UPMC
MULTISPECIALTY GROUP) PROVIDES A BROAD SPECTRUM OF MUSCULOSKELETAL CARE
TO THE COMMUNITIES IT SERVES. APPROXIMATELY 174 STAFF MEMBERS, INCLUDING

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PHYSICIANS AND ADVANCED PRACTICE PROVIDERS, SUPPORT THE GROUP'S ONGOING COMMITMENT TO PROVIDING QUALITY, COMMUNITY-BASED MUSCULOSKELETAL CARE TO PATIENTS IN NORTHERN ALLEGHENY, BUTLER AND CONTIGUOUS COUNTIES IN WESTERN PENNSYLVANIA, REGARDLESS OF A PATIENTS' ABILITY TO PAY. OVER \$173,000 WAS PROVIDED FOR CHARITY CARE AND UNCOMPENSATED CARE IN THE FISCAL YEAR ENDED JUNE 30, 2020. PHYSICIANS AND ADVANCED PRACTICE PROVIDERS PROVIDED SPORTS PHYSICALS AND CONCUSSION SCREENINGS. THEY ALSO REGULARLY VOLUNTEER THEIR TIME TO PARTICIPATE IN FREE COMMUNITY HEALTH EVENTS AND SERVE AS SPEAKERS AT FREE HEALTH EDUCATION PROGRAMS.

UNIVERSITY HEALTH CENTER OF PITTSBURGH'S (UHCP) PRIMARY PURPOSE IS TO PROVIDE LEADERSHIP AND MANAGEMENT TO UPMC'S GRADUATE MEDICAL EDUCATION PROGRAMS. UHCP'S ACTIVITIES CONSIST OF IMPLEMENTING, WITH NON-PROFIT BOARD DIRECTION AND APPROVAL, POLICIES AND PROCEDURES FOR THE COMMON BENEFIT OF ITS MEMBER HOSPITALS. THESE POLICIES AND PROCEDURES PROMOTE THE OPERATION OF UHCP AS AN EFFICIENT, WELL-ROUNDED, AND EFFECTIVE COMMUNITY AND REGIONAL HEALTH RESOURCE.

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UHCP ALSO DEVELOPS, FOCUSES, FACILITATES, AND IMPLEMENTS, WITH THE APPROVAL OF ITS MEMBERS, THE RELATIONSHIPS WITH THE UNIVERSITY OF PITTSBURGH AND MORE PARTICULARLY WITH THE SCHOOLS OF MEDICINE AND HEALTH SCIENCES. UHCP COORDINATES GRADUATE MEDICAL EDUCATION PROGRAMS ON BEHALF OF THE MEMBERS AND COORDINATES AFFILIATIONS WITH HEALTH CARE PROVIDERS

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CONSISTENT WITH ITS MISSION AS A REGIONAL HEALTH RESOURCE.

THE THREE MEMBERS OF THE UPMC GROUP THAT INCLUDE SKILLED NURSING FACILITIES ARE SUGAR CREEK STATION, CRANBERRY PLACE, AND THE HERITAGE SHADYSIDE.

SUGARCREEK STATION (SUGARCREEK) IS A LICENSED, 148-BED, MEDICARE/MEDICAID CERTIFIED SKILLED NURSING FACILITY THAT PROVIDES SKILLED AND INTERMEDIATE LONG-TERM CARE SERVICES TO RESIDENTS 24 HOURS A DAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, SUGARCREEK PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF OVER \$1,900,000. SUGARCREEK, A SKILLED NURSING AND REHABILITATION COMPLEX AND INDEPENDENT LIVING APARTMENTS FOR OLDER ADULTS, HOSTED A FREE COMMUNITY HEALTH AND WELLNESS FAIR WITH EDUCATIONAL DISPLAYS, COMPLIMENTARY HEALTH SCREENINGS AND SERVICES, REFRESHMENTS AND DOOR PRIZES. SUGARCREEK IS COMMITTED TO KEEPING PATIENTS AND FAMILIES HEALTHY BY PROVIDING REGULAR SCREENINGS AND HEALTH EDUCATION TO THE AGGREGATE OF \$42,000.

CRANBERRY PLACE IS LICENSED AS A CONTINUING CARE RETIREMENT COMMUNITY (CCRC). AS SUCH, CRANBERRY PLACE OPERATES THE ENTIRE CONTINUUM OF SENIOR CARE INDEPENDENT LIVING, PERSONAL CARE, AND SKILLED NURSING FACILITIES.

CRANBERRY PLACE'S SKILLED NURSING FACILITY IS A 150-BED RESIDENCE THAT OFFERS SKILLED NURSING SERVICES, REHABILITATIVE SERVICES, COMPREHENSIVE

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LONG-TERM CARE AND HOSPICE CARE FOR THE TERMINALLY ILL AND HAS AN ON-SITE DIALYSIS CENTER. THIS FACILITY IS DUALY CERTIFIED BY MEDICARE AND MEDICAID. SPACIOUS GROUNDS, COURTYARDS, AND SINGLE LEVEL DESIGN ALLOWS FOR SAFE MOVEMENT THROUGHOUT THE RESIDENCE. THE CRANBERRY PLACE SKILLED NURSING SITE IS LOCATED ON THE CAMPUS OF UPMC PASSAVANT-CRANBERRY HOSPITAL OF CRANBERRY TOWNSHIP.

CRANBERRY PLACE PROVIDES THE HIGHEST LEVEL OF SKILLED CARE, REGARDLESS OF A PATIENT'S ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, CRANBERRY PLACE PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY \$3,053,000 AND PROVIDED FUNDING FOR COMMUNITY PROGRAMMING AT A COST OF APPROXIMATELY \$93,000.

THE HERITAGE SHADYSIDE IS A 143-BED SKILLED NURSING FACILITY LOCATED IN THE SQUIRREL HILL AREA OF PITTSBURGH. THE HERITAGE SHADYSIDE PROVIDES A WARM AND CARING ATMOSPHERE FOR PATIENT CARE. THE HERITAGE SHADYSIDE IS A RESIDENCE THAT OFFERS SKILLED NURSING SERVICES, REHABILITATIVE SERVICES, COMPREHENSIVE LONG-TERM CARE, AND HOSPICE CARE.

THE MISSION OF THE HERITAGE SHADYSIDE IS TO PROVIDE THE BEST PATIENT CARE REGARDLESS OF A PATIENT'S ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, THE HERITAGE SHADYSIDE PROVIDED FREE OR UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY \$4,400,000 PROVIDED FUNDING FOR COMMUNITY PROGRAMMING AT A COST OF APPROXIMATELY \$11,000.

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THE MISSION OF THE UPMC HORIZON COMMUNITY HEALTH FOUNDATION (THE FOUNDATION) IS TO PROMOTE HEALTHY LIVING THROUGH PROGRAMS THAT PROVIDE EDUCATION AND IMPROVED ACCESS TO HEALTHCARE. THE FOUNDATION IS COMMITTED TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITY BY FUNDING BOTH COMMUNITY PROGRAMS AND THEIR OWN PROJECTS. THEY PROVIDE GRANTS TO COMMUNITY PARTNERS WHO SHARE IN OUR MISSION TO PROMOTE HEALTH AND WELLNESS THROUGHOUT THE REGION. THE FOUNDATION BOARD CONTINUES TO FIND WAYS TO ADDRESS HEALTH RELATED PROBLEMS IN THE COMMUNITY. FROM PROVIDING AEDS TO POLICE AND FIRE DEPARTMENTS TO LOANING FREE MEDICAL EQUIPMENT TO PATIENTS IN NEED.

THE FOUNDATION PROVIDES A VOLUNTEER NETWORK OF COMMUNITY MEMBERS TO INCREASE PHILANTHROPIC SUPPORT FOR UPMC HORIZON. THE FOUNDATION RAISES AND DISTRIBUTES MONEY IN SUPPORT OF PROGRAMS AND SERVICES THAT CONTRIBUTE TO GOOD HEALTH AND IMPROVED QUALITY OF LIFE FOR RESIDENTS IN THE UPMC HORIZON SERVICE AREA.

UPMC HOME HEALTHCARE WESTERN PENNSYLVANIA IS A GROUP OF MEDICARE CERTIFIED ORGANIZATIONS PROVIDING HOME HEALTH CARE, FOR PATIENTS OF ALL AGES, IN THREE-QUARTERS OF THE COUNTIES ACROSS PENNSYLVANIA. THEIR MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR THOSE THEY SERVE THROUGH CLINICAL EXCELLENCE, EXTRAORDINARY SERVICE AND COMPASSIONATE CARE, WHILE BEING RECOGNIZED AS THE LEADER IN HOME AND COMMUNITY-BASED CARE. THEY HAVE PROVIDED OVER 750,000 HOME VISITS PER YEAR. UPMC HOME HEALTHCARE IS RANKED BY THE NATIONAL ASSOCIATION OF HOME CARE PROVIDERS AS THE LARGEST

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PENNSYLVANIA HOME HEALTH PROVIDER AND FOURTEENTH LARGEST NATIONALLY. THE ORGANIZATION PROVIDES COMPLETE HOME HEALTH NURSING SERVICES, INCLUDING BEHAVIORAL HEALTH, IV THERAPY, MEDICAL-SURGICAL, OBSTETRICS, PEDIATRICS, AND REHABILITATION, AS WELL AS HOSPICE NURSING AND OTHER HOSPICE CARE SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY. THEY PROVIDED UNCOMPENSATED CARE AND COMMUNITY PROGRAMS OF OVER \$709,000 DURING THE FISCAL YEAR.

HOME NURSING AGENCY AFFILIATES PROVIDES FACILITIES MANAGEMENT AND ADMINISTRATIVE SUPPORT FOR OWNED AND RENTED BUILDINGS OCCUPIED BY UPMC HOME HEALTHCARE OF CENTRAL PA AND HOME NURSING AGENCY FOUNDATION.

UPMC HOME HEALTHCARE CENTRAL PENNSYLVANIA PROVIDES HOME HEALTH SERVICES TO CLIENTS FROM CENTRAL OFFICES IN THE PENNSYLVANIA COUNTIES OF BLAIR, BEDFORD, CAMBRIA, CENTRE, CLEARFIELD, DAUPHIN, INDIANA, HUNTINGDON, JUNIATA, MIFFLIN, SOMERSET, LYCOMING, TIOGA, CLINTON, BRADFORD, POTTER, SULLIVAN, MONTOUR, COLUMBIA, NORTHUMBERLAND, UNION, AND SNYDER. ADDITIONAL SERVICES OFFERED INCLUDE HOSPICE SERVICES IN THE AFOREMENTIONED COUNTIES PLUS ALLEGHENY, BEAVER, BUTLER, LAWRENCE, AND MERCER COUNTIES, PEDIATRIC SKILLED NURSING SERVICES FOR CHRONICALLY ILL CHILDREN, COMMUNITY HEALTH AND WELLNESS PROGRAMS IN THE SOUTH-CENTRAL PENNSYLVANIA MARKET AREA, AND THE HEALING PATCH PROGRAM WHICH IS A PEER SUPPORT PROGRAM DESIGNED SPECIFICALLY FOR CHILDREN AND FAMILIES WHO HAVE SUFFERED THE LOSS OF A LOVED ONE. FOR THE FISCAL YEAR ENDED JUNE 30, 2020, HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION PROVIDED TOTAL

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UNCOMPENSATED CARE AND COMMUNITY BENEFIT PROGRAMS TOTALING APPROXIMATELY \$1,400,000.

HOME NURSING AGENCY FOUNDATION BENEFITS AND SUPPORTS UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA AND ITS RELATED PROGRAMS AND SERVICES. THE FOUNDATION CONTRIBUTED TO THE HOME HEALTHCARE TO SUPPORT VARIOUS HOME HEALTH AND HOSPICE CHARITABLE NEEDS AND PROVIDED GRANTS AND CONTRIBUTIONS TO THE COMMUNITY HEALTH AND WELLNESS PROGRAMS TO FUND CLIENT SERVICES AND MUCH NEEDED PROGRAM SUPPLIES. ADDITIONALLY, THE FOUNDATION PROVIDES GRANTS AND CONTRIBUTIONS TO THE HEALING PATCH GRIEF PROGRAM.

HOME NURSING AGENCY COMMUNITY SERVICES PROVIDED BEHAVIORAL HEALTH, COMMUNITY HEALTH, AND WELLNESS SERVICES TO CLIENTS IN THEIR SOUTHERN CENTRAL PENNSYLVANIA MARKET AREA. THEY PROVIDE ADULT DAY CARE SERVICES TO CLIENTS IN CAMBRIA AND BEDFORD COUNTIES WITH SUPPORTIVE DAY CARE. THE AGENCY ALSO PROVIDED PRIVATE DUTY SERVICES, INCLUDING LIVING ASSISTANCE AND SUPPORTIVE SERVICES. UPMC HOME NURSING AGENCY PARTNERED WITH THE HEALING PATCH CHILDREN'S GRIEF PROGRAM TO HOST A "DANCING THROUGH THE DECADES" DANCE PARTY. THE NIGHT WAS FILLED WITH MUSIC, FOOD, AND RAFFLES. THE HEALING PATCH PROGRAM IS A PEER SUPPORT PROGRAM DESIGNED SPECIFICALLY FOR CHILDREN AND FAMILIES WHO HAVE SUFFERED THE LOSS OF A LOVED ONE.

UPMC HOME CARE MANAGEMENT SERVICES OPERATES INNOVATIVE POST-ACUTE AND COMMUNITY-BASED PROGRAMS THAT PROVIDE HIGH-VALUE CARE WHILE IMPROVING THE

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PATIENT EXPERIENCE. THE MISSION IS TO TRANSFORM CLINICAL CARE AND CREATE COMMUNITY-BASED PROGRAMS TO BETTER SERVE OUR PATIENTS WHILE LOWERING THE COST OF CARE, WITH MANY OF THE PROGRAMS BEING NON-REVENUE GENERATING. THE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, ADVANCED ILLNESS CARE (PALLIATIVE CARE), REMOTE PATIENT MONITORING, HOME ASSESSMENT TEAMS, HOSPITAL AT HOME PROGRAM, AND POST-DISCHARGE CARE COORDINATION.

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY PROVIDES LOW-INCOME, UNINSURED INDIVIDUALS BY PROVIDING ACCESS TO FREE HEALTH AND DENTAL CARE IN BLAIR COUNTY AND ITS SURROUNDING AREAS. THE ORGANIZATION SPONSORS OTHER COMMUNITY EFFORTS TARGETED AT IMPROVING THE HEALTH STATUS OF THE COMMUNITY.

UPMC ALTOONA FOUNDATION (FOUNDATION) PROVIDES A COMPREHENSIVE FUND AND GRANT DEVELOPMENT PROGRAM TO SUPPORT THE EXEMPT MISSION OF UPMC ALTOONA, THE REGIONAL HEALTHCARE PROVIDER. THE FOUNDATION IS COMMITTED THE HEALTH AND WELL-BEING OF ITS COMMUNITIES. THE FOUNDATION HOSTED ITS FIFTH ANNUAL WINTER SPLENDOR TO RAISE FUNDS TO SUPPORT NURSING SCHOLARSHIPS FOR LOCAL STUDENTS PURSUING UNDERGRADUATE AND GRADUATE LEVEL NURSING EDUCATION.

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THE FOUNDATION AND UPMC HILLMAN CANCER CENTER HAVE HOSTED AN ANNUAL PICNIC FOR CANCER PATIENTS, CANCER SURVIVORS, FAMILY MEMBERS, SURVIVING FAMILY MEMBERS OF CANCER PATIENTS AND CAREGIVERS. THE UPMC ALTOONA

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FOUNDATION HAS DONATED FUNDS TO PROVIDE NEW HURST JAWS OF LIFE™ VEHICLE EXTRACTION TOOLS TO THE ALTOONA FIRE DEPARTMENT. THE TOOLS ENABLE FIRE RESCUE PERSONNEL TO MORE QUICKLY AND SAFELY EXTRACT VICTIMS FROM MOTOR VEHICLE CRASHES.

THE CENTRAL PENNSYLVANIA MEDICAL FOUNDATION GENERATES FUNDS IN SUPPORT OF UPMC ALTOONA AND ITS EXEMPT SUBSIDIARIES TO AID THESE SUPPORTED ORGANIZATIONS IN PROVIDING COST EFFECTIVE HEALTHCARE AND SUPPORT SERVICES AND PROGRAMS TO THE RESIDENTS OF CENTRAL PENNSYLVANIA. CRASHES.

UPMC COMMUNITY PROVIDER SERVICES' PROGRAMS INCLUDE LIVING-AT-HOME, STAYING-AT-HOME, THE INSTITUTE FOR REHABILITATION AND RESEARCH, AND THE INSTITUTE ON AGING. LIVING-AT-HOME AND STAYING-AT-HOME ARE COMMUNITY OUTREACH PROGRAMS THAT PROVIDE ONGOING CASE MANAGEMENT SERVICES TO SENIOR CITIZENS. THE INSTITUTE FOR REHABILITATION AND RESEARCH AND THE INSTITUTE ON AGING ARE BOTH COLLABORATIVE PROGRAMS THAT ARE DESIGNED TO IMPROVE CLINICAL AND RESEARCH CAPABILITIES TO IMPROVE QUALITY OF CARE AND OUTCOMES FOR SPECIFIC POPULATIONS WITHIN WESTERN PENNSYLVANIA AND THE NATION. THE AGING INSTITUTE'S INFORMATION AND REFERRAL LINE PROVIDES ACCESS TO INFORMATION, SERVICES, AND RESOURCES FOR OLDER ADULTS, CAREGIVERS, RESEARCHERS, EDUCATORS AND PROFESSIONALS THROUGH ADVOCACY SERVICES FOCUSED ON GUIDANCE AND SUPPORT. EACH CALL IS HANDLED BY A SOCIAL WORKER WHO PROVIDES APPROPRIATE COUNSELING AND SUPPORT BASED ON A THOROUGH NEEDS ASSESSMENT. THE SOCIAL WORKER ALSO PROVIDES OUTREACH AND EDUCATION. THE LIVING-AT-HOME PROGRAM PROVIDES CHRONIC CARE MANAGEMENT

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TO HELP MAINTAIN INDEPENDENCE AND FUNCTION OF THE ELDERLY BY COORDINATING THEIR CARE, PROVIDING EDUCATION ABOUT THEIR CONDITIONS, AND ASSISTING THEM IN MANAGING THEIR MEDICATIONS AND OBTAINING SERVICES THROUGH COMMUNITY RESOURCES. THIS PROGRAM ALSO PROVIDES HEALTH SELF-MANAGEMENT INFORMATION THROUGH SENIOR CENTERS AND HOUSING.

UPMC COMMUNITY PROVIDER SERVICES PROVIDED \$5,014,000 IN SUPPORT FOR COMMUNITY BENEFIT PROGRAMS IN THE FISCAL YEAR ENDED JUNE 30, 2020.

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION (COMMUNITY CARE) IS A BEHAVIORAL HEALTH MANAGED CARE ORGANIZATION (BH-MCO) WHICH EITHER MANAGES BEHAVIORAL HEALTH SERVICES OR PROVIDES NETWORK SUPPORT FOR APPROXIMATELY 2.0 MILLION MEMBERS WHOSE HEALTH COVERAGE IS SPONSORED THROUGH MEDICAID, MEDICARE, OR COMMERCIAL PLANS. COMMUNITY CARE'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH THE DELIVERY OF CLINICALLY EFFECTIVE, COST-EFFICIENT, AND ACCESSIBLE BEHAVIORAL HEALTH SERVICES. IT SEEKS TO IMPROVE THE QUALITY OF SERVICES FOR MEMBERS THROUGH A STAKEHOLDER PARTNERSHIP FOCUSED ON OUTCOMES. COMMUNITY CARE BELIEVES THAT QUALITY IS MEASURED BY THE IMPROVED HEALTH OF ITS MEMBERS, WHICH TRANSLATES TO HIGHER FUNCTIONING IN THE COMMUNITY.

COMMUNITY CARE BELIEVES THAT THE HIGHEST QUALITY SERVICES ARE BEST PROVIDED THROUGH A NOT-FOR-PROFIT PARTNERSHIP WITH PUBLIC AGENCIES, EXPERIENCED LOCAL PROVIDERS, AND INVOLVED MEMBERS AND FAMILIES. COMMUNITY CARE'S PRIMARY OPERATIONS CONSIST OF MANAGING BEHAVIORAL HEALTH SERVICES,

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AS WELL AS TREATMENT FOR DRUG AND ALCOHOL ABUSE TO MEDICAL ASSISTANCE ENROLLEES UNDER CONTRACTS WITH 18 PENNSYLVANIA COUNTIES AND WITH THE COMMONWEALTH OF PENNSYLVANIA FOR AN ADDITIONAL 23 PENNSYLVANIA COUNTIES PURSUANT TO THE HEALTHCHOICES MANAGED CARE PROGRAM ESTABLISHED THROUGH THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES (FORMERLY THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE). AT THE END OF CALENDAR YEAR 2020, THERE WERE APPROXIMATELY 1.2 MILLION HEALTHCHOICES MEMBERS.

WITH A NETWORK OF APPROXIMATELY 6,200 BEHAVIORAL HEALTH CARE PROVIDERS, COMMUNITY CARE IS THE ONLY BH-MCO WITH CONTRACTS IN EVERY PENNSYLVANIA HEALTHCHOICES REGION (SOUTHEAST, SOUTHWEST, NORTHEAST, NORTH CENTRAL, AND LEHIGH-CAPITAL). COMMUNITY CARE'S ACTIVITIES INCLUDE THE FULL RANGE OF SERVICES NECESSARY TO MANAGE EFFECTIVE TREATMENT FOR ITS BEHAVIORAL/MENTAL HEALTH ENROLLEES, INCLUDING CARE MANAGEMENT, TREATMENT COORDINATION WITH OTHER HEALTHCARE PROVIDERS, CLAIMS PROCESSING, AND QUALITY MANAGEMENT PURSUANT TO NATIONAL COMMITTEE FOR QUALITY ASSURANCE STANDARDS.

COMMUNITY CARE HAS AN ARRANGEMENT WITH UPMC HEALTH PLAN TO PROVIDE ADMINISTRATIVE MANAGEMENT AND NETWORK FUNCTIONS FOR ITS MEMBERS. AT YEAR-END 2020, THERE WERE APPROXIMATELY 880,000 COMMERCIAL AND MEDICARE MEMBERS.

COMMUNITY CARE ALSO HAS A REINSURANCE ASSUMPTION AGREEMENT WITH UPMC HEALTHPLAN TO MANAGE THE UPMC FOR KIDS BUSINESS. UPMC FOR KIDS IS

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PENNSYLVANIA'S LARGEST AND FASTEST GROWING CHIP PLAN, CHILDREN'S HEALTH INSURANCE PROGRAM, IN PENNSYLVANIA. UPMC FOR KIDS OFFERS A WIDE RANGE OF BENEFITS, INCLUDING ACCESS TO PREVENTIVE CARE, DOCTOR VISITS, BEHAVIORAL HEALTH CARE, EMERGENCY DEPARTMENT CARE, PRESCRIPTION MEDICATION, AND DENTAL AND VISION CARE. CHIP IS A STATE AND FEDERALLY FUNDED PROGRAM THAT PROVIDES COMPREHENSIVE HEALTH INSURANCE TO UNINSURED CHILDREN AND TEENS UP TO AGE 19 WHO ARE NOT ELIGIBLE FOR MEDICAL ASSISTANCE. AT THE END OF 2020, UPMC FOR KIDS HAD APPROXIMATELY 37,500 MEMBERS IN 57 COUNTIES THROUGHOUT PENNSYLVANIA.

UPMC OVERSEAS SUPPORTS THE INTERNATIONAL ORGAN TRANSPLANTATION PROGRAM OF UPMC PRESBYTERIAN SHADYSIDE BY COORDINATING THE MANAGEMENT AND PROFESSIONAL SERVICES FOR THE ISTITUTO, AN ITALIAN TRANSPLANT FACILITY OPERATED AS A JOINT VENTURE BETWEEN SEVERAL ITALIAN GOVERNMENTAL HOSPITALS AND UPMC.

UPMC FOR YOU IS A MANAGED CARE ORGANIZATION (MCO) LICENSED BY THE PENNSYLVANIA DEPARTMENT OF HEALTH AND THE PENNSYLVANIA INSURANCE DEPARTMENT. THROUGH CONTRACTS WITH THE DEPARTMENT OF HUMAN SERVICES, UPMC FOR YOU OFFERS COVERAGE TO ELIGIBLE MEDICAL ASSISTANCE RECIPIENTS LIVING IN 40 COUNTIES IN WESTERN AND CENTRAL PENNSYLVANIA. UPMC FOR YOU CONTINUES TO BE THE LARGEST AND FASTEST GROWING MEDICAL ASSISTANCE MCO IN SOUTHWESTERN AND NORTHWESTERN PENNSYLVANIA, SERVING OVER 503,000 MEDICAL ASSISTANCE MEMBERS DURING FISCAL YEAR 2020. UPMC FOR YOU SERVES THOSE MEMBERS THAT MEET CERTAIN FEDERAL POVERTY GUIDELINES, INCLUDING THE AGED,

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BLIND, AND DISABLED, AND HAS BEEN VERY SUCCESSFUL IN MEETING THE NEEDS OF THIS UNIQUE POPULATION. UPMC FOR YOU ASSISTED THE COMMUNITY WITH OVER \$3,300,000 IN CHARITABLE DONATIONS IN FISCAL YEAR 2020.

UPMC FOR YOU IS CONTINUALLY RANKED AS ONE OF THE TOP MEDICAID PLANS IN PA FOR THE PAST 11 YEARS. UPMC FOR YOU REMAINS A HIGH PERFORMING HEALTH INSURANCE PLAN IN PENNSYLVANIA AND CURRENTLY HAS AN OVERALL RATING OF 4 OUT OF 5 IN THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTH PLAN RATING FOR 2018-2019.

THE CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA (CENTER) IS DEDICATED TO THE REDUCTION OF MORBIDITY AND MORTALITY BY PROVIDING QUALITY EDUCATION PROGRAMS AS WELL AS DESIGNING AND DEVELOPING QUALITY EDUCATIONAL PRODUCTS. THE CENTER WAS ORIGINALLY FORMED IN 1978 TO BRING THE CITY OF PITTSBURGH AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE TOGETHER TO IMPROVE THE QUALITY AND DELIVERY OF EMERGENCY MEDICAL SERVICES IN PITTSBURGH. THE CENTER IS A MULTI-HOSPITAL CONSORTIUM DEDICATED TO THE ADVANCEMENT OF EMERGENCY MEDICINE THROUGH RESEARCH, EDUCATION, AIR MEDICAL TRANSPORT AND QUALITY CARE. CURRENTLY, THE CENTER PROVIDES MEDICAL DIRECTION FOR THE CITY OF PITTSBURGH BUREAU OF EMS.

AS A CONSORTIUM, THE CENTER FOR EMERGENCY MEDICINE IS A UNIQUE MODEL OF SUCCESS -- AN ADVANCED SYSTEM OF EMERGENCY TRANSPORT, CLINICAL CARE, AND EDUCATION AND RESEARCH. THE CENTER HAS BECOME THE WORLD'S LEADING INSTITUTE FOR THE ADVANCEMENT OF EMERGENCY MEDICINE RESEARCH AND EDUCATION, AND MOST IMPORTANTLY, PATIENT CARE. THE CENTER FOR EMERGENCY MEDICINE HAS BEEN INVOLVED IN EMS EDUCATION FOR OVER 40 YEARS. HAVING

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TRAINED PARAMEDICS AND EMTS FROM MANY DIFFERENT COUNTRIES, THE CENTER HAS BECOME INVOLVED IN PROJECTS SUCH AS THE DEVELOPMENT OF THE NATIONAL STANDARD CURRICULUM, AND THE CREATION OF A BACHELOR OF SCIENCE IN EMS AT THE UNIVERSITY OF PITTSBURGH. DURING FISCAL YEAR 2020, THE CENTER FOR EMERGENCY MEDICINE PROVIDED UNCOMPENSATED CARE AT COST OF OVER \$3,300,000.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

STAT MEDEVAC IS A CRITICAL CARE TRANSPORT SYSTEM AND IS THE CLINICAL ARM OF THE CENTER FOR EMERGENCY MEDICINE. IT HAS EVOLVED INTO ONE OF THE LARGEST SINGLE OPERATED AND DISPATCHED AIR-MEDICAL TRANSPORT SYSTEMS IN THE UNITED STATES. STAT MEDEVAC OPERATES EIGHTEEN HELICOPTER BASE SITES IN PENNSYLVANIA AND SURROUNDING STATES. IN 2019, STAT MEDEVAC TRANSPORTED 889 PATIENTS TO UPMC MERCY, MANY WITH SERIOUS AND OFTEN LIFE-THREATENING INJURIES SUFFERED FROM AUTOMOBILE ACCIDENTS, GUNSHOT WOUNDS, FALLS AND OTHER EVENTS.

SINCE 1993, SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT (SAFE HARBOR) OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES FOR PEOPLE IN ERIE COUNTY. SAFE HARBOR SERVES AS THE COUNTY'S CRISIS HOTLINE OPERATOR AND COMMUNITY CRISIS RESPONDER. SUPPORTED BY ALMOST 200 STAFF MEMBERS, SAFE HARBOR IS COMMITTED TO PROVIDING QUALITY MENTAL HEALTH CARE.

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SAFE HARBOR OFFERS BEHAVIORAL HEALTH ASSISTANCE TO ADULTS AND CHILDREN USING THERAPY, PSYCHIATRIC SERVICES, AND NURSING SUPPORT. SAFE HARBOR HAS MULTIPLE PROGRAMS THAT ARE TAILORED TO FIT YOU AND YOUR RECOVERY FROM A VARIETY OF MENTAL HEALTH CONCERNS SUCH AS: ANXIETY, DEPRESSION, ANGER MANAGEMENT, ATTENTION DEFICIT DISORDER (ADD, ADHD), BEHAVIOR DISORDERS, BIPOLAR DISORDER, GRIEF & LOSS, SUBSTANCE USE, MOOD DISORDERS, OBSESSIVE-COMPULSIVE DISORDER (OCD), STRESS MANAGEMENT, SCHIZOPHRENIA, BORDERLINE PERSONALITY DISORDER, PARENTING OR OTHER FAMILY NEEDS, TRAUMA AND ABUSE.

SAFE HARBOR'S CRISIS RESIDENTIAL UNIT, AN 8-BED UNIT, IS A COMMUNITY ALTERNATIVE TO INPATIENT MENTAL HEALTH TREATMENT AT THE HOSPITAL. RESIDENTS MAY STAY UP TO FIVE DAYS AND RECEIVE 24-HOUR CARE INCLUDING DAILY MEDICATION MANAGEMENT, AROUND THE CLOCK NURSING, DAILY THERAPY, ACTIVITY, AND ACCESS TO A PEER SPECIALIST.

SINCE 1969, MON YOUGH COMMUNITY SERVICES, INC. (MYCS) HAS SERVED THE MEN, WOMEN, AND CHILDREN OF THE MCKEESPORT AND MON VALLEY AREA. THEY CONTINUE TO PROVIDE CRITICAL SERVICES TO THOSE WITH MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, SUBSTANCE USE AND BEHAVIORAL HEALTH ISSUES, AND THOSE IN NEED OF TRAINING AND REHABILITATION PROGRAMS.

STARTING OUT AS MENTAL HEALTH OUTPATIENT FACILITY WITH THREE EMPLOYEES, MYCS HAS SUCCESSFULLY GROWN AND ADAPTED TO MEET THE GROWING NEEDS OF A CHANGING COMMUNITY. TODAY, WE HAVE A STAFF OF OVER 350 FULL-TIME

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EMPLOYEES AND ARE POSITIONED AS ONE OF THE LARGEST EMPLOYERS IN
MCKEESPORT AND SURROUNDING COMMUNITIES.

MYCS ACTIVELY PARTICIPATES IN LOCAL AND STATEWIDE INITIATIVES,
MAINTAINING A CONSTANT EMPHASIS ON EASY ACCESS AND QUALITY SERVICES FOR
THE PEOPLE WE SERVE. MYCS PROVIDES EXPERT COUNSELING AND RECOVERY-BASED
PROGRAMS IN BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH AND ADDICTION
TREATMENT & INTERVENTION) AND INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES.

MON YOUGH COMMUNITY SERVICES EMPLOYEES INTERACT AND SERVE NEARLY 6,000
INDIVIDUALS A YEAR WHO ARE STRUGGLING WITH A VARIETY OF ISSUES RANGING
FROM MENTAL ILLNESS, ADDICTION, AND DEVELOPMENTAL CHALLENGES.
AS A PART OF THE UPMC HEALTH SYSTEM, MYCS PROVIDES A VARIETY OF
COMMUNITY-BASED SERVICES INCLUDING MENTAL AND BEHAVIORAL HEALTH TREATMENT
AND CASE MANAGEMENT SERVICES, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES
LIVING ARRANGEMENTS AND VOCATIONAL TRAINING, AND SUBSTANCE USE TREATMENT
AND PREVENTION. OUR COMPREHENSIVE SERVICE CONTINUUM RANGES FROM
OUTPATIENT THERAPY TO RESIDENTIAL SERVICES, VOCATIONAL TRAINING, AND
SUPPORTED EMPLOYMENT, TO IN-SCHOOL PREVENTION AND TREATMENT PROGRAMS, TO
PSYCHOSOCIAL REHABILITATION. THEY WORK WITH PEOPLE WHERE THEY ARE,
GEOGRAPHICALLY AND EMOTIONALLY.

PART IV CHECKLIST OF REQUIRED SCHEDULES

QUESTION 12: AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM
LEVEL ONLY, INCLUDING UPMC AND ALL SUBSIDIARIES.

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QUESTION 20B: AS OF 7/1/17 UPMC CHANGED ITS ANNUAL AUDIT TO CALENDAR YEAR
END. THEREFORE, THE AUDIT REPORT INCLUDED WITH THE FISCAL YEAR 2020 990
IS A CALENDAR YEAR AUDIT, INCLUSIVE OF THE PERIOD 1/1/19-12/31/19.

PART V STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

PART V, LINE 15

UPMC GROUP ENTITIES DO NOT HAVE A SECTION 4960 EXCISE TAX LIABILITY TO
REPORT ON FORM 4720 RELATED TO PAYMENTS OF \$1 MILLION OR MORE IN
REMUNERATION OR EXCESS PARACHUTE PAYMENTS DURING THE TAX YEAR ENDED JUNE
30, 2020. REMUNERATION IS NOT TAKEN INTO ACCOUNT FOR THE PURPOSES OF THE
EXCISE TAX IF NO DEDUCTION FOR THE REMUNERATION IS ALLOWED BY REASON OF
SECTION 162(M). SECTION 162(M) (6) IMPOSES A COMPENSATION DEDUCTION
LIMITATION ON CONTROLLED GROUPS, SUCH AS THE UPMC CONTROLLED GROUP, THAT
INCLUDE ONE OR MORE COVERED HEALTH INSURANCE PROVIDERS.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION A: GOVERNING BODY AND MANAGEMENT

QUESTION 1: THE TOTAL NUMBER OF VOTING BOARD MEMBERS AND TOTAL NUMBER OF
INDEPENDENT BOARD MEMBERS REPRESENT A COMPOSITE OF ALL OF THE REQUIRED
UPMC GROUP SUBORDINATES. HOWEVER, THESE NUMBERS DO NOT INCLUDE
EX-OFFICIO OR OTHER BOARD MEMBERS WHO ARE NOT ENTITLED TO VOTE ON BOARD
MATTERS OR MEMBERS OF BOARDS THAT ARE ADVISORY IN NATURE AND SUBJECT TO
THE AUTHORITY OF THE UPMC PARENT BOARD FOR MATERIAL BOARD DECISIONS.
ALTHOUGH THE COMPOSITE NUMBERS FOR THE UPMC GROUP DO NOT REFLECT MAJORITY
BOARD INDEPENDENCE, ALL OF THESE BOARDS ARE ULTIMATELY SUBORDINATE TO

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THE UPMC PARENT BOARD. THE UPMC PARENT BOARD HAS A MAJORITY OF MEMBERS THAT ARE INDEPENDENT (70.83%). PLEASE SEE THE UPMC PARENT FORM 990 (EIN 25-1423657) FOR MORE INFORMATION.

QUESTION 2: MULTIPLE UPMC OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES HAVE RELATIONSHIPS BY VIRTUE OF THE FACT THAT THEY ARE ALSO OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES OF UPMC SUBSIDIARIES AND AFFILIATES. THESE RELATIONSHIPS ARE NOT SEPARATELY DISCLOSED BELOW BECAUSE THEY ARE NOT "BUSINESS RELATIONSHIPS" FOR THE PURPOSES OF THE FORM 990.

QUESTION 6: MOST OF THE UPMC GROUP ENTITIES HAVE A SOLE MEMBER, WHICH IS UPMC PARENT. A SMALL NUMBER OF GROUP ENTITIES HAVE MORE THAN ONE MEMBER. IN ALL CASES, THE MEMBERS ARE EXEMPT ORGANIZATIONS. ULTIMATELY THE GROUP ENTITIES AND THEIR RESPECTIVE MEMBERS (IF THE MEMBER(S) ARE NOT UPMC PARENT) ARE CONTROLLED BY UPMC PARENT.

QUESTION 7A AND B: IN THE CASE OF MOST OF THE UPMC GROUP ENTITIES, THE MEMBER(S) APPOINT A SIGNIFICANT PORTION OF THE ENTITIES' BOARDS OF DIRECTORS (IF NOT THE ENTIRE BOARD). IN THE CASE OF MOST OF THE GROUP ENTITIES, THE MEMBER(S) ALSO HAVE THE RIGHT TO INITIATE, APPROVE OR OVERTURN ACTIONS OF THE ENTITIES' BOARDS. IN ADDITION, THE MEMBERS' ACTIONS, IF THE MEMBER(S) IS NOT UPMC PARENT, IS IN MOST CASES SUBJECT TO THE OVERALL AUTHORITY OF THE UPMC PARENT BOARD.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE
SECTION B: POLICIES

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QUESTION 11A & B: UPMC IS THE PARENT ORGANIZATION OF THE FILING ENTITY, GROUP, AND HAS, WITH RESPECT TO MOST ENTITIES IN THE GROUP, THE DISCRETION AND AUTHORITY TO INITIATE OR VETO ACTIONS TAKEN BY GROUP MEMBER GOVERNING BODIES. WITH RESPECT TO THE REMAINING MEMBERS, UPMC'S AUTHORITY IS LIMITED SLIGHTLY BUT STILL SIGNIFICANT, ENCOMPASSING MAJOR MATTERS INCLUDING FINANCIAL AND TAX MATTERS. THE COMPLETED GROUP FORM 990 WAS REVIEWED BY THE UPMC CHIEF FINANCIAL OFFICER, MEMBERS OF THE CORPORATE TAX DEPARTMENT, MEMBERS OF THE CORPORATE LEGAL DEPARTMENT, AND OTHER MEMBERS OF UPMC'S MANAGEMENT PRIOR TO ITS FILING. VARIOUS SECTIONS OF THE 990 WERE ALSO REVIEWED BY THE CHIEF EXECUTIVE OFFICER OF UPMC AND COMMITTEES OF UPMC'S BOARD OF DIRECTORS, AS APPLICABLE. FOR EXAMPLE, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD REVIEWED SECTIONS RELATED TO COMPENSATION AND RELATED PARTY TRANSACTIONS. IN ADDITION, THE BOARD OF DIRECTORS ESTABLISHED A 990 SUBCOMMITTEE, COMPRISED OF THE CHAIRS OF THE UPMC BOARD, EXECUTIVE COMPENSATION COMMITTEE, ETHICS AND COMPLIANCE COMMITTEE, FINANCE COMMITTEE AND AUDIT COMMITTEE, WHICH REVIEWED THE ENTIRE COMPLETED FORM 990. ADDITIONALLY THE FORM 990 IS REVIEWED BY AN OUTSIDE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO AS PART OF THE PROCESS SIGNS THE RETURN AS PAID PREPARER. AFTER THIS REVIEW BUT PRIOR TO FILING, THE FULL UPMC BOARD OF DIRECTORS WAS NOTIFIED THAT THE COMPLETED FORM 990 WAS AVAILABLE FOR REVIEW ON THE BOARD'S SECURE WEBSITE. ALSO PRIOR TO FILING, MANAGEMENT PROVIDED THE OPPORTUNITY FOR ALL BOARD MEMBERS OF THE FULL UPMC BOARD TO ASK ANY QUESTIONS OR RAISE ANY COMMENTS ON THE FULL RETURN THEY WERE PROVIDED.

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QUESTION 12C: UPMC REQUIRES KEY EMPLOYED AND NON-EMPLOYED PERSONNEL TO COMPLY WITH ITS CONFLICT OF INTEREST POLICIES WHEN THEY ENGAGE IN UPMC-RELATED BUSINESS. PERSONS COVERED BY THE POLICIES INCLUDE:

-UPMC BOARD MEMBERS, BOARD COMMITTEE MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES

-UPMC PHYSICIANS AND NON-PHYSICIAN EMPLOYEES WHO HOLD A POSITION OF INFLUENCE

-IDENTIFIED NON-EMPLOYED MEMBERS OF THE UPMC MEDICAL STAFF WHO HOLD A POSITION OF INFLUENCE OR TRUST-INDIVIDUALS CONDUCTING CLINICAL RESEARCH AT UPMC, WHETHER OR NOT THEY ARE EMPLOYED BY UPMC.

THESE INDIVIDUALS ARE REQUIRED TO COMPLETE A QUESTIONNAIRE AT LEAST ANNUALLY, WHICH ALONG WITH OTHER DATA IS USED TO IDENTIFY POSSIBLE INDIVIDUAL AND INSTITUTIONAL CONFLICTS OF INTEREST. IF A POTENTIAL CONFLICT IS IDENTIFIED REGARDING A SPECIFIC UPMC ACTIVITY, THE CORPORATE COMPLIANCE DEPARTMENT, WITH THE ASSISTANCE OF THE LEGAL DEPARTMENT, EITHER DEVELOPS A WRITTEN PLAN DESIGNED TO PREVENT THE CONFLICT FROM INFLUENCING DECISIONS RELATED TO THAT ACTIVITY, OR REQUIRES THAT THE CONFLICTING RELATIONSHIP BE DIVESTED, AS APPROPRIATE. FOR EMPLOYED PERSONNEL AND NON-BOARD MEMBER, NON-EMPLOYED PERSONNEL, THE CONFLICT OF INTEREST IDENTIFICATION AND MANAGEMENT PROCESS IS ULTIMATELY OVERSEEN BY AN ETHICS AND COMPLIANCE COMMITTEE OF THE UPMC BOARD OF DIRECTORS ON BEHALF OF UPMC AND ALL OF ITS SUBSIDIARIES. POTENTIAL CONFLICT OF INTEREST TRANSACTIONS INVOLVING UPMC BOARD MEMBERS AND ENTITIES WITH WHICH THEY ARE AFFILIATED ARE MONITORED AND SUBJECT TO PRE-APPROVAL BY

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THE GOVERNANCE AND NOMINATING COMMITTEE OF THE UPMC BOARD OF DIRECTORS. IN ADDITION TO THE GENERAL CORPORATE AND BOARD POLICIES DESCRIBED ABOVE, UPMC HAS ALSO DEVELOPED AND IMPLEMENTED A SEPARATE TAX QUESTIONNAIRE DISTRIBUTED TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ANNUALLY THAT SPECIFICALLY ADDRESSES DISCLOSURE REQUIREMENTS OF FORM 990.

QUESTION 15A AND B: TO SUPPORT UPMC'S MISSION AND AS SET FORTH IN THE UPMC BYLAWS, THE BOARD OF DIRECTORS HAS FORMED AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") AND DELEGATED TO IT THE RESPONSIBILITY FOR ESTABLISHMENT AND IMPLEMENTATION OF OFFICER AND KEY EMPLOYEE TOTAL COMPENSATION PROGRAMS. AS PART OF THIS RESPONSIBILITY THE COMMITTEE REPORTS REGULARLY TO THE BOARD OF DIRECTORS. WITH BOARD OF DIRECTORS APPROVAL, THE COMMITTEE HAS ADOPTED A FORMAL CHARTER, WHICH INCLUDES THE ESTABLISHMENT OF A COMPENSATION PHILOSOPHY AND RELATED POLICIES WITH RESPECT TO THE TOTAL COMPENSATION PAID BY UPMC TO ITS OFFICERS AND KEY EMPLOYEES. THE UPMC TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEYEMPLOYEES IS PREDICATED UPON AN INCENTIVE COMPENSATION COMPONENT. THIS COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA IN THE CONTEXT OF APPROPRIATE RISK TAKING. THESE CRITERIA DIRECTLY SUPPORT UPMC'S MISSION AND INCLUDE: PATIENT QUALITY AND SATISFACTION, COMMUNITY BENEFITS, OPERATIONAL AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND STRATEGIC BUSINESS INITIATIVES AMONG OTHERS. THE TOTAL COMPENSATION PROGRAM IS INTEGRATED WITH AND REINFORCES THE UPMC BUSINESS PLANNING

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CYCLE AS WELL AS MANAGEMENT DEVELOPMENT AND SUCCESSION PLANNING PROCESSES. IT IS THE COMMITTEE'S JUDGMENT THAT THE STRUCTURE OF THE TOTAL COMPENSATION PROGRAM IS VITAL TO, AND STRONGLY SUPPORTIVE OF, THE HIGH LEVEL OF ONGOING SUCCESS OF UPMC AND FOSTERS THE RETENTION OF CRITICAL OFFICER AND KEY EMPLOYEE TALENT. THE TOTAL COMPENSATION DETERMINATION PROCESS UTILIZED BY THE COMMITTEE IS INTENDED TO SATISFY THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" AS SET FORTH IN THE REGULATIONS TO SECTION 4958 OF THE INTERNAL REVENUE CODE ("CODE"). THIS MEANS THAT COMPENSATION PROGRAMS AND LEVELS ARE APPROVED IN ADVANCE BY THE COMMITTEE WHICH IS COMPOSED ENTIRELY OF OUTSIDE DIRECTORS WHO DO NOT HAVE A CONFLICT OF INTEREST, AS DEFINED BY THE RELEVANT REGULATIONS, WITH RESPECT TO THE COMPENSATION PROGRAM AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON A BROAD RANGE OF APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATIONS. THE COMMITTEE THEN CONTEMPORANEOUSLY DOCUMENTS, IN FORMAL MEETING MINUTES, THE BASIS AND REASONS FOR ITS DETERMINATIONS. THE TOTAL COMPENSATION PROGRAM IS DESIGNED AND ADMINISTERED IN ACCORDANCE WITH THE UPMC BYLAWS, SOUND BUSINESS PRACTICES, THE TENETS OF COMMON LAW BUSINESS JUDGMENT AND FIDUCIARY RESPONSIBILITY AS WELL AS ADHERENCE TO ALL RELEVANT FEDERAL, STATE AND LOCAL LAWS. IN ADDITION TO CODE SECTION 4958, AS SET FORTH ABOVE, THIS INCLUDES BUT IS NOT LIMITED TO CODE SECTION 501(C)(3) AND THE APPLICABLE REGULATIONS THEREUNDER AS WELL AS ALL LAWS AND REGULATIONS PROHIBITING PRIVATE INUREMENT, PRIVATE BENEFIT TRANSACTIONS AND DISCRIMINATION. FURTHER, THE COMMITTEE HAS IDENTIFIED AND ADOPTED, AS APPROPRIATELY MODIFIED FOR UPMC, COMPENSATION PROGRAM "BEST PRACTICES" FROM THE BUSINESS WORLD (E.G. SARBANES OXLEY, SEC,

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ETC.). THE COMMITTEE BELIEVES THAT WHILE THESE PRACTICES ARE NOT REQUIRED IN THE TAX EXEMPT SECTOR, THEY ARE IN THE BEST INTERESTS OF THE ORGANIZATION AND FURTHER SUPPORT UPMC'S NONPROFIT MISSION. IN ACCORDANCE WITH THE ABOVE, DETERMINATION OF TOTAL COMPENSATION FOR THE CEO IS MADE EXCLUSIVELY BY THE COMMITTEE. DETERMINATION OF TOTAL COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS RECOMMENDED BY THE CEO AND SUBJECT TO REVIEW AND APPROVAL BY THE COMMITTEE. THE COMMITTEE, WHICH MEETS AT LEAST FOUR TIMES A YEAR, OBTAINS PROFESSIONAL ADVICE FROM ITS OWN EXPERTS, INCLUDING ACCOUNTANTS, EXECUTIVE COMPENSATION CONSULTANTS AND LEGAL COUNSEL.

QUESTION 16A AND B: UPMC HAS A FORMAL WRITTEN POLICY PERTAINING TO JOINT VENTURES BETWEEN UPMC TAX-EXEMPT ENTITIES AND TAXABLE ENTITIES. THE POLICY EMPLOYS AN INTERNAL PROCEDURE FOR REVIEW OF ALL TRANSACTIONS INVOLVING POTENTIAL PARTICIPATION IN JOINT VENTURES AND SIMILAR ARRANGEMENTS TO ENSURE THAT SUCH ENTITIES OPERATE IN ACCORDANCE WITH APPLICABLE IRS POLICIES AND WITHIN UPMC'S CHARITABLE PURPOSES.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION C: DISCLOSURE

QUESTION 19: UPMC'S PUBLIC WEBSITE (WWW.UPMC.COM) MAKES ITS FINANCIAL RESULTS, CONFLICT OF INTEREST PROCESS, AND VARIOUS INFORMATION ABOUT THE GOVERNANCE AND OVERSIGHT AVAILABLE TO THE PUBLIC. ADDITIONAL INFORMATION

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MAY BE SUPPLIED UPON SPECIFIC REQUEST FOR DATA NOT POSTED TO THE WEB SITE.

PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPL

PART VII SECTION A

THE 3-DIGIT ALPHA CODE LISTED BESIDE EACH NAME DISCLOSED AS AN OFFICER, DIRECTOR OR KEY EMPLOYEE IS INDICATIVE OF THE UPMC GROUP MEMBER ENTITY FOR WHICH THE DISCLOSURE IS MADE. UPMC GROUP ENCOMPASSES 55 SUBORDINATE ENTITIES AS WELL AS THE GROUP SPONSOR, UPMC. UPMC, THE SPONSOR OF THE UPMC GROUP, HAS DULY ELECTED FOR ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES TO BE DISCLOSED ON UPMC GROUP.

	CODE	LEGAL ENTITY
1	AUE	AUUE, INC.
2	BHA	UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES
3	BHM	BUTLER HEALTH SYSTEM/ UPMC MUSCULOSKELETAL JOINT VENTURE, INC.
4	BHO	BUTLER HEALTH SYSTEM/UPMC OB/GYN JOINT VENTURE, INC.
5	CEM	CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA
6	CPF	CENTRAL PENNSYLVANIA MEDICAL FOUNDATION, INC.
7	CAC	CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY
8	CHP	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC
9	CCB	COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION
10	CRP	CRANBERRY PLACE
11	EPN	ERIE PHYSICIAN NETWORK - UPMC, INC.

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12	HNA	HOME NURSING AGENCY AFFILIATES
13	HNH	UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA
14	HNF	HOME NURSING AGENCY FOUNDATION
15	JHS	JAMESON HEALTH SERVICES, INC.
16	JHF	JAMESON HEALTHCARE FOUNDATION
17	JMC	JAMESON MEDICAL CARE, INC.
18	MYC	MON YOUGH COMMUNITY SERVICE, INC.
19	RHS	REGIONAL HEALTH SERVICES, INC.
20	SHB	SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT
21	SCS	SUGARCREEK STATION
22	THS	THE HERITAGE SHADYSIDE
23	UPC	UNIV OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES
24	UHC	UNIVERSITY HEALTH CENTER OF PITTSBURGH
25	UPP	UNIVERSITY OF PITTSBURGH PHYSICIANS
26	UPM	UPMC
27	APP	UPMC ADVANCED PRACTICE PROVIDERS
28	ALT	UPMC ALTOONA
29	ALF	UPMC ALTOONA FOUNDATION
30	APH	UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY
31	BDF	UPMC BEDFORD
32	CHS	UPMC CHAUTAUQUA SERVICES, INC.
33	CMI	UPMC COMMUNITY MEDICINE, INC.
34	CPS	UPMC COMMUNITY PROVIDER SERVICES
35	EAS	UPMC EAST
36	EMI	UPMC EMERGENCY MEDICINE, INC.

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37	FYO	UPMC FOR YOU, INC.
38	HMT	UPMC HAMOT
39	HCM	UPMC HOME CARE MANAGEMENT
40	HHC	UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA
41	HRZ	UPMC HORIZON
42	HRF	UPMC HORIZON COMMUNITY HEALTH FOUNDATION
43	IHI	UPMC INTERNATIONAL HOLDINGS, INC.
44	JAM	UPMC JAMESON
45	KAN	UPMC KANE
46	LOC	UPMC LOCUM CLINICIANS
47	MAG	UPMC MAGEE - WOMENS HOSPITAL
48	MCK	UPMC MCKEESPORT
49	MER	UPMC MERCY
50	NWH	UPMC NORTHWEST
51	OVI	UPMC OVERSEAS, INC.
52	PSV	UPMC PASSAVANT
53	PPA	PASSAVANT PROFESSIONALS ASSOCIATES, INC.
54	PRY	UPMC PRESBYTERIAN SHADYSIDE
55	SMH	UPMC ST MARGARET
56	CFH	UPMC CENTER FOR HEALTH SECURITY

HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS

PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5) THE SPONSORING
ENTITY OF UPMC GROUP, UPMC, HAS ELECTED TO REPORT INFORMATION ABOUT

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CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS RECEIVED; INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES; CERTAIN OTHER HIGHLY PAID EMPLOYEES; CERTAIN PROFESSIONAL CONTRACTORS; AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS ALONG WITH ALL MEMBERS OF THE GROUP IN THE UPMC GROUP RETURN. THE COMPENSATION AMOUNTS LISTED REPRESENT THE FULL AND COMPLETE COMPENSATION PACKAGES PAID TO THE INDIVIDUALS FOR PERFORMING THEIR ASSIGNED DUTIES AT UPMC. A PORTION OF THE COMPENSATION DISCLOSED MAY RELATE TO EARNED AND PREVIOUSLY REPORTED DEFERRED COMPENSATION. A PORTION OF THE BENEFITS DISCLOSED MAY RELATE TO EARNED BUT UNPAID DEFERRED COMPENSATION. ALL SALARIES AND BENEFITS REPORTED ARE BASED ON INDIVIDUALS' OPERATIONAL POSITIONS AND ARE NOT FOR SERVICES PERFORMED AS DIRECTORS OR BOARD MEMBERS. BOARD POSITIONS ARE ALL VOLUNTEER AND UNPAID.

PART VII OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES INDIVIDUALS THAT HOLD REPORTING POSITIONS WITH MORE THAN ONE ORGANIZATION ARE LISTED SEPARATELY IN PART VII WITH REGARD TO EACH ENTITY. INDIVIDUALS ARE COMPENSATED FOR OPERATIONAL ROLES ONLY, NOT FOR DUTIES PERFORMED AS DIRECTORS OR BOARD MEMBERS. COMPENSATION DISCLOSED FOR PERSONS WHOSE ROLE IS LISTED AS BOARD MEMBER IS COMPENSATION FROM THE SAME OR RELATED ORGANIZATION FOR AN OPERATIONAL ROLE AND NOT FOR THE DISCLOSED PERSON'S ROLE AS A BOARD MEMBER. ALL BOARD POSITIONS FOR ALL GROUP ENTITIES ARE VOLUNTARY AND UNPAID.

THE TOTAL HOURS DISCLOSED IN PART VII RELATES TO THE POSITION FOR WHICH

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THE PERSON IS DISCLOSED EXCEPT IN THE CASE WHERE THE PERSON IS ALSO EMPLOYED BY ANY UPMC GROUP MEMBER ENTITY. IN SUCH CASE, THE HOURS REFLECT AVERAGE HOURS SPENT IN THEIR OPERATIONAL ROLE. FOR PURPOSES OF DISCLOSURE AVERAGE HOURS PER WEEK FOR A FULL TIME PERSON IS LISTED AS 40 HOURS, HOWEVER, IN ALMOST ALL CASES, THIS IS A CONSERVATIVE ESTIMATE AND MOST WORK HOURS IN EXCESS OF 40 PER WEEK.

PART XI RECONCILIATION OF NET ASSETS

MERGER OF GROUP MEMBERS	6,168,050
NET TRANSFERS TO EXEMPT PARENT	(16,339,551)
JOINT VENTURES	18,669,922
OTHER INCREASES/DECREASES IN FUND BALANCE	29,528,543
CHANGE IN BENEFICIAL INTEREST	17,920,069
NET TRANSFERS FROM EXEMPT AFFILIATES	(142,249)
NET RESTRICTED/SPF ACTIVITY	(3,673,069)
CURRENCY ADJUSTMENT	(6,171,811)
TOTAL	45,959,904

PART XII FINANCIAL STATEMENTS AND REPORTING

QUESTION 2B

AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY,

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INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES. THE ENTIRE SYSTEM'S FINANCIAL STATEMENTS, WHICH INCLUDES ALL SUBORDINATE MEMBERS OF THE UPMC GROUP, ARE POSTED ON THE UPMC WEBSITE. (WWW.UPMC.COM) THE FINANCIAL STATEMENT AUDIT DURING THE 990 FILING PERIOD IS FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2019.

UPMC HAS AN AUDIT COMMITTEE THAT IS ESTABLISHED TO ASSIST THE BOARD OF DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY MONITORING UPMC CONSOLIDATED FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION PROVIDED BY UPMC TO GOVERNMENTAL BODIES, THE PUBLIC OR OTHER EXTERNAL ENTITIES. THE UPMC'S SYSTEM OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING, LEGAL COMPLIANCE AND ETHICS THAT MANAGEMENT AND THE BOARD HAVE ESTABLISHED AND UPMC'S INTERNAL AUDITING, ACCOUNTING AND FINANCIAL REPORTING PROCESSES ALSO PROVIDED OVERSIGHT.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ITALY

IRELAND

CHINA

CAYMAN ISLANDS

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CENTER FOR REHAB SERVICES 625 WALNUT STREET MCKEESPORT, PA 15132	REHAB SERVICES	45,034,709.
MASCARO CONSTRUCTION COMPANY	CONSTRUCTION CONTRAC	41,395,181.

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
1720 METROPOLITAN STREET PITTSBURGH, PA 15233		
MASCARO BARTON MALOW A JOINT VENTURE 601 TECHNOLOGY DRIVE CANONSBURG, PA 15317	CONSTRUCTION CONTRAC	32,224,234.
AIMS GROUP INC 200 CEDAR RIDGE DRIVE, SUITE 209 PITTSBURGH, PA 15205	CONSTRUCTION CONTRAC	25,021,747.
TURNER CONSTRUCTION CO 925 LIBERTY AVENUE, 3RD FLOOR PITTSBURGH, PA 15222	CONSTRUCTION CONTRAC	20,795,518.

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
PUBLICLY TRADED	458,118,076.	FMV
TOTALS	458,118,076.	

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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OMB No. 1545-0047

2019**Open to Public
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UPMC ITALY S.R.L. PIAZZA SETT ANGELI 1090134 PALERMO, IT	HEALTHCARE	IT	56,585,109.	95,649,254.	UPMC OVERSEA
(2) UPMC PHYS OPERATIONS & PROF SVCS LLC 47-2803100 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SVC	PA	27,068,075.	115962085.	UOP PHYS
(3) UPMC ONCOLOGY TREATMENT PLANNING LLC 46-4936164 600 GRANT STREET PITTSBURGH, PA 15219	ONCOLOGY	PA	0.	7,778,755.	UOP CN SRV
(4) QUALITY FIRST HEALTHCARE LLC 46-0812493 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	0.	0.	HNA AFFILIAT
(5) REGIONAL HEALTH CENTRAL LLC 26-3692367 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	0.	0.	REG HLTH SVS
(6) COMMUNITY CARE IPA LLC 83-1646473 600 GRANT STREET PITTSBURGH, PA 15219	PHYS NETWORK	NY	0.	0.	COMM CARE BE

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	No
(1) UPMC SENIOR COMMUNITIES INC. 25-1574736 600 GRANT STREET PITTSBURGH, PA 15219	SR LIVING	PA	501(C) (3)	10	UPMC	X	
(2) PITTSBURGH LIFETIME CARE COMMUNITY 25-1335247 600 GRANT STREET PITTSBURGH, PA 15219	CCRC	PA	501(C) (3)	10	UPMC SR COMM	X	
(3) CANTERBURY PLACE 25-0965334 600 GRANT STREET PITTSBURGH, PA 15219	SR LIVING	PA	501(C) (3)	10	UPMC SR COMM	X	
(4) SENECA PLACE 72-1562844 600 GRANT STREET PITTSBURGH, PA 15219	SR LIVING	PA	501(C) (3)	10	UPMC SR COMM	X	
(5) SHADYSIDE HOSPITAL SUPPORTING FOUNDATION 26-0303394 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C) (3)	12 (A) I	UPMC	X	
(6) UPMC LEE 25-0613830 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	501(C) (3)	3	UPMC	X	
(7) PITTSBURGH CARE PARTNERSHIP INC. 25-1753852 600 GRANT STREET PITTSBURGH, PA 15219	SR CARE MGMT	PA	501(C) (3)	10	UPMC	X	

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Schedule R (Form 990) 2019

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(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PENNSYLVANIA PEDIATRIC HEALTH NETWORK LL 83-0773278 600 GRANT STREET PITTSBURGH, PA 15219	PHYS NETWORK	PA	0.	0.	CHILDREN'S H
(2) LAWRENCE COUNTY MRI & DIAGNOSTIC IMAGING 27-0219891 2526 WILMINGTON AVE NEW CASTLE, PA 16105	IMAGING CENTE	PA	0.	510,470.	N/A
(3)					
(4)					
(5)					
(6)					

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	No
(1) UPMC CENTER FOR HIGH VALUE HEALTHCARE 45-2178782 600 GRANT STREET PITTSBURGH, PA 15219	RESEARCH	PA	501(C)(3)	7	UPMC	X	
(2) SHADYSIDE HOSPITAL FOUNDATION 25-1290546 532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232	FOUNDATION	PA	501(C)(3)	12(C) III	UPMC PRESBY	X	
(3) PASSAVANT HOSPITAL FOUNDATION 25-1407815 9100 BABCOCK BLVD PITTSBURGH, PA 15237	FOUNDATION	PA	501(C)(3)	12(B) II	UPMC PASS	X	
(4) NORTHWEST HOSPITAL FOUNDATION 25-1483624 100 FARFIELD DRIVE SENECA, PA 16346	FOUNDATION	PA	501(C)(3)	12(D) III	UPMC NORTHWE	X	
(5) ST. MARGARET FOUNDATION 25-1520340 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	7	UPMC ST MARG	X	
(6) CHILDREN'S HOSPITAL OF PITTSBURGH FND 25-1865744 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	7	UPMC CHP	X	
(7) MAGEE-WOMEN RES INST AND FOUNDATION 25-1462312 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	7	N/A		X

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Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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2019**Open to Public
Inspection**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	No
(1) GREAT LAKES PHYSICIAN PRACTICE P.C. 46-4186362 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	PHYSICIAN SRV	NY	501(C) (3)	3	REGNL HEALTH	X	
(2) HAMOT HEALTH FOUNDATION 25-1400999 302 FRENCH STREET ERIE, PA 16507	FOUNDATION	PA	501(C) (3)	12 (B) II	UPMC HAMOT	X	
(3) UPMC/JAMESON CANCER CENTER 20-1459415 600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219	ONCOLOGY SVC	PA	501(C) (3)	10	UPMC JAMESON	X	
(4) JAMESON CARE CENTER INC. 23-2871396 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SR SERVICES	PA	501(C) (3)	10	UPMC SR COMM	X	
(5) *UPMC SUSQUEHANNA 23-2751183 700 HIGH STREET WILLIAMSPORT, PA 17701	MGMT SUPPORT	PA	501(C) (3)	3	UPMC	X	
(6) *UPMC MUNCY 24-0806023 215 EAST WATER STREET MUNCY, PA 17756	HOSPITAL	PA	501(C) (3)	3	UPMC SUSQUEH	X	
(7) *DIVINE PROVIDENCE HOSPITAL OF THE SISTE 24-0799343 1100 GRAMPAN BOULEVARD WILLIAMSPORT, PA 17701	HOSPITAL	PA	501(C) (3)	3	UPMC SUSQUEH	X	

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(1)					
(2)					
(3)					
(4)					
(5)					
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) *SUSQUEHANNA PHYSICIAN SERVICES 23-2449454 1201 GRAMPAN BOULEVARD WILLIAMSPORT, PA 17701	PHYSICIAN SRV	PA	501(C) (3)	3	UPMC SUSQUEH	X	
(2) *SUSQUEHANNA HEALTH SYSTEM INNOVATION CT 47-1600873 700 HIGH STREET WILLIAMSPORT, PA 17701	SUPPORT SRV	PA	501(C) (3)	12 (A) (I)	UPMC SUSQUEH	X	
(3) *SUSQUEHANNA HEALTH FOUNDATION 23-2743470 1100 GRAMPAN BOULEVARD WILLIAMSPORT, PA 17701	FOUNDATION	PA	501(C) (3)	12 (A) (I)	UPMC SUSQUEH	X	
(4) *UPMC WILLIAMSPORT 24-0795508 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PA	501(C) (3)	3	UPMC SUSQUEH	X	
(5) *LAUREL REALTY INC. 23-1403678 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	REAL ESTATE	PA	501(C) (2)	N/A	UPMC SUSQUEH	X	
(6) *LAUREL MANAGEMENT SERVICES INC. 25-1644910 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	MANAGEMENT SV	PA	501(C) (3)	12 (B) (II)	UPMC SUSQUEH	X	
(7) *LAUREL HEALTH SYSTEM 24-0795488 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	SUPPORT SRV	PA	501(C) (3)	12 (B) (II)	UPMC SUSQUEH	X	

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Schedule R (Form 990) 2019

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20-8295721

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(4)					
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) *UPMC WELLSBORO 23-2176963 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(2) *THE GREEN HOME 24-0804365 37 CENTRAL AVENUE WELLSBORO, PA 16901	SKILLED NURSI	PA	501(C)(3)	10	UPMC SUSQUEH	X	
(3) *TIOGA HEALTH CARE PROVIDERS 25-1765538 1201 GRAMPAN BOULEVARD WILLIAMSPORT, PA 17701	HEALTHCARE	PA	501(C)(3)	12(B)(II)	UPMC SUSQUEH	X	
(4) *WILLIAMSPORT AREA AMBULANCE SERVICE COO 23-2416166 700 HIGH STREET WILLIAMSPORT, PA 17701	AMBULANCE SVC	PA	501(C)(3)	10	WILLIAM HOSP	X	
(5) *UPMC LOCK HAVEN 82-1600494 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(6) *UPMC SUNBURY 82-1592230 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(7) UPMC CHAUTAUQUA AT WCA 16-0743226 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOSPITAL	NY	501(C)(3)	3	UPMC CHAUTAU	X	

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(1)					
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) W.C.A. GROUP INC. 22-2392582 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOLDING CO	NY	501(C)(3)	12 (B) (II)	CHAUT AT WCA	X	
(2) STARFLIGHT INC. 16-1557878 135 ALLEN STREET JAMESTOWN, NY 14701	AIR AMBULANCE	NY	501(C)(3)	7	CHAUT AT WCA	X	
(3) SOUTH CENTRAL ALPHA HOUSING & HEALTH 25-1701701 3410 W PITTSBURG ROAD NEW CASTLE, PA 16101	SNF & AL	PA	501(C)(3)	10	UPMC SR COMM	X	
(4) SOUTH WESTERN ALPHA HOUSING & HEALTH 25-1701700 745 GREENVILLE ROAD MERCER, PA 16137	SNF & IL	PA	501(C)(3)	10	UPMC SR COMM	X	
(5) *KANE COMMUNITY HOSPITAL FOUNDATION 26-3906925 4372 ROUTE 6 KANE, PA 16735	FOUNDATION	PA	501(C)(3)	12 (B) (II)	N/A		X
(6) JUNIOR GUILD OF THE JAMESON MEMORIAL HOS 25-6005313 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105	SUPPORT	PA	501(C)(3)	12 (D) III	N/A		X
(7) *LAUREL HEALTH FOUNDATION 25-1810488 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	FOUNDATION	PA	501(C)(3)	12 (B) II	N/A		X

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Schedule R (Form 990) 2019

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						Yes	No
(1) W.C.A. FOUNDATION INC. 22-2393584 300 FOOTE AVENUE; P.O. BOX 840 JAMESTOWN, NY 14702	FOUNDATION	PA	501(C)(3)	12(C) III	N/A		X
(2) VENANGO V.N.A. FOUNDATION 25-1472179 491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323	FOUNDATION	PA	501(C)(3)	12(D) III	N/A		X
(3) *UPMC PINNACLE 25-1778658 409 SOUTH SECOND STREET HARRISBURG, PA 17104	SUPPORTING OR	PA	501(C)(3)	12(B) II	UPMC	X	
(4) *UPMC CARLISLE 82-0880337 361 ALEXANDER SPRING ROAD CARLISLE, PA 17105	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACLE	X	
(5) *UPMC LANCASTER 82-0896436 250 COLLEGE AVENUE LANCASTER, PA 17603	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACLE	X	
(6) *UPMC LITITZ 82-0844453 1500 HIGHLANDS AVENUE LITITZ, PA 17543	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACLE	X	
(7) *UPMC MEMORIAL 82-0912090 325 SOUTH BELMONT STREET YORK, PA 17405	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACLE	X	

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(1)					
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						Yes	No
(1) *PINNACLE HEALTH REGIONAL PHYSICIANS 82-0947698 409 SOUTH SECOND STREET HARRISBURG, PA 17104	PHYSICIAN SRV	PA	501(C)(3)	3	UPMC PINNACL	X	
(2) *PINNACLE HEALTH FOUNDATION 22-2691718 409 SOUTH SECOND STREET HARRISBURG, PA 17104	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC PINNACL	X	
(3) *COMMUNITY LIFE TEAM, INC. 23-1890444 409 SOUTH SECOND STREET HARRISBURG, PA 17104	MED TRANSPORT	PA	501(C)(3)	7	UPMC PINNACL	X	
(4) *HANOVER HEALTHCARE PLUS, INC. 22-2658574 300 HIGHLAND AVENUE HANOVER, PA 17331	SUPPORTING OR	PA	501(C)(3)	12(A)(I)	UPMC PINNACL	X	
(5) *UPMC HANOVER 23-1360851 300 HIGHLAND AVENUE HANOVER, PA 17331	HOSPITAL	PA	501(C)(3)	3	HANNOVER HEA	X	
(6) *UPMC PINNACLE HOSPITALS 25-1778644 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL	X	
(7) *PINNACLE HEALTH MEDICAL SERVICES 25-1709054 409 SOUTH SECOND STREET HARRISBURG, PA 17104	PHYSICIAN SRV	PA	501(C)(3)	3	UPMC PINNACL	X	

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(1)					
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(5)					
(6)					

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	No
(1) *CHARLES E. COLE MEMORIAL HOSPITAL 24-0802108 1001 EAST SECOND STREET COUDERSPORT, PA 16915	HOSPITAL	PA	501(C)(3)	3	UPMC	X	
(2) *COLE FOUNDATION, INC. 45-5417308 1001 EAST SECOND STREET COUDERSPORT, PA 16915	FOUNDATION	PA	501(C)(3)	12(A)(I)	C COLE MEM H	X	
(3) *HAMOT COLE VENTURES 27-3172100 1001 EAST SECOND STREET COUDERSPORT, PA 16915	CLINIC SITES	PA	501(C)(3)	12(A)(I)	C COLE MEM H	X	
(4) *HENDORN INC. 23-1972659 1001 EAST SECOND STREET COUDERSPORT, PA 16915	RES. CARE	PA	501(C)(3)	12(A)(I)	C COLE MEM H	X	
(5) ASBURY HEIGHTS OF UPMC 25-1555687 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING OR	PA	501(C)(3)	12(B)(II)	UPMC SR COMM	X	
(6) ASBURY HEALTH CENTER 25-0969472 600 GRANT STREET PITTSBURGH, PA 15219	CCRC	PA	501(C)(3)	10	ASBURY HEIGH	X	
(7) ASBURY VILLAS 25-1819952 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PA	501(C)(3)	10	ASBURY HEIGH	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	No
(1) ASBURY PLACE 25-1729266 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PA	501(C)(3)	10	ASBURY HEIGH	X	
(2) WESLEY HILLS 25-1507472 600 GRANT STREET PITTSBURGH, PA 15219	INDEP LIVING	PA	501(C)(3)	N/A	ASBURY HEIGH	X	
(3) ASBURY FOUNDATION 25-1555688 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	7	ASBURY HEIGH	X	
(4) REGIONAL CANCER CENTER FOUNDATION 25-1631855 2500 WEST 12TH STREET ERIE, PA 16505	FOUNDATION	PA	501(C)(3)	12(A)(I)	REGIONAL CAN	X	
(5) *UPMC SOMERSET 25-0965570 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	HOSPITAL	PA	501(C)3	3	UPMC	X	
(6) *TWIN LAKES CENTER, INC. 23-2910318 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	DRUG TREATMEN	PA	501(C)3	3	UPMC SOMERSE	X	
(7) *SOMERSET COMMUNITY HOSPITAL FOUNDATION 25-1441863 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	FOUNDATION	PA	501(C)3	12(C)III	UPMC SOMERSE	X	

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Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	No
(1) *SOMERSET HEALTH SERVICES, INC. 25-1441920 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	PHYSICIAN SRV	PA	501(C) 3	3	UPMC SOMERSE	X	
(2) *UPMC WESTERN MARYLAND CORPORATION 52-0591531 PO BOX 539 CUMBERLAND, MD 21501	HOSPITAL	MD	501(C) 3	3	UPMC	X	
(3) WESTERN MARYLAND HEALTH SYSTEM FOUNDATIO 35-2289841 PO BOX 539 CUMBERLAND, MD 21501	FOUNDATION	MD	501(C) 3	12 (C) III	UPMC WESTERN	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SENECA HILLS ASSISTED LIVING L 600 GRANT STREET PITTSBURGH, P	ASSISTED LIVI	PA	N/A	RELATED	-107,675.	7,211,690.		X		X		100.0000
(2) ST. MARGARET MEDICAL ARTS ASSO 600 GRANT STREET PITTSBURGH, P	MED OFFICE BL	PA	N/A	RELATED	193,647.	3,956,256.		X		X		100.0000
(3) CORE NETWORK LLC 25-1786209 600 GRANT STREET PITTSBURGH, P	HEALTHCARE	PA	UPMC COMM PROVI	RELATED	7,833,376.	13,998,219.		X			X	88.0045
(4) SHADYSIDE MEDICAL CENTER ASSOC 600 GRANT STREET PITTSBURGH, P	MED OFFICE BL	PA	N/A	RELATED	1,324,257.	20,749,995.		X		X		100.0000
(5) CHARTWELL PA LP 25-1729714 600 GRANT STREET PITTSBURGH, P	HOMEHEALTH	PA	UPMC COMM PROV	RELATED	39,942,669.	106,322,768.		X		X		85.3200
(6) LIFE CARE HOME SRV OF NW PA 25 1647 SASSAFRAS STREET ERIE, PA	HOME HEALTH S	PA	UPMC HAMOT	RELATED	5,883,163.	6,002,826.		X		X		100.0000
(7) HAMOT-KCH REAL ESTATE VENTURE 300 STATE STREET ERIE, PA 1650	MEDICAL OFFIC	PA	UPMC HAMOT	RELATED	-4,703.	400,348.		X		X		100.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) H.C.PHARMACY CENTRAL INC. 25-1364192 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY CO-O	PA	VARIOUS	C	4,945,920.	120,873.	76.4700	X	
(2) CHILDREN'S COMMUNITY CARE 25-1781887 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C					
(3) UPMC PHYSICIAN SERVICES HOLDING COMPANY 25-1877017 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C					
(4) HEMATOLOGY ONCOLOGY ASSOCIATION INC. 42-1648357 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C					
(5) ONCOLOGY HEMATOLOGY ASSOCIATION INC. 25-1762980 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C					
(6) TRI-STATE NEUROSURGICAL ASSOCIATES - UPM 25-1458655 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C					
(7) RENAISSANCE FAMILY PRACTICE - UPMC INC. 26-2942406 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C					

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page **2****Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HAMOT SURGERY CENTER LLC 25-18 200 STATE STREET ERIE, PA 1650	AMBULATORY SU	PA	UPMC HAMOT	RELATED	565,724.	5,476,184.		X		X		53.3621
(2) EPN-HAMOT URGENT CARE LLC 27-2 600 GRANT STREET PITTSBURGH, P	URGENT CARE	PA	VARIOUS	RELATED	-463,252.	3,707,578.		X		X		100.0000
(3) *HANOVER SURGICENTER REAL ESTA 300 HIGHLAND AVE HANOVER, PA 1	INACTIVE	PA	HANOVER HEALTH	RELATED	0.	0.		X		X		54.0000
(4) *MEDCARE SUSQUEHANNA VALLEY LL 409 SOUTH SECOND STREET HARRIS	DME	PA	PINNACLE HEALTH	RELATED	-531,611.	961,461.		X			X	75.0000
(5) OMICELO RE I, LP 47-5603393 2525 LIBERTY AVENUE PITTSBURGH	REAL ESTATE D	DE	UPMC FOR YOU	UNRELATED	-1,732,282.	7,822,229.		X			X	97.6801
(6) UPMC LEADER SURGERY CENTER LLC 1703 INNOVATION DRIVE YORK	SURGERY CENT	PA	UPMC MEMORIAL	RELATED	-548,939.	14,665,190.		X		X		66.6700
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UPMC HOLDING COMPANY INC. 25-1777713 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C					
(2) UPMC COVERAGE PRODUCTS INC. 25-1777710 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C					
(3) FREEDOM INSURANCE COMPANY 03-0308944 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	VT	N/A	C					
(4) TRI-CENTURY INSURANCE CO 25-1500739 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(5) UPMC DNA INC. 25-1883237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(6) UPMC HEALTH BENEFITS INC. 25-1844144 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C					
(7) UPMC HEALTH NETWORK INC. 72-1527566 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C					

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UPMC HEALTH PLAN INC. 23-2813536 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C					
(2) UPMC BENEFIT MANAGEMENT SERVICES INC. 25-1769564 600 GRANT STREET PITTSBURGH, PA 15219	WORKERS' COMP	PA	N/A	C					
(3) UPMC DIVERSIFIED SERVICES INC. 25-1778454 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C					
(4) MONROEVILLE SPECIALTY CLINIC 25-1666087 600 GRANT STREET PITTSBURGH, PA 15219	AMB SURG	PA	N/A	C					
(5) MEDICAL ARCHIVAL SYSTEMS INC. 23-2912501 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C					
(6) RX PARTNERS INC. 25-1801966 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY	PA	N/A	C					
(7) BIOTRONICS INC. 25-1843500 600 GRANT STREET PITTSBURGH, PA 15219	EQUIP MAINTEN	PA	N/A	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MEDICAL CENTER PROPERTIES INC. 25-1796940 600 GRANT STREET PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	C					
(2) ASKESIS DEVELOPMENT GROUP INC. 54-1625585 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C					
(3) BAYFRONT REGIONAL DEVELOPMENT CORP 25-1401388 300 STATE STREET ERIE, PA 16507	RE HOLDING CO	PA	N/A	C					
(4) BAYSIDE DEVELOPMENT CORP 25-1401386 300 STATE STREET ERIE, PA 16507	REAL ESTATE	PA	N/A	C					
(5) UPMC WORK ALLIANCE INC. 45-2825053 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(6) UPMC HEALTH COVERAGE INC. 46-2824537 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(7) UPMC HEALTH OPTIONS INC. 46-2824626 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
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(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UPMC COMPLETE CARE INC. 46-3605753 5215 CENTRE AVENUE PITTSBURGH, PA 15232	PHYSICIAN SRV	PA	N/A	C					
(2) AMERICAN HOME HEALTH SERVICES 31-1521422 868 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH C	OH	QUALITY FIRST	C	0.	0.	100.0000	X	
(3) HEALTH FIDELITY INC. 45-2538963 210 S. B STREET SAN MATEO, CA 94401	TECHNOLOGY SV	CA	N/A	C					
(4) FLUENCE HEALTH INC. 47-2684174 6425 PENN AVENUE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C					
(5) CURAVI HEALTH INC. 81-1217377 6425 PENN AVENUE PITTSBURGH, PA 15206	HEALTHCARE	DE	N/A	C					
(6) PENSIAMO INC. 81-2069236 600 GRANT STREET, 59TH FL PITTSBURGH, PA 15219	SUPPLY CHAIN	DE	N/A	C					
(7) ALTOONA FAMILY INC. 25-1444935 620 HOWARD AVE ALTOONA, PA 16601	MGMT SVCS	PA	UPMC ALTOONA	C	0.	40,054.	100.0000	X	

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) LEXINGTON HOLDINGS INC. 25-1794386 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	PA	CTRL PA MED FND	C	0.	153,763,125.	100.0000	X	
(2) LEXINGTON ONE INC. 25-1468889 620 HOWARD AVE ALTOONA, PA 16601	RENTAL	PA	LEXINGTON HOLD	C	1,624,352.	7,665,399.	100.0000	X	
(3) LEXINGTON TWO INC. 25-1555689 HOWARD AVE & 7TH ST ALTOONA, PA 16601	DME	PA	LEXINGTON HOLD	C	0.	50,705.	100.0000	X	
(4) LEXINGTON FOUR INC. 25-1793736 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	DE	LEXINGTON HOLD	C	2,100,000.	162,374,794.	100.0000	X	
(5) UPMC ALTOONA REGIONAL HEALTH SERVICES 25-1219302 1414 9TH AVENUE ALTOONA, PA 16602	PHYSICIAN SRV	PA	LEXINGTON FOUR	C	65,568,629.	10,152,718.	100.0000	X	
(6) LEXINGTON ANESTHESIA ASSOCIATES INC. 25-1897765 620 HOWARD AVE ALTOONA, PA 16601	PHYSICIAN SRV	PA	LEXINGTON FOUR	C	3,397,416.	769,826.	100.0000	X	
(7) MEDCPU INC. 38-3805381 100 WALL STREET, SUITE 2202 NEW YORK, NY 10005	SOFTWARE DEVE	DE	N/A	C					

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.

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							Yes	No		Yes	No	
(1)												
(2)												
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								Yes	No
(1) UPMC EXCESS PL TRUST 82-6254351 600 GRANT STREET PITTSBURGH, PA 15219	TRUST	PA	N/A	TRUST					
(2) RXANTE INC. 45-4040219 511 CONGRESS STREET #803 PORTLAND, ME 04101	MEDICATION MG	DE	N/A	C					
(3) J. HEALTH VENTURES INC. 25-1607893 1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C					
(4) SUSQUEHANNA VENTURES INC. 23-2470623 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHARMACY	PA	N/A	C					
(5) TYOGA CARENET 25-1810967 114 EAST AVENUE WELLSBORO, PA 16901	INACTIVE	PA	N/A	C					
(6) W.C.A. SERVICE CORPORATION INC. 16-1151438 207 FOOTE AVENUE JAMESTOWN, NY 14701	SUPPORT	NY	CHAUT AT WCA	C	7,824,019.	4,330,797.	100.0000	X	
(7) ITTCCO I INC. 82-2590699 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ITTCCO II INC. 82-2597388 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C					
(2) *PINNACLE HEALTH CARDIOVASCULAR INSTITUT 32-0321362 409 SOUTH SECOND STREET HARRISBURG, PA 17104	PHYSICIAN SRV	PA	N/A	C					
(3) *HANOVER HEALTH CORPORATION 90-0498067 300 HIGHLAND AVENUE HANOVER, PA 17331	HOLDING CO	PA	N/A	C					
(4) *HANOVER APOTHECARY INC. 03-0594526 310 STOCK STREET SUITE 1 HANOVER, PA 17331	PHARMACY	PA	N/A	C					
(5) *UNITED CENTRAL PA RECIPROCAL RISK RETEN 13-4224033 76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401	INSURANCE	VT	N/A	C					
(6) *PINNACLE HEALTH VENTURES INC. 61-1677624 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOLDING CO	PA	N/A	C					
(7) *PINNACLE HEALTH IMAGING INC. 23-1718571 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMAGING SVC	PA	N/A	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) *COLE CARE INC. 25-1497347 1001 EAST 2ND STREET COUDERSPORT, PA 16915	DME	PA	N/A	C					
(2) UPMC ITALY HEALTH SERVICES S.R.L. VIA DISCESA DEI GIUDICI, 4 PALERMO, IT 90133	HEALTH SVC	IT	UPMC ITALY SRL	C	243,578.	1,085,922.	100.0000	X	
(3) UPMC INVESTMENTS LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	HOLDING CO	EI	UPMC IRELAND LT	C	0.	46,636,339.	100.0000	X	
(4) UPMC PROPERTY LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	PROPERTY	EI	UPMC INVEST LTD	C	60,948.	18,341,775.	100.0000	X	
(5) UPMC PROPERTY II LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	PROPERTY	EI	UPMC INVEST LTD	C	0.	0.	100.0000	X	
(6) EURO CARE INFRASTRUCTURE LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	PROPERTY MGMT	EI	UPMC INVEST LTD	C	429,402.	1,558,008.	100.0000	X	
(7) EURO CARE PROPERTY MANAGEMENT LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	PROPERTY MGMT	EI	UPMC INVEST LTD	C	1,925.	29.	100.0000	X	

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) EURO CARE HEALTHCARE LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	HOSPITAL	EI	UPMC INVEST LTD	C	26,833,028.	33,286,131.	100.0000	X	
(2) WATERFORD ONCOLOGY ASSOCIATES LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	ONCOLOGY SVC	EI	EURO CARE HEALT	C	5,066,030.	0.	100.0000	X	
(3) UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18	CANCER TREATM	EI	UPMC IRELAND LT	C	911,643.	1,484,483.	100.0000	X	
(4) PANTHER REINSURANCE COMPANY LTD. 98-1402742 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					
(5) FORBES REINSURANCE COMPANY LTD. 98-1400710 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					
(6) CATHEDRAL (RE) INSURANCE CO 98-1400837 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					
(7) UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18	HEALTHCARE SU	EI	UPMC INT'L HOLD	C	464,005.	20,400,603.	100.0000	X	

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE	CA	UPMC INT'L HOLD	C	0.	2,217,639.	100.0000	X	
(2) *SUSQUEHANNA HEALTH SYSTEM INSURANCE NET P.O. BOX 1159 , CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					
(3) *UNITED HEALTH RISK LTD. P.O. BOX HM 2450 HAMILTON, BD	INSURANCE	BD	N/A	C					
(4) UPMC UNITED KINGDOM LTD. 98-0571026 C/O NAIR&CO 11TH FLOOR WHITEFRIARS LEWINS MEAD, BRISTOL U	SOFTWARE LICE	UK	UPMC INT'L HOLD	C	0.	1,608.	100.0000	X	
(5) BLUESPHERE BIO 82-4979766 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	IMMUNOTHERAPY	DE	N/A	C					
(6) INFECTIOUS DISEASE CONNECT, INC. 83-3311071 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	TELEMEDICINE	DE	N/A	C					
(7) HUMONIC, INC. 83-4005420 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	BIOPHARM	DE	N/A	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) TTMS, INC. 82-5443222 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	IMMUNOTHERAPY	DE	N/A	C					
(2) UPMC HILLMAN CANCER CENTER - PINNACLE 83-3640945 101 ERFORD ROAD CAMP HILL, PA 17701	CANCER TREATM	PA	N/A	C					
(3) SHANGHAI UPMC CO., LTD 288 SHIMEN 1ST ROAD JING'AN DISTRICT SHANGHAI, CH 200041	HEALTHCARE MG	CH	UPMC INT'L HOLD	C	906,359.	1,923,845.	100.0000	X	
(4) SALVATOR MUNDI INTERNATIONAL HOSPITAL ROMA VIALE DELLE MURA GIANICOLENSI 67/77, IT CAP 00152	HOSPITAL	IT	UPMC ITALY SRL	C	20,850,377.	32,827,101.	100.0000	X	
(5) *SOMERSET ANESTHESIA, INC. 45-5135437 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C					
(6) *SOMERSET MANAGEMENT SERVICES, INC. 25-1512960 600 GRANT STREET PITTSBURGH, PA 15219	MOB OWNERSHIP	PA	N/A	C					
(7) GENERIAN PHARMACEUTICALS, INC. 83-3340453 2425 SIDNEY STREET PITTSBURGH, PA 15203	PHARMACY	DE	N/A	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) WORK PARTNERS NATIONAL INC 84-3141950 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(2) ASTRATA INC 84-4804493 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C					
(3) VEGAVECT 84-4280784 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	GENE THERAPY	DE	N/A	C					
(4) NOVIMAB 84-1494905 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	CLINICAL RESEARCH	DE	N/A	C					
(5) *HAYSTACK CONSOLIDATED SERVICES, INC. 52-1335895 12500 WILLOWBROOK ROAD CUMBERLAND, MD 21502	INACTIVE	PA	N/A	C					
(6) *WESTERN MARYLAND INSURANCE COMPANY LTD P.O. BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					
(7) *WILLOWBROOK HEALTHCARE CONDO 37-1538510 12401 WILLOWBROOK ROAD CUMBERLAND, MD 21502	REAL ESTATE	DE	N/A	C					

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	
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) CORE NETWORK LLC	P	42,667,270.	COST
(2) UPMC	K	28,604,854.	COST
(3) UPMC	P	46,140,590.	COST
(4) CHILDREN'S COMMUNITY CARE	Q	74,642.	COST
(5) CHILDRENS COMMUNITY CARE	P	1,148,273.	COST
(6) UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	106,449,657.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) MAGEE WOMENS HOSPITAL OF UPMC	Q	106,308,099.	COST
(2) CHILDREN'S HOSPITAL OF UPMC	Q	90,898,296.	COST
(3) UPMC HAMOT	Q	74,511,689.	COST
(4) UPMC ALTOONA	Q	71,639,386.	COST
(5) UPMC MERCY	Q	47,640,450.	COST
(6) UPMC PASSAVANT	Q	46,790,273.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC FOR YOU	Q	40,136,860.	COST
(2) UPMC ST. MARGARET	Q	28,085,821.	COST
(3) UPMC COMMUNITY MEDICINE INC.	Q	23,644,593.	COST
(4) UPMC COMMUNITY PROVIDER SERVICES	Q	20,953,583.	COST
(5) UPMC EAST	Q	20,114,743.	COST
(6) UPMC HORIZON	Q	16,979,086.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC MCKEESPORT	Q	16,255,400.	COST
(2) UPMC HEALTH OPTIONS INC.	Q	13,891,952.	COST
(3) UPMC NORTHWEST	Q	14,529,942.	COST
(4) COMMUNITY CARE BEHAVIORAL HEALTH ORG	Q	9,880,297.	COST
(5) UPMC JAMESON	Q	12,426,121.	COST
(6) UPMC HEALTH PLAN INC.	Q	11,961,076.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC BEDFORD	Q	7,302,062.	COST
(2) UPMC BENEFIT MANAGEMENT SERVICES INC.	Q	8,431,617.	COST
(3) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	5,558,224.	COST
(4) ONCOLOGY HEMATOLOGY ASSOCIATION	Q	5,319,970.	COST
(5) UPMC OVERSEAS	Q	1,812,148.	COST
(6) STRATEGIC BUSINESS INITIATIVES LLC	Q	1,820,873.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) HEMATOLOGY ONCOLOGY ASSOCIATES	Q	1,419,008.	COST
(2) RENAISSANCE FAMILY PRACTICE-UPMC, INC.	Q	1,518,641.	COST
(3) CHILDRENS COMMUNITY CARE	Q	1,146,486.	COST
(4) FORBES REINSURANCE COMPANY LTD	Q	622,283.	COST
(5) UPMC HEALTH BENEFITS INC.	Q	973,160.	COST
(6) UPMC HEALTH NETWORK INC.	Q	715,463.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) CENTER FOR EMERGENCY MEDICINE	Q	630,005.	COST
(2) UPMC MULTISPECIALTY GROUP, INC.	Q	598,820.	COST
(3) ERIE PHYSICIANS NETWORK-UPMC INC.	Q	273,254.	COST
(4) MONROEVILLE SPECIALTY CLINIC INC.	Q	163,773.	COST
(5) TRI-CENTURY INSURANCE COMPANY	Q	213,069.	COST
(6) CATHEDRAL REINSURANCE COMPANY LTD	Q	1,248,543.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC.	Q	253,212.	COST
(2) PANTHER REINSURANCE COMPANY LTD	Q	111,929.	COST
(3) UPMC HEALTH COVERAGE INC.	Q	200,499.	COST
(4) UPMC COMPLETE CARE INC.	Q	125,909.	COST
(5) ASKESIS	Q	66,771.	COST
(6) BIOTRONICS	Q	55,579.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) HCMS GROUP LLC	Q	241,829.	COST
(2) UPMC CHAUTAUQUA AT WCA	Q	15,752,978.	COST
(3) UPMC PRESBYTERIAN SHADYSIDE	P	829,673,429.	COST
(4) UPMC	C	358,986,756.	COST
(5) UPMC	R	403,376,425.	COST
(6) UPMC HORIZON	Q	406,474.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC HORIZON COMMUNITY HEALTH FOUNDATION	P	406,474.	COST
(2) UPMC COMMUNITY PROVIDER SERVICES	K	1,331,784.	COST
(3) UPMC PRESBYTERIAN SHADYSIDE	K	14,873,598.	COST
(4) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	K	9,719,388.	COST
(5) MAGEE WOMENS HOSPITAL OF UPMC	K	2,521,137.	COST
(6) UPMC ST. MARGARET	K	1,818,650.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC PASSAVANT	K	6,287,025.	COST
(2) UPMC HORIZON	K	997,064.	COST
(3) UPMC MCKEESPORT	K	651,886.	COST
(4) UPMC BEDFORD	K	271,173.	COST
(5) UPMC MERCY	K	2,661,158.	COST
(6) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	K	166,488.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UNIVERSITY OF PITTSBURGH PHYSICIANS	K	732,146.	COST
(2) UPMC COMMUNITY MEDICINE INC.	K	1,569,465.	COST
(3) UPMC FOR YOU INC.	K	103,692.	COST
(4) UPMC HAMOT	K	4,321,151.	COST
(5) REGIONAL HEALTH SERVICES INC.	K	411,153.	COST
(6) UPMC NORTHWEST	K	150,301.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		
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) COMMUNITY CARE BEHAVIORAL HEALTH ORG	K	264,340.	COST
(2) HOME NURSING AGENCY AFFILIATES	K	1,412,361.	COST
(3) UPMC ALTOONA	K	1,697,906.	COST
(4) JAMESON HEALTHCARE FOUNDATION	K	65,345.	COST
(5) UPMC BEDFORD	J	83,244.	COST
(6) CENTER FOR EMERGENCY MEDICINE	J	146,676.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) CHILDREN'S COMMUNITY CARE	J	717,287.	COST
(2) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	J	312,035.	COST
(3) CORE NETWORK LLC	J	2,452,707.	COST
(4) UPMC HORIZON	J	67,875.	COST
(5) UPMC ST. MARGARET	J	70,506.	COST
(6) UPMC HAMOT	J	201,969.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) THE HERITAGE SHADYSIDE	J	202,744.	COST
(2) UPMC COMMUNITY PROVIDER SERVICES	J	557,211.	COST
(3) COMMUNITY CARE BEHAVIORAL HEALTH ORG	J	212,761.	COST
(4) UPMC ALTOONA REGIONAL HEALTH SERVICES, INC.	J	1,096,325.	COST
(5) MAGEE WOMENS HOSPITAL OF UPMC	J	4,791,601.	COST
(6) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	J	672,933.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC PRESBYTERIAN SHADYSIDE	J	1,929,767.	COST
(2) REGIONAL HEALTH SERVICES INC	J	1,260,455.	COST
(3) SENECA PLACE	J	174,725.	COST
(4) SHADYSIDE MEDICAL CENTER ASSOCIATES	J	140,585.	COST
(5) UNIVERSITY OF PITTSBURGH PHYSICIANS	J	22,960,788.	COST
(6) UPMC COMMUNITY MEDICINE INC.	J	5,166,009.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC.	J	209,290.	COST
(2) RENAISSANCE FAMILY PRACTICE-UPMC, INC.	J	217,595.	COST
(3) CRANBERRY PLACE	J	2,182,848.	COST
(4) UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES	J	161,978.	COST
(5) UPMC ALTOONA	J	83,244.	COST
(6) UPMC FOR YOU	J	361,805.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) UPMC COMPLETE CARE INC.	J	114,702.	COST
(2) HOME NURSING AGENCY AND VISITING NURSE ASSOCI	J	945,300.	COST
(3) UPMC HEALTH PLAN INC.	J	1,966,497.	COST
(4) UPMC MERCY	J	87,000.	COST
(5) BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOI	J	285,563.	COST
(6) CHARTWELL PA LP	J	1,488,202.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) ONCOLOGY HEMATOLOGY ASSOCIATION	J	233,224.	COST
(2) RX PARTNERS, INC	J	92,189.	COST
(3) UPMC HOME CARE MANAGEMENT SERVICES	J	323,790.	COST
(4) UPMC	Q	8,415,997.	COST
(5) UPMC	P	2,965,945.	COST
(6) OVATION REVENUE CYCLE SERVICES LLC	P	100,892.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) LEXINGTON HOLDINGS INC.	B	17,100,000.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE	Q	486,000.	COST
(3) UPMC MERCY	Q	155,800.	COST
(4) CENTER FOR EMERGENCY MEDICINE	P	641,800.	COST
(5) UPMC PRESBYTERIAN SHADYSIDE	P	4,444,721.	COST
(6) REGIONAL HEALTH SERVICES INC	Q	4,444,721.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) HC PHARMACY CENTRAL INC.	P	799,540,517.	COST
(2) UNIVERSITY OF PITTSBURGH PHYSICIANS	P	535,794,985.	COST
(3) UPMC BEDFORD	Q	233,420.	COST
(4) CENTER FOR EMERGENCY MEDICINE	Q	2,082,318.	COST
(5) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	Q	78,722,752.	COST
(6) UPMC EAST	Q	9,708,714.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC COMMUNITY PROVIDER SERVICES	Q	380,873.	COST
(2) UMC HORIZON	Q	16,256,190.	COST
(3) MAGEE WOMENS HOSPITAL OF UPMC	Q	48,575,984.	COST
(4) UPMC MCKEESPORT	Q	7,960,789.	COST
(5) UPMC MERCY	Q	44,029,386.	COST
(6) UPMC PASSAVANT	Q	21,887,994.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) UPMC NORTHWEST	Q	2,892,712.	COST
(2) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	209,298.	COST
(3) UPMC OVERSEAS	Q	95,000.	COST
(4) UPMC PRESBYTERIAN SHADYSIDE	Q	255,738,887.	COST
(5) UPMC HAMOT	Q	16,499,192.	COST
(6) UPMC FOR YOU	Q	120,733.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) UPMC ST. MARGARET	Q	12,468,158.	COST
(2) UPMC HEALTH PLAN INC.	Q	140,000.	COST
(3) CURAVI HEALTH INC.	Q	571,153.	COST
(4) STRATEGIC BUSINESS INITIATIVES, LLC	Q	317,910.	COST
(5) ONCOLOGY HEMATOLOGY ASSOCIATION	Q	192,726.	COST
(6) UPMC ALTOONA	Q	8,819,718.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC DIVERSIFIED SERVICES INC.	Q	195,000.	COST
(2) UPMC	Q	1,229,140.	COST
(3) UPMC ALTOONA REGIONAL HEALTH SERVICES INC.	Q	1,015,241.	COST
(4) UPMC JAMESON	Q	5,451,697.	COST
(5) UPMC COMMUNITY MEDICINE INC.	P	136,482,904.	COST
(6) UPMC BEDFORD	Q	5,201,438.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		
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) UPMC EAST	Q	9,669,925.	COST
(2) UPMC HORIZON	Q	13,682,508.	COST
(3) MAGEE WOMENS HOSPITAL OF UPMC	Q	3,626,720.	COST
(4) UPMC MCKEESPORT	Q	7,950,414.	COST
(5) UPMC MERCY	Q	7,237,364.	COST
(6) UPMC PASSAVANT	Q	38,702,943.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC NORTHWEST	Q	9,126,451.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE	Q	3,428,988.	COST
(3) UPMC ST. MARGARET	Q	32,348,304.	COST
(4) UPMC JAMESON	Q	5,343,994.	COST
(5) UPMC HAMOT	P	163,855.	COST
(6) ERIE PHYSICIANS NETWORK-UPMC INC.	P	2,468,437.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		
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) UPMC HAMOT	Q	2,468,437.	COST
(2) UPMC MCKEESPORT	Q	81,384.	COST
(3) UPMC MERCY	Q	300,016.	COST
(4) UPMC NORTHWEST	Q	325,363.	COST
(5) CHILDRENS COMMUNITY CARE	Q	706,763.	COST
(6) UPMC PRESBYTERIAN SHADYSIDE	R	269,928,492.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UNIVERSITY OF PITTSBURGH PHYSICIANS	S	269,928,492.	COST
(2) REGIONAL HEALTH SERVICES INC	K	3,508,750.	COST
(3) UPMC NORTHWEST	P	127,000.	COST
(4) UPMC HAMOT	Q	3,381,750.	COST
(5) UPMC OVERSEAS	P	3,194,974.	COST
(6) UPMC ITALY S.R.L.	Q	3,194,974.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	5,958,161.	COST
(2) CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC	Q	124,173.	COST
(3) UPMC EAST	Q	310,845.	COST
(4) MAGEE WOMENS HOSPITAL OF UPMC	Q	652,775.	COST
(5) UPMC MCKEESPORT	Q	279,761.	COST
(6) UPMC PASSAVANT	Q	310,845.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) UPMC PRESBYTERIAN SHADYSIDE	Q	3,056,364.	COST
(2) UPMC ST. MARGARET	Q	373,014.	COST
(3) UPMC	Q	373,014.	COST
(4) UPMC NORTHWEST	Q	310,845.	COST
(5) UPMC MERCY	Q	93,254.	COST
(6) JAMESON CANCER CENTER	Q	73,271.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC PRESBYTERIAN SHADYSIDE	Q	11,168,573.	COST
(2) MAGEE WOMENS HOSPITAL OF UPMC	Q	25,224,607.	COST
(3) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	36,393,180.	COST
(4) UPMC COMMUNITY PROVIDER SERVICES	P	1,657,443.	COST
(5) SENIOR LIVING CORPORATION	Q	60,673.	COST
(6) CHARTWELL	Q	91,736.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC HOME CARE MANAGEMENT SERVICES	Q	513,178.	COST
(2) UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA	Q	526,018.	COST
(3) UPMC PRESBYTERIAN SHADYSIDE	Q	394,294.	COST
(4) UPMC MERCY	Q	71,544.	COST
(5) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	840,913.	COST
(6) UPMC NORTHWEST	Q	840,913.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) REGIONAL HEALTH SERVICES INC	P	9,615,601.	COST
(2) UPMC NORTHWEST	Q	7,836,676.	COST
(3) UPMC KANE	Q	1,453,463.	COST
(4) UPMC HAMOT	Q	325,462.	COST
(5) UPMC ST. MARGARET'S	P	207,736.	COST
(6) UPMC COMMUNITY MEDICINE INC.	Q	207,736.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC ST. MARGARET	Q	293,841.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE	P	293,841.	COST
(3) UPMC PASSAVANT	Q	312,452.	COST
(4) UPMC PRESBYTERIAN SHADYSIDE	P	312,452.	COST
(5) ONCOLOGY-HEMATOLOGY ASSOCIATION	Q	125,000.	COST
(6) UPMC HORIZON	P	125,000.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC COMMUNITY PROVIDER SERVICES	Q	160,417.	COST
(2) UPMC COMMUNITY MEDICINE INC.	P	160,417.	COST
(3) UPMC MCKEESPORT	Q	285,881.	COST
(4) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	285,881.	COST
(5) UPMC NORTHWEST	Q	127,000.	COST
(6) REGIONAL HEALTH SERVICES INC.	P	127,000.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC PRESBYTERIAN SHADYSIDE	Q	352,012.	COST
(2) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	352,012.	COST
(3) UPMC COMMUNITY MEDICINE INC.	P	2,142,126.	COST
(4) UPMC COMMUNITY PROVIDER SERVICES	Q	329,615.	COST
(5) UPMC MCKEESPORT	Q	341,915.	COST
(6) UPMC PRESBYTERIAN SHADYSIDE	Q	1,161,596.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) UPMC ST. MARGARET	Q	309,000.	COST
(2) UPMC MERCY	Q	535,094.	COST
(3) UPMC NORTHWEST	P	335,875.	COST
(4) UPMC ALTOONA	Q	2,264,393.	COST
(5) CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC	Q	21,095,829.	COST
(6) UPMC HAMOT	Q	3,919,684.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		
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) UPMC HORIZON	Q	1,049,056.	COST
(2) MAGEE WOMENS HOSPITAL OF UPMC	Q	9,184,759.	COST
(3) UPMC MCKEESPORT	Q	4,507,544.	COST
(4) UPMC MERCY	Q	12,620,499.	COST
(5) UPMC PASSAVANT	Q	1,709,521.	COST
(6) UPMC PRESBYTERIAN SHADYSIDE	Q	72,602,089.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC ST. MARGARET	Q	5,671,754.	COST
(2) UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	960,841.	COST
(3) UPMC NORTHWEST	Q	61,370.	COST
(4) UPMC JAMESON	Q	530,976.	COST
(5) UNIVERSITY HEALTH CENTER OF PITTSBURGH	P	136,178,314.	COST
(6) TRI-CENTURY INSURANCE COMPANY	P	42,579,504.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) FREEDOM INSURANCE COMPANY	P	2,814,900.	COST
(2) UPMC	P	30,631,984.	COST
(3) RX PARTNERS, INC	P	2,611,718.	COST
(4) UPMC PASSAVANT	P	10,201,265.	COST
(5) BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOI	Q	10,201,265.	COST
(6) UPMC HOME CARE MANAGEMENT SERVICES	P	426,481.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	426,481.	COST
(2) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	284,597.	COST
(3) HOME NURSING AGENCY FOUNDATION	P	284,597.	COST
(4) HOME NURSING AGENCY AND VISITING NURSES ASSOC	B	208,998.	COST
(5) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	181,850.	COST
(6) CHARTWELL PENNSYLVANIA	P	181,850.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) HOME NURSING AGENCY AND VISITING NURSES ASSOC	J	113,833.	COST
(2) CANTERBURY PLACE	K	113,833.	COST
(3) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	83,427.	COST
(4) UPMC ALTOONA	P	83,427.	COST
(5) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	91,278.	COST
(6) UPMC MCKEESPORT	P	91,278.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	140,182.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE	P	140,182.	COST
(3) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	198,602.	COST
(4) UPMC EAST	P	198,602.	COST
(5) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	97,357.	COST
(6) UPMC MERCY	P	97,357.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	214,227.	COST
(2) UPMC PASSAVANT	P	214,227.	COST
(3) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	63,556.	COST
(4) UPMC ST. MARGARET	P	63,556.	COST
(5) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	61,798.	COST
(6) CHARTWELL	P	61,798.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) HOME NURSING AGENCY FOUNDATION	C	208,998.	COST
(2) HOME NURSING AGENCY AND VISITING NURSES ASSOC	Q	113,833.	COST
(3) CANTERBURY PLACE	P	113,833.	COST
(4) HOME NURSING AGENCY FOUNDATION	Q	295,000.	COST
(5) HOME NURSING AGENCY AND VISITING NURSES ASSOC	P	295,000.	COST
(6) NORTHWEST SUGARCREEK STATION	P	62,114.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) CURAVI HEALTH INC.	Q	62,114.	COST
(2) ASKESIS	P	1,105,750.	COST
(3) UNIVERSITY OF PITTSBURGH PHYSICIANS	P	275,163.	COST
(4) UPMC HORIZON	Q	275,163.	COST
(5) UPMC FOR YOU	Q	102,200.	COST
(6) HOME NURSING AGENCY AND VISITING NURSES ASSOC	P	102,200.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) UPMC FOR YOU	Q	178,744.	COST
(2) UNIVERSITY OF PITTSBURGH PHYSICIANS	P	178,744.	COST
(3) CHARTWELL	P	588,906.	COST
(4) CURAVI HEALTH INC.	P	62,140.	COST
(5) CHARTWELL	P	109,491.	COST
(6) MAGEE WOMENS HOSPITAL OF UPMC	P	111,478.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the 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.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
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) UPMC HOMECARE MANAGEMENT SERVICES	Q	111,478.	COST
(2) INFECTIOUS DISEASE CONNECT, INC	P	96,000.	COST
(3) OVATION REVENUE CYCLE SERVICES LLC	P	469,519.	COST
(4) OVATION REVENUE CYCLE SERVICES LLC	P	1,013,201.	COST
(5) CURAVI HEALTH INC.	P	62,140.	COST
(6) UNIVERSITY OF PITTSBURGH PHYSICIANS	P	255,857.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) UPMC HOMECARE MANAGEMENT SERVICES	Q	255,857.	COST
(2) UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	416,667.	COST
(3) UPMC PRESBYTERIAN SHADYSIDE	P	1,165,279.	COST
(4) INFECTIOUS DISEASE CONNECT	Q	262,907.	COST
(5) NOVASENTA, INC	Q	54,010.	COST
(6) UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	376,698.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC KAZAKHSTAN HEALTH SERVICES	Q	187,225.	COST
(2) CURAVI HEALTH INC.	Q	284,439.	COST
(3) UPMC PRESBYTERIAN SHADYSIDE	P	3,606,914.	COST
(4) STRATEGIC BUSINESS INITIATIVES LLC	Q	3,604,914.	COST
(5) LEXINGTON ONE, INC.	Q	355,503.	COST
(6) CANTERBURY PLACE	Q	230,755.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) SHADYSIDE MEDICAL CENTER ASSOCIATES I	Q	1,580,875.	COST
(2) BAYFRONT REGIONAL DEVELOPMENT	Q	173,019.	COST
(3) ST. MARGARET MEDICAL ARTS ASSOCIATES	Q	928,026.	COST
(4) SHADYSIDE MEDICAL CENTER ASSOCIATES I	Q	1,296,254.	COST
(5) BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOI	P	1,064,789.	COST
(6) MAGEE WOMENS HOSPITAL OF UPMC	Q	1,064,789.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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) UPMC ST. MARGARET	Q	180,000.	COST
(2) RENAISSANCE FAMILY PRACTICE-UPMC INC.	P	180,000.	COST
(3) UPMC	C	2,488,000.	COST
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(15)													
(16)													

Part VII **Supplemental Information**

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