Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** 07/01/2021 **and ending** 06/30/2022

**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

**D Employer identification number**
20-8295721

**E** Telephone number
(412)647-2345

**G** Gross receipts $ 21560265755.

**F** Name and address of principal officer: EDWARD T. KARLOVICH
600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219

**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

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

**J** Website: ▶ WWW.UPMC.COM

**H(c)** Group exemption number ▶ 9707

**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) | 3 | 41 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 75,053 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 3,809 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 326,808. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 187,127. |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 365,795,284. | 169,279,700. |
| 9 | Program service revenue (Part VIII, line 2g) | 18954150268. | 20328434335. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 143,501,947. | 23,278,710. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,368. | -49,243. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 19463451867. | 20520943502. |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 115,277,751. | 134,607,953. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | NONE | NONE |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,922,392,902. | 7,429,559,213. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | NONE | NONE |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 11402765891. | 12504583926. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 18440436544. | 20068751092. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,023,015,323. | 452,192,410. |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 11637707650. | 12017036810. |
| 21 | Total liabilities (Part X, line 26) | 3,988,790,326. | 4,090,169,166. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 7,648,917,324. | 7,926,867,644. |

## 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 — Date: 05/10/2023

▶ EDWARD T. KARLOVICH EXECUTIVE VP & CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☒ if self-employed | PTIN |
|---|---|---|---|---|
| ROBERT VUILLEMOT | | | | |

Firm's name ▶ ERNST & YOUNG US, LLP — Firm's EIN ▶ 34-6565596

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** (2021)

JSA
1E1010 2.000
25000M 597Y V21-7.16

**Part III** **Statement of Program Service Accomplishments**

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

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 $ 18302636936. including grants of $ 134,607,953. ) (Revenue $ 20329704601. )

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 ▶ 18302636936.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | 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? *If "Yes," complete Schedule J* | 23 | 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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | 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? *If "Yes," complete Schedule L, Part II* | 26 | | 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? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | X | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | X | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | X | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | 38 | 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 | 1a | 2,433 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 4 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | 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 75053 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | **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? | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X | |
| b | If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | |
| a | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state?<br>**Note:** See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | | |
| c | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | X |
| 17 | **Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | |

**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 . . . . . X

## 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 | 41 | | |
| | 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 on 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 on 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 on 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.

[X] Own website [ ] Another's website [X] 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 Contractors**

Check 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.s
- 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| **(1)** JEFFREY A ROMOFF (UPM) | 60.00 | | | | | | | | | |
| FMR PRESIDENT AND CEO | NONE | | | X | | | | 12,545,480. | NONE | 334,725. |
| **(2)** LESLIE C DAVIS (UPM) | 60.00 | | | | | | | | | |
| PRESIDENT AND CEO | NONE | | | X | | | | 3,777,869. | NONE | 433,961. |
| **(3)** DIANE HOLDER (UPM) | NONE | | | | | | | | | |
| EVP, PRES INS SRV & CEO HPLAN | 60.00 | | | | X | | | NONE | 3,754,296. | 226,995. |
| **(4)** DAVID FARNER (UPM) | 60.00 | | | | | | | | | |
| EVP & CHIEF OF STAFF | NONE | | | | X | | | 3,463,329. | NONE | 202,919. |
| **(5)** STEVEN D SHAPIRO MD (UPM) | NONE | | | | | | | | | |
| FMR EVP & CHIEF MED & SCI OFF | NONE | | | | | | X | 3,634,001. | NONE | 27,850. |
| **(6)** STANLEY MARKS MD (UPC) | 20.00 | | | | | | | | | |
| BOARD CHAIR | 20.00 | X | | X | | | | 1,633,621. | 1,458,775. | 284,054. |
| **(7)** MATTHEW EL-KADI MD (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 3,191,775. | 4,725. |
| **(8)** VICTOR MORELL MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 2,930,939. | NONE | 49,009. |
| **(9)** W THOMAS MCGOUGH ESQ (UPM) | 60.00 | | | | | | | | | |
| EVP & CHIEF LEGAL OFFICER | NONE | | | | X | | | 2,626,616. | NONE | 185,846. |
| **(10)** ABHINAV HUMAR MD | 40.00 | | | | | | | | | |
| TRANSPLANT SURGEON | NONE | | | | | X | | 2,753,370. | NONE | 48,241. |
| **(11)** JAMES D LUKETICH MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 2,439,920. | NONE | 56,928. |
| **(12)** CHARLES BOGOSTA (UPM) | 60.00 | | | | | | | | | |
| EVP & PRES INT'L | NONE | | | | X | | | 2,293,413. | 10,600. | 174,853. |
| **(13)** CHRISTOPHER SCHMIDT MD | 40.00 | | | | | | | | | |
| ORTHOPAEDIC SURGEON | NONE | | | | | X | | 2,363,030. | NONE | 63,728. |
| **(14)** FADI SWEISS MD | 40.00 | | | | | | | | | |
| NEUROSURGEON | NONE | | | | | X | | 2,394,021. | NONE | 30,173. |

**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) RODWAN RAJJOUB MD | 40.00 | | | | | | | | | |
| NEUROSURGEON | NONE | | | | | X | | 2,129,695. | NONE | 67,317. |
| (16) EDWARD T KARLOVICH (UPM) | 60.00 | | | | | | | | | |
| EVP & CHIEF FINANCIAL OFFICER | NONE | | | | X | | | 1,751,455. | NONE | 165,395. |
| (17) C TALBOT HEPPENSTALL JR (UPM) | NONE | | | | | | | | | |
| FMR EVP, TREAS, & PRES ENTERPR | NONE | | | | | | X | 1,752,073. | NONE | 45,392. |
| (18) THOMAS HUGHES MD | 40.00 | | | | | | | | | |
| ORTHOPAEDIC SURGEON | NONE | | | | | X | | 1,645,661. | NONE | 55,970. |
| (19) ROBERT M FRIEDLANDER MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 1,657,272. | NONE | 40,264. |
| (20) PHILIP POLLICE MD(MER) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 1,564,179. | NONE | 65,171. |
| (21) JOON SUP LEE MD(UPM) | 60.00 | | | | | | | | | |
| EVP & PRES PHYSICIAN SRV | NONE | | | | X | | | 702,907. | 701,605. | 200,153. |
| (22) AJAIPAL KANG MD (RHS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 1,541,817. | NONE | 48,453. |
| (23) JOHN INNOCENTI (PRY) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 1,415,795. | NONE | 171,404. |
| (24) MARSHALL WEBSTER MD (UPM) | 60.00 | | | | | | | | | |
| SENIOR VICE PRESIDENT | NONE | | | | X | | | 1,457,894. | NONE | 124,360. |
| (25) ANANTHA SHEKHAR MD (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 1,461,660. | 52,810. |
| **1b Sub-total** ▶ | | | | | | | | 58,474,357. | 10,578,711. | 3,160,696. |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | 90,273,331. | 12,071,962. | 10,332,405. |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 148,747,688. | 22,650,673. | 13,493,101. |

**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 ▶ 12178

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

**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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| | | |

**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 | | | |
| (26) ARTHUR S LEVINE MD (UPM) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | NONE | 1,312,908. | 156,800. |
| (27) JOHN GALLEY (UPP) | 60.00 | | | | | | | | | |
| SR VP & CHIEF HR OFFICER | NONE | | | | X | | | 1,290,277. | NONE | 147,661. |
| (28) JOEL B NELSON MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 1,322,968. | NONE | 43,468. |
| (29) TAMI MINNIER (UTS) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 1,202,543. | NONE | 135,499. |
| (30) DAVID T MARTIN (PSV) | NONE | | | | | | | | | |
| FORMER PRESIDENT | NONE | | | | | | X | 1,136,504. | NONE | 131,751. |
| (31) JOHN LOVELACE (FYO) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | 40.00 | X | | X | | | | NONE | 1,118,129. | 132,496. |
| (32) GREGORY K PEASLEE (UPM) | NONE | | | | | | | | | |
| FORMER EVP & CHIEF ADMIN OFF | NONE | | | | | | X | 1,223,288. | NONE | NONE |
| (33) STEVEN JOHNSON (WIL) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | 1,104,076. | NONE | 113,426. |
| (34) MARK SEVCO (UPM) | 60.00 | | | | | | | | | |
| EVP & PRESIDENT HSD | NONE | | | | X | | | 1,029,365. | NONE | 183,115. |
| (35) DEREK ANGUS MD (UPM) | 60.00 | | | | | | | | | |
| EVP & CHIEF INNOVATION OFFICER | NONE | | | | X | | | 1,029,766. | NONE | 178,815. |
| (36) TIMOTHY BILLIAR MD(UPM) | 60.00 | | | | | | | | | |
| EVP & CHIEF SCIENTIFIC OFFICER | NONE | | | | X | | | 1,020,812. | NONE | 182,991. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |
| | | |

**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) FREDDIE H FU MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 1,157,923. | NONE | 38,661. |
| (38) RONALD DISIMONE MD (SPS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 1,145,832. | NONE | 42,342. |
| (39) EDWARD MCCALLISTER (UPM) | 60.00 | | | | | | | | | |
| CHIEF INFORMATION OFFICER | NONE | | | | X | | | 1,016,417. | NONE | 131,492. |
| (40) ROBERT FERRIS MD(UPC) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 1,099,245. | NONE | 38,200. |
| (41) JEANNE CUNICELLI(UPM) | 60.00 | | | | | | | | | |
| EVP AND PRESIDENT ENTERPRISES | NONE | | | | X | | | 956,058. | NONE | 173,454. |
| (42) DONALD M YEALY MD (EMI) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND V PRESIDENT | NONE | X | | X | | | | 1,003,454. | NONE | 106,166. |
| (43) FRANCIS SOLANO MD (CMI) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | 969,599. | NONE | 136,703. |
| (44) JAMES SCHUSTER MD (FYO) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 967,557. | 135,480. |
| (45) DAVID GIBBONS (HMT) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 945,082. | NONE | 101,742. |
| (46) JOHN C STILLEY (UPM) | 60.00 | | | | | | | | | |
| SR VP AND TREAS., & CIO | NONE | | | | X | | | 926,126. | NONE | 119,975. |
| (47) GORDON GEBBENS (FYO) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND TREASURER | NONE | X | | X | | | | 913,565. | NONE | 113,670. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |
| | | |

**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) SANDRA MCANALLEN (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 914,179. | 109,231. |
| (49) WILLIAM DONALDSON MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND INTERIM DEPT | NONE | X | | X | | | | 968,618. | NONE | 46,231. |
| (50) DANIEL KELLY AGNEW MD (BHM) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 937,019. | NONE | 59,539. |
| (51) J PETER RUBIN MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 934,003. | NONE | 29,989. |
| (52) ROBERT A DEMICHIEI (UPM) | NONE | | | | | | | | | |
| FORMER EVP AND CFO | NONE | | | | | | X | 944,966. | NONE | 11,850. |
| (53) JONAS JOHNSON MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND TREASURER | NONE | X | | X | | | | 904,849. | NONE | 42,768. |
| (54) AMAN MAHAJAN MD PHD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 913,030. | NONE | 31,409. |
| (55) SHERYL KASHUBA ESQ (FYO) | 1.00 | | | | | | | | | |
| BOARD MEMBER, SECTY & CLO HPL | 40.00 | X | | X | | | | NONE | 824,189. | 108,427. |
| (56) JAN E FISHER (ALT) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 807,571. | NONE | 107,325. |
| (57) DEBORAH S BRODINE (CPS) | 40.00 | | | | | | | | | |
| BOARD CHAIR AND PRESIDENT | NONE | X | | X | | | | 796,551. | NONE | 104,117. |
| (58) JOSE SAHEL MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 839,658. | NONE | 30,901. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | |
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**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) SAMIR SABA MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 822,612. | NONE | 37,709. |
| (60) DAVID LOPATOFSKY MD (ULH) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 743,651. | NONE | 104,756. |
| (61) SANDRA RADER (PRY) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 741,453. | NONE | 104,429. |
| (62) EILEEN SIMMONS (PRY) | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | 749,200. | NONE | 90,397. |
| (63) ELLIOTT BILOFSKY MD (BDF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 808,363. | 28,197. |
| (64) LOUIS ALARCON MD (UPP) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 818,080. | NONE | 17,689. |
| (65) LOUIS D FALO JR MD (UPP) | 20.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | 20.00 | X | | | | | | 489,004. | 256,376. | 89,691. |
| (66) PATRICK GALLAGHER (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 685,229. | 140,444. |
| (67) SUKETU MANSURIA MD (MAG) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 776,838. | NONE | 32,411. |
| (68) RICHARD WADAS MD (EMI) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | 726,313. | NONE | 80,611. |
| (69) STEPHEN NIMMO ESQ (SUS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 696,373. | NONE | 99,375. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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**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) SCOTT LAMMIE (FYO) | NONE | | | | | | | | | |
| FORMER CFO | NONE | | | | | | X | NONE | 779,083. | 15,346. |
| (71) DAVID A LEWIS MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 752,406. | NONE | 36,127. |
| (72) DONALD OWREY (HRZ) | NONE | | | | | | | | | |
| FORMER PRESIDENT | NONE | | | | | | X | 732,656. | NONE | 49,557. |
| (73) SUSAN HOOLAHAN (PSV) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 684,727. | NONE | 87,790. |
| (74) JOHN COMERCI MD (MAG) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 729,306. | NONE | 35,688. |
| (75) ELIZABETH A WILD (UPC) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | 686,412. | NONE | 73,715. |
| (76) JULES SUMKIN MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 713,742. | NONE | 41,986. |
| (77) RICHARD BEIGI MD (MAG) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | 689,601. | NONE | 66,026. |
| (78) STEPHEN PERKINS MD (FYO) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | NONE | 655,813. | 95,144. |
| (79) LOUIS BAVERSO (LOC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 651,414. | 90,183. |
| (80) HOLLY LORENZ (HHW) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 661,643. | NONE | 78,171. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
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**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) JAMES F PINGPANK MD (PRY) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 697,691. | NONE | 33,149. |
| (82) SERGIO GIANCOLA MD (NWH) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 653,463. | NONE | 50,130. |
| (83) MATTHEW HURFORD (CCB) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 622,921. | NONE | 80,036. |
| (84) DAVID RUSSELL (ALT) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 641,821. | NONE | 56,416. |
| (85) ELIZABETH PICCIONE MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 637,485. | NONE | 54,056. |
| (86) ANN EVANS (UPP) | NONE | | | | | | | | | |
| FORMER CHIEF FINANCIAL OFFICER | NONE | | | | | | X | 637,171. | NONE | 47,793. |
| (87) PHILIP M CACCHIONE MD (EPN) | 40.00 | | | | | | | | | |
| BOARD CHAIR AND PRESIDENT | NONE | X | | X | | | | 626,208. | NONE | 41,966. |
| (88) WILLIAM BARRINGTON MD (PRY) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 609,430. | NONE | 38,060. |
| (89) JOSEPH LOSEE MD (UPP) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 604,698. | NONE | 32,266. |
| (90) ZACHARY RITTER DMP (SHF) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 583,574. | NONE | 38,706. |
| (91) DAVID KRUSZEWSKI MD (SHB) | 40.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | 562,201. | NONE | 59,164. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
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**Section B. Independent Contractors**

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| (A) Name and business address | (B) Description of services | (C) Compensation |
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**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) SCOTT GUNN MD (UPP) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 582,858. | NONE | 37,873. |
| ( 93) MICHAEL WARD MD (NWH) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 566,352. | NONE | 48,966. |
| ( 94) GEORGE K MICHALOPOULOS MD (U | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 575,801. | NONE | 37,522. |
| ( 95) ROBERT GEIGER DO (EPN) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 569,817. | NONE | 38,023. |
| ( 96) GERALD MURRAY (ALT) | NONE | | | | | | | | | |
| FORMER PRESIDENT | NONE | | | | | | X | 562,508. | NONE | 35,414. |
| ( 97) JOHN WARD (MER) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 537,684. | NONE | 58,152. |
| ( 98) JOEL S GREENBERGER MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 548,195. | NONE | 37,413. |
| ( 99) ROBERT BLOSAT (BHM) | 40.00 | | | | | | | | | |
| BOARD CHAIR AND PRES | NONE | X | | X | | | | 512,267. | NONE | 72,332. |
| (100) TRENT EMERICK MD (UPP) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 538,678. | NONE | 26,779. |
| (101) BRIAN DURNIOK (NWH) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | 495,549. | NONE | 58,898. |
| (102) DAVID BURWELL MD (ALF) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 494,072. | NONE | 59,796. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
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| (A) Name and business address | (B) Description of services | (C) Compensation |
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| | | |

**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) ROBERT P EDWARDS MD (MAG) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 520,388. | NONE | 27,728. |
| (104) BHARAT ADROJA MD (ULH) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 504,041. | NONE | 36,601. |
| (105) JILL BURNS MD (WEL) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 489,560. | NONE | 50,457. |
| (106) SUSAN BRANTON MD (WIL) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 487,269. | NONE | 45,834. |
| (107) KOTAYYA KONDAVEETI MD (EAS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 525,500. | NONE | NONE |
| (108) MATTHEW NEWLIN MD (ALT) | NONE | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 494,688. | 30,170. |
| (109) CHRISTOPHER STOCKHAUSEN (MCK) | NONE | | | | | | | | | |
| FORMER TREASURER AND CFO | NONE | | | | | | X | 480,390. | NONE | 40,812. |
| (110) LINDA BARNHART MD (NWH) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 478,146. | NONE | 42,389. |
| (111) KENNETH NASH MD (CCB) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 497,520. | NONE | 21,425. |
| (112) TERENCE DERMODY MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 490,282. | NONE | 28,422. |
| (113) MICHAEL SCHLECHTER MD (ALT) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | NONE | 478,646. | 35,247. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
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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 | | | |
| (114) STEPHEN EMERY MD (MAG) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 481,725. | NONE | 30,660. |
| (115) MARK GLADWIN MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 485,452. | NONE | 26,248. |
| (116) KEVIN KIST DO (WIL) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 448,454. | NONE | 54,253. |
| (117) AJ PINEVICH MD (MER) | 40.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | 448,128. | NONE | 53,886. |
| (118) TRACEY BEIRIGER ESQ (OVI) | 40.00 | | | | | | | | | |
| BOARD TREASURER & SECRETARY | NONE | X | | X | | | | 427,898. | NONE | 71,548. |
| (119) JOHN MCKEATING MD (MER) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 443,537. | NONE | 51,437. |
| (120) RANDALL BOGGESS DO (NWH) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 445,120. | NONE | 46,637. |
| (121) MARK O'HERN (EAS) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 439,170. | NONE | 47,459. |
| (122) JAMES W BOYLE MD (PSV) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 445,302. | NONE | 38,822. |
| (123) DAVID PATTON (SMH) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 412,716. | NONE | 69,723. |
| (124) TULIO ESTRADA MD (HRZ) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 426,802. | NONE | 52,010. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | | | |

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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 | | | |
| (125) DARIUS ABADI DO (LHS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 425,305. | NONE | 50,559. |
| (126) HYAGRIV SIMHAN MD (UPP) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 441,074. | NONE | 31,004. |
| (127) JAMES D TEW MD (PRY) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 444,546. | NONE | 25,338. |
| (128) SHELIAH HECKLA (UTS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 408,242. | NONE | 54,652. |
| (129) MBEMBO BONGUTU MD (RHS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 401,317. | NONE | 53,937. |
| (130) JOSEPH TALARICO DO (BDF) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 396,823. | NONE | 51,223. |
| (131) KIMBERLY ZYNN (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 390,202. | 48,294. |
| (132) ANDREA BADWAY (BHM) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 396,976. | NONE | 40,420. |
| (133) DIANE HUPP (CHP) | 40.00 | | | | | | | | | |
| SECRETARY & VP OF OPERATIONS | NONE | | | X | | | | 393,560. | NONE | 35,526. |
| (134) LAWSON BERNSTEIN MD (EAS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 393,567. | NONE | 31,967. |
| (135) DONALD BECKSTEAD MD(HNV) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 335,528. | NONE | 87,512. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | | | |

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

**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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**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) MAREK A RADOMSKI DO (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 396,712. | NONE | 25,528. |
| (137) BRENDAN HARRIS (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 384,582. | 35,793. |
| (138) FRANCIS FOTI MD (KAN) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 364,437. | NONE | 51,771. |
| (139) BRYANT WESLEY ESQ (CRP) | 40.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | 373,536. | NONE | 39,500. |
| (140) GWENDOLYN SOWA MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 384,215. | NONE | 24,515. |
| (141) DANIEL GLUNK MD (ULH) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 378,294. | NONE | 26,333. |
| (142) LYNN RUPP (RHS) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 356,710. | NONE | 36,207. |
| (143) CAROLINE DANIELS MD (CAC) | 40.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | 348,366. | NONE | 41,247. |
| (144) NATHAN MOORE MD (RHS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 334,746. | NONE | 50,878. |
| (145) ALEXANDER NESBITT MD (SPS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 327,752. | NONE | 57,265. |
| (146) DANIEL R SULLIVAN MD (PSV) | 40.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | 354,346. | NONE | 28,808. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
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**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) JAMES GIAMMARCO (CCB) | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | 344,053. | NONE | 37,560. |
| (148) ROBERT JACKSON (HRZ) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 349,401. | NONE | 28,890. |
| (149) DONNA OTTOVIANI (CMI) | 40.00 | | | | | | | | | |
| BOARD MEMBER SECY, VP & COO | NONE | X | | X | | | | 340,194. | NONE | 37,314. |
| (150) RICKQUEL TRIPP MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 337,127. | NONE | 39,584. |
| (151) MARK BONDI (THS) | 1.00 | | | | | | | | | |
| PRESIDENT | 40.00 | | | X | | | | NONE | 321,224. | 52,560. |
| (152) JEROME SHAFFER (CPS) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER TREASURER | NONE | | | | | | X | 344,849. | NONE | 27,747. |
| (153) CHARISSA PACELLA MD (PRY) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 340,636. | NONE | 29,854. |
| (154) MICHAEL BONINGER MD (HCM) | 40.00 | | | | | | | | | |
| BOARD MEMBER & PRESIDENT | NONE | X | | X | | | | 337,540. | NONE | 31,191. |
| (155) KENNETH PLOWEY MD (MCK) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 328,072. | NONE | 37,581. |
| (156) BRIAN FRITZ (PSV) | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | 327,841. | NONE | 37,532. |
| (157) GABRIELLA GOSMAN MD (MAG) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 334,845. | NONE | 28,489. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
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**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) JAMES DONNELLY (CHS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 316,536. | NONE | 46,064. |
| (159) JARED WEINER (PRY) | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | 326,386. | NONE | 32,576. |
| (160) MARIO WILFONG (ALT) | NONE | | | | | | | | | |
| FORMER TREASURER AND CFO | NONE | | | | | | X | 314,746. | NONE | 42,849. |
| (161) SUSAN RAKFAL MD (MCK) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 323,922. | NONE | 25,424. |
| (162) JOSEPH ANTONOWICZ MD (ALF) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 264,128. | NONE | 83,147. |
| (163) CHRISTINA PATTERSON MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 321,520. | NONE | 24,169. |
| (164) CHARLES HAGERTY (SHB) | 40.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | 307,236. | NONE | 37,075. |
| (165) SUSAN DUCHMAN (HNV) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 316,811. | NONE | 26,806. |
| (166) RUTUL DALAL MD (SHS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 312,892. | NONE | 30,399. |
| (167) DAVID BAER MD (BDF) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 286,003. | NONE | 55,943. |
| (168) PAULA THOMAS (HHW) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 304,155. | NONE | 35,739. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
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| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
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**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 | | | |
| (169) JANET WATERS MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 310,194. | NONE | 28,444. |
| (170) DAVID NACE MD (THS) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 311,296. | NONE | 26,417. |
| (171) MARSHALL STAFFORD MD (SMH) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 285,344. | NONE | 44,818. |
| (172) THOMAS DIACOVO MD (MAG) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 308,040. | NONE | 19,376. |
| (173) NANCI CASE (HNF) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 276,631. | NONE | 44,450. |
| (174) MARGARET BELL (AUE) | 40.00 | | | | | | | | | |
| TREASURER/SECRETARY | NONE | | | X | | | | 267,292. | NONE | 48,504. |
| (175) MICHELE P JEGASOTHY ESQ (UPM) | 40.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | 257,717. | NONE | 54,262. |
| (176) DAWN WRIGHT (ULH) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 262,456. | NONE | 46,996. |
| (177) MARK ZACHARIA ESQ (MYC) | 40.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | 262,392. | NONE | 41,634. |
| (178) DAN SWAYZE (CEM) | NONE | | | | | | | | | |
| FORMER BOARD SECRETARY | NONE | | | | | | X | 268,674. | NONE | 35,284. |
| (179) PATRICIA JACKSON-GEHRIS (ULH) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 274,647. | NONE | 26,386. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
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**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) DAVID BOBRZYNSKI (MYC) | 40.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | 254,186. | NONE | 44,054. |
| (181) AMY MEISTER (HHW) | NONE | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 267,615. | 25,465. |
| (182) TERRENCE LEWIS ESQ (EMI) | 40.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | 263,132. | NONE | 29,344. |
| (183) ADAM YATES MD (MER) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 268,647. | NONE | 21,619. |
| (184) BRADLEY DINGER (NWH) | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | 250,978. | NONE | 33,805. |
| (185) TRACEY CONTI MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | X | | | | 249,962. | NONE | 21,405. |
| (186) SYLVIA OWUSU-ANSAH MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 251,823. | NONE | 17,123. |
| (187) SUSAN MARTIN (MER) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 227,857. | NONE | 40,826. |
| (188) LAURENE TIMMONS (EAS) | 40.00 | | | | | | | | | |
| BOARD SECY, TREAS & CFO | NONE | | | X | | | | 239,767. | NONE | 25,111. |
| (189) NOREEN FREDRICK (TLC) | 40.00 | | | | | | | | | |
| BOARD PRESIDENT | NONE | X | | X | | | | 222,581. | NONE | 40,412. |
| (190) TIMOTHY BALCONI (ALF) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 219,100. | NONE | 42,208. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | | | |

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| (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) ROBYN BECKWITH M.B.A (BHM) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND SECRETARY | NONE | X | | X | | | | 210,372. | NONE | 43,690. |
| (192) DONALD GOODMAN (CEM) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND V PRESIDENT | NONE | X | | X | | | | 225,226. | NONE | 26,941. |
| (193) ALEXANDER J CIOCCA ESQ (SMH) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 225,423. | NONE | 26,664. |
| (194) DAVID MCCANDLESS MD (NWH) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 216,410. | NONE | 33,962. |
| (195) ELIZABETH RITTER (KAN) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 228,986. | NONE | 13,288. |
| (196) HEATH SKINNER MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | 225,270. | NONE | 16,118. |
| (197) ALAN WELLS MD (PRY) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 214,119. | NONE | 23,904. |
| (198) AMY SWINDELL DO (HNV) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 219,193. | NONE | 17,802. |
| (199) JEFFREY KNORR (BHO) | 40.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | 216,453. | NONE | 17,628. |
| (200) RONALD DEEMS (MAG) | 40.00 | | | | | | | | | |
| BOARD MEMBER & CFO | NONE | X | | X | | | | 212,099. | NONE | 15,155. |
| (201) ROBERT GRIFFITH (HHW) | 40.00 | | | | | | | | | |
| CFO AND TREASURER | NONE | | | X | | | | 202,861. | NONE | 24,057. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | | | |

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|---|---|---|---|
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**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) ROGER DAVIS (SCS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 176,961. | 48,509. |
| (203) CECIL MILLER (CHS) | 1.00 | | | | | | | | | |
| SECRETARY | 40.00 | | | X | | | | NONE | 202,351. | 20,931. |
| (204) MARGARET EALY (APP) | 40.00 | | | | | | | | | |
| BOARD MEMBER, TREAS & CFO | NONE | X | | X | | | | 204,681. | NONE | 16,810. |
| (205) DIANA WOY (HNV) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 154,000. | NONE | 59,927. |
| (206) SUSAN THOMPSON (HNV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | 40.00 | X | | | | | | NONE | 189,158. | 18,914. |
| (207) CARRIE ENNIS (HMT) | 40.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | 178,178. | NONE | 27,582. |
| (208) WILLIAM A NIGRO (CRP) | 40.00 | | | | | | | | | |
| BOARD MEMBER,TREAS AND CFO | NONE | X | | X | | | | 178,281. | NONE | 24,378. |
| (209) MONICA KLATT (APH) | 40.00 | | | | | | | | | |
| BOARD SECY, TREAS & CFO | NONE | X | | X | | | | 173,746. | NONE | 26,747. |
| (210) JAMES HOUSER (CEM) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 185,384. | NONE | 13,660. |
| (211) DANIEL GRANT (SCS) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | NONE | 164,770. | 30,247. |
| (212) RUSSELL MEYERS (EMI) | 40.00 | | | | | | | | | |
| BOARD TREASUER | NONE | X | | X | | | | 172,979. | NONE | 19,989. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | |
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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 | | | |
| (213) PATRICIA MCGEE (HNV) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 175,968. | NONE | 15,607. |
| (214) NAFIS HILL (PSV) | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | 148,808. | NONE | 36,772. |
| (215) MARK PAPALIA (KAN) | 40.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | 169,109. | NONE | 15,653. |
| (216) DAWNDRA JONES (MYC) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 150,020. | NONE | 32,221. |
| (217) LISA A NEWCOMB (UPM) | 40.00 | | | | | | | | | |
| ASST. SECRETARY | NONE | | | X | | | | 152,173. | NONE | 27,474. |
| (218) CLIFTON CALLAWAY MD (UPP) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 158,171. | NONE | 20,118. |
| (219) JEFFREY ALVAREZ (MYC) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 153,640. | NONE | 13,122. |
| (220) CHARLES FLACH (UPC) | 40.00 | | | | | | | | | |
| TREASURER AND CFO | NONE | | | X | | | | 146,380. | NONE | 19,880. |
| (221) CAROL VANZILE (MYC) | 40.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | 131,535. | NONE | 33,865. |
| (222) DANETTE HOFFER (CRP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 135,045. | NONE | 26,093. |
| (223) MICHAEL TRACY (HRF) | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | 137,048. | NONE | 18,235. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
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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 | | | |
| (224) ZACHARY LENHART (JMC) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 130,596. | NONE | 17,977. |
| (225) BYRON WADE (LOC) | 40.00 | | | | | | | | | |
| BOARD PRESIDENT | NONE | X | | X | | | | 130,538. | NONE | 13,326. |
| (226) JAMES WYLER (TLC) | 40.00 | | | | | | | | | |
| BOARD VICE PRESIDENT | NONE | X | | X | | | | 131,123. | NONE | 12,209. |
| (227) NANCY PASTORIUS (SCS) | 40.00 | | | | | | | | | |
| BOARD SECRETARY AND COO | NONE | X | | X | | | | 108,469. | NONE | 32,302. |
| (228) V JAMES FIORENZO (HMT) | NONE | | | | | | | | | |
| FORMER PRESIDENT | NONE | | | | | | X | 129,438. | NONE | NONE |
| (229) THOMAS RECTOR (MYC) | 40.00 | | | | | | | | | |
| DIRECTOR OF FINANCIAL SERVICES | NONE | | | X | | | | 100,688. | NONE | 26,364. |
| (230) KRISTIN LASHER (UHC) | 40.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | 113,594. | NONE | 10,007. |
| (231) MANDY FAUBLE PDH (SHB) | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | NONE | | | X | | | | 111,914. | NONE | 9,750. |
| (232) ALBERT BOLAND (JMC) | NONE | | | | | | | | | |
| FORMER BOARD SECRETARY | NONE | | | | | | X | 98,377. | NONE | 20,178. |
| (233) JAMES GAVIN (CCB) | NONE | | | | | | | | | |
| FORMER PRESIDENT | NONE | | | | | | X | 114,701. | NONE | NONE |
| (234) HEIDI VANGORDER (UPM) | 40.00 | | | | | | | | | |
| ASST. SECRETARY | NONE | | | X | | | | 71,163. | NONE | 37,761. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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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 | | | |
| (235) SHARON SQUILLARIO (ALT) | 40.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | 68,481. | NONE | 38,629. |
| (236) REBECCA BURKELY (TLC) | 40.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | 88,009. | NONE | 15,860. |
| (237) JONI MURRAY (HRF) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 72,360. | NONE | 30,289. |
| (238) TIMOTHY HORSKY DO (BDF) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 87,023. | NONE | 6,179. |
| (239) LISA SMITH (NWH) | 40.00 | | | | | | | | | |
| ASST SECRETARY | NONE | | | X | | | | 64,727. | NONE | 16,049. |
| (240) RACHEL BERGER (CHP) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 67,894. | NONE | 7,290. |
| (241) MATTHEW BERWICK (CCB) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 60,994. | NONE | 6,251. |
| (242) ROBERT KANE (SHS) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 65,657. | NONE | 156. |
| (243) ALYSON FISHER (HRF) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 50,363. | NONE | 6,425. |
| (244) SCOTT GRAUBARD (HRF) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 52,877. | NONE | 1,853. |
| (245) LOREN ROTH MD (CCB) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | 45,500. | NONE | 9,107. |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | | | |

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

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|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (246) MARK GERACI MD (UPP) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 42,100. | NONE | NONE |
| (247) CYNTHIA WILSON (HCM) | NONE | | | | | | | | | |
| FORMER BOARD MEMBER | NONE | | | | | | X | NONE | 28,525. | 7,973. |
| (248) DENNIS ENGLISH MD (MAG) | 40.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | 6,500. | NONE | NONE |
| (249) BERNARD CREPPAGE (BHA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (250) MARGARET ADAMS (BHA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (251) STEPHEN MARTYNUSKA (BHA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (252) DONNA OTTOVIANI (BHM) | 1.00 | | | | | | | | | |
| BOARD PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (253) MARSHALL WEBSTER MD (BHM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (254) BRIAN FRITZ (BHM) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (255) EILEEN SIMMONS (BHM) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (256) DAVID ROTTINGHAUS MD (BHM) | 1.00 | | | | | | | | | |
| BOARD VICE PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (257) JOHN INNOCENTI (CEM) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (258) SANDRA RADER (CEM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (259) DIANNE HUPP (CEM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (260) DAVID GIBBONS (CEM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (261) JAN E FISHER (CEM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (262) MARK SEVCO (CEM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (263) DEBRA DELLAPOSTA (CPF) | 1.00 | | | | | | | | | |
| BOARD CHAIR & PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (264) BRUCE ERB (CPF) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR & V PRES | NONE | X | | X | | | | NONE | NONE | NONE |
| (265) CHERYL KIMMEL (CAC) | 1.00 | | | | | | | | | |
| BOARD CHAIR & PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (266) ALISON DUBOIS MD (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (267) BARBARA HASSON (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (268) BRIAN RICE (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (269) CARA FLORIE (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (270) DIANA REED (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (271) JAMES RUGH (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (272) ROGER CUNNINGHAM (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (273) SUSAN HANNON (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (274) TERRI STRAMBA (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (275) THOMAS MANSELL (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (276) TRACEY RANKIN (CAC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (277) RUTH RAY (CAC) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR & V PRES | NONE | X | | X | | | | NONE | NONE | NONE |
| (278) HOWARD W HANNA III (CHP) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) DENA LAMAR (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (280) ANANTHA SHEKAR MD (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (281) CLIFFORD ROWE JR (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (282) DOROTHY J POLLON (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (283) HONORABLE JILL RANGOS (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (284) JAY W CLEVELAND (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (285) JOAN STEPHANS (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (286) JOHN STALEY V (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (287) JOSEPH C WALTON (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (288) LAWRENCE N GUMBERG (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (289) LESLIE BRAKSICK PHD (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) LESLIE C DAVIS (CHP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (291) MARTHA HARTLE MUNSCH ESQ (CHP | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (292) MARY JO HOWARD DIVELY ESQ (CH | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (293) VANESSA OPPERMAN MOREHOUSE (C | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (294) DOUGLAS P DICK (CHP) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (295) DIANE HOLDER (CCB) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (296) GEORGE A HUBER ESQ (CCB) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (297) JOHN LOVELACE (CCB) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (298) DEBORAH S BRODINE (CRP) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (299) MARK BONDI (CRP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (300) STEVEN JOHNSON (DVP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) CHRISTOPHER STOCKHAUSEN (DVP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (302) DAVID GIBBONS (EPN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (303) DAVID KRUSZEWSKI MD (EPN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (304) LYNN RUPP (EPN) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND V PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (305) ROBERT BLOSAT (EPN) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND V PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (306) EDWARD HENDERSON (HNA) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (307) DANETTE HOFFER (HNA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (308) BERNARD CREPPAGE (HNA) | 1.00 | | | | | | | | | |
| BOARD CHAIR AND V PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (309) BRYANT WESLEY ESQ (HNA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (310) DEBORAH S BRODINE (HNA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (311) JAN E FISHER (HNA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |
| | | |

**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) JAMES DRENNING (HNA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (313) JOHN LOVELACE (HNA) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (314) BRUCE ERB (HNA) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (315) ROBERT GRIFFITH (HNA) | 1.00 | | | | | | | | | |
| BOARD TREASURER AND CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (316) BRIAN PACHTMAN (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (317) MARK MOSCHELLA (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (318) MICHAEL WARD (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (319) NANCY FOGEL (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (320) DANA DIVECCHIO (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (321) DEREK MARTIN (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (322) RAYMOND HESS (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) EDWARD HENDERSON (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (324) SCOTT COX (HNF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (325) KATHY WAGNER (HNF) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (326) FRANK MOSES (JHF) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (327) DALE PERELMAN (JHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (328) GLENN LEBBY (JHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (329) MARVIN LEBBY (JHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (330) JAY BRUCE (JHF) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (331) ELIZABETH PICCIONE MD (JHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (332) MICHAEL TRACY (JHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (333) ROBERT J JACKSON (JMC) | 1.00 | | | | | | | | | |
| BOARD CHAIR & CEO | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) ELIZABETH PICCIONE MD (JMC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (335) MICHAEL TRACY (JMC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (336) JILL BURNS MD (LHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (337) MATTHEW DECAMP (LHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (338) LISA FEIL PSY DO (LHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (339) ROBERT FITZGERALD (LHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (340) HAROLD HOOSE III (LHS) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (341) STEVEN JOHNSON (LHS) | 1.00 | | | | | | | | | |
| BOARD PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (342) MICHAEL LICHTY (LHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (343) J DENNIS MURRAY PHD (LHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (344) GLENN POIRIER (LHS) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) WENDY SWARTZ (LHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (346) DONNA WILSON (LHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (347) KATHY WRIGHT PHD (LHS) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (348) MIKE MERANTE (MYC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (349) SHARON MERANTE (MYC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (350) NOREEN FREDRICK (MYC) | 1.00 | | | | | | | | | |
| BOARD PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (351) BETH BURNSIDE (RHS) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (352) EILEEN SIMMONS (RHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (353) MARK RAIMY (RHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (354) DONNA OTTOVIANI (RHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (355) CARRIE ENNIS (RHS) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (356) DOUGLAS HEUSEY (RHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (357) FRANK VICTOR (RHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (358) DAVID ZIMMER (RHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (359) AMY JONES (SHB) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (360) CARRIE ENNIS (SHB) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (361) JEFFREY SHAW (SHB) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (362) SUSAN SIMON (SHB) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (363) WILLIAM GROVE (SHB) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (364) MARK BONDI (SCS) | 1.00 | | | | | | | | | |
| BOARD CHAIR AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (365) WILLIAM A NIGRO (SCS) | 1.00 | | | | | | | | | |
| BOARD MEMBER TREAS AND CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (366) KEITH KUZIO (SHF) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) STEVEN JOHNSON (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (368) JOHN YOUNG (SHF) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (369) ROBERT CROCKETT (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (370) SUSAN EVERETT (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (371) SISTER TERESA ANN JACOBS (SHF | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (372) FRANK PELLEGRINO (SHF) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (373) TIMOTHY KEOHANE (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (374) MARK HUFFMAN (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (375) SUSAN BRANTON MD (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (376) SAMUEL LUSH (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (377) ROBERT R DECAMP (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |

**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) DAVID ROCHE (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (379) AMANDA OECHLER (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (380) MICHAEL BEITER (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (381) HANI TUFFAHA MD (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (382) WILLIAM HEBE (SHF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (383) STEVEN JOHNSON (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (384) ANN PEPPERMAN ESQ (SHS) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (385) CHRISTOPHER STOCKHAUSEN (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (386) SUSAN BRANTON MD (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (387) RONALD DISIMONE MD (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (388) DURRIYA ESAA MD (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
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| (A) Name and business address | (B) Description of services | (C) Compensation |
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| | | |
| | | |

**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) DAVIE JANE GILMOUR (SHS) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (390) DANIEL KLINGERMAN (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (391) ALEXANDER NESBITT MD (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (392) SHAILESH PATEL MD (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (393) PATRICK WILSON (SHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (394) ANN PEPPERMAN ESQ (SPS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (395) DARIUS ABADI DO (SPS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (396) DAVIE JANE GILMOUR PHD (SPS) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (397) STEVEN JOHNSON (SPS) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (398) DANIEL KLINGERMAN (SPS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (399) J DENNIS MURRAY PHD (SPS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
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**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) GLENN POIRIER (SPS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (401) ANN PEPPERMAN ESQ (THC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (402) DARIUS ABADI DO (THC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (403) RONALD DISIMONE MD (THC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (404) DAVIE JANE GILMOUR PHD (THC) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (405) DANIEL KLINGERMAN (THC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (406) J DENNIS MURRAY PHD (THC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (407) ALEXANDER NESBITT MD (THC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (408) GLENN POIRIER (THC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (409) DEBORAH S BRODINE (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (410) PETER EISENBRANDT (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) BARBARA GROSSMAN (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (412) RICHARD HAMILTON (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (413) DANETTE HOFFER (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (414) DANIEL R SULLIVAN MD (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (415) MARGARET JOY ESQ (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (416) RICHARD PURNELL (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (417) NATALIE LELAND (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (418) KAREN WOMACK (THS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (419) THOMAS RECTOR (TLC) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (420) FREDERICK ROSEMYER (TLC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (421) MARK BOWER (TLC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) RON ALDOM (TLC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (423) LESLIE C DAVIS (UPC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (424) JOON SUP LEE MD (UPC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (425) SY HOLZER (UPC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (426) CHARLES BOGOSTA (UPC) | 1.00 | | | | | | | | | |
| BOARD VICE PRESIDENT AND VICE | NONE | X | | X | | | | NONE | NONE | NONE |
| (427) TRACEY BEIRIGER ESQ(UPC) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (428) MARSHALL WEBSTER MD (UHC) | 1.00 | | | | | | | | | |
| BOARD CHAIR AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (429) DAVID T MARTIN (UHC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (430) JOHN INNOCENTI (UHC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (431) MARK SEVCO (UHC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (432) DAVID GIBBONS (UHC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |

**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) JOON SUP LEE MD (UHC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (434) ANANTHA SHEKAR MD (UHC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (435) ROBERT P EDWARDS MD (UHC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (436) DONALD M YEALY MD (UHC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (437) PAGE PENNELL MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (438) ANANTHA SHEKHAR MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (439) G NICHOLAS BECKWITH III (UPP | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (440) GEOVETTE WASHINGTON (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (441) JEFFREY A ROMOFF (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (442) JOHN SURMA (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (443) LESLIE C DAVIS (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |

**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) MARGARET P JOY ESQ (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (445) MARK SEVCO (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (446) MARSHALL WEBSTER MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (447) PATRICK GALLAGHER (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (448) RICHARD BEIGI MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (449) RICHARD S HAMILTON (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (450) DIANNE HUPP (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (451) DEREK ANGUS MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | NONE | NONE | NONE |
| (452) MARIE BALDISERRI (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (453) DONALD M YEALY MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | NONE | NONE | NONE |
| (454) JOSE ZEVALLOS MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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**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) ROBERT P EDWARDS MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | NONE | NONE | NONE |
| (456) THOMAS RICHARDS MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | | | | | NONE | NONE | NONE |
| (457) NAUDIA JONASSAINT MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (458) TIMOTHY BILLIAR MD (UPP) | 1.00 | | | | | | | | | |
| BOARD SECRETARY AND DEPT CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (459) JOON SUP LEE MD (UPP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND DEPT CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (460) G NICHOLAS BECKWITH III (UPM | 10.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (461) ANN PEPPERMAN ESQ (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (462) DEBRA L CAPLAN (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (463) DOUGLAS P DICK (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (464) DOUGLAS A NEIDICH (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (465) ELAINE BELLIN (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) GREGORY SPENCER (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (467) JAMES P COVERT (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (468) JOHN SURMA (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (469) JOHN VERBANAC (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (470) MARK RAIMY (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (471) MICHAEL P LYONS (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (472) MICHAEL G WELLS (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (473) RICHARD S HAMILTON (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (474) ROBERT G LOVETT (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (475) ROBERT MONTLER (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (476) SUSAN BAKER SHIPLEY (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | |
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**Section B. Independent Contractors**

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**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) THOMAS E RICHARDS (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER & FIRST CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (478) VAUGHN S CLAGETTE MD (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (479) W DUFF MCCRADY (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (480) EVA BLUM (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (481) MARK J LASKOW (UPM) | 1.00 | | | | | | | | | |
| BOARD MEMBER & SECOND VICE CH | NONE | X | | X | | | | NONE | NONE | NONE |
| (482) DEBORAH S BRODINE (APP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (483) BRYANT WESLEY ESQ (APP) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (484) DANETTE HOFFER (APP) | 1.00 | | | | | | | | | |
| BOARD MEMBER, VP & COO | NONE | X | | X | | | | NONE | NONE | NONE |
| (485) MATTHEW STUCKEY (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (486) BERNARD CREPPAGE (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (487) DAVID BAER MD (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) DAVID T MARTIN (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (489) HONORABLE LISA PUPO LENIHAN ( | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (490) JOHN R BLACKBURN III (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (491) KAREN PFEFFER (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (492) LESLIE C DAVIS (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (493) JAMES DRENNING (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (494) MARSHALL WEBSTER MD (ALT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (495) ROBERT HALBRITTER (ALT) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | | | | | NONE | NONE | NONE |
| (496) ROBERT MONTLER (ALT) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (497) JAMES DRENNING (ALF) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (498) ANN BENZEL (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) BETSY LEHMAN (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (500) CRAIG KILMER (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (501) ERIC IRWIN (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (502) JAMES KILMARTIN (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (503) JAN E FISHER (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (504) JOSH BARNHART (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (505) MARGARET CAWTHERN (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (506) MATTHEW STUCKEY (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (507) MICHAEL SETTIMIO (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (508) NANCY DEVORRIS (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (509) NEIL PORT (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 BILGER (ALF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (511) BARBARA KOOMAN (ALF) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (512) ROBERT OKONAK JR (ALF) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (513) WILLIAM WALLEN (ALF) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (514) WILLIAM WALLEN (APH) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (515) DAWN MCCLELLAN (APH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (516) LEONARD A ZIMMERMAN MD (APH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (517) NEIL PORT (APH) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (518) MICHELLE ADAMS (APH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (519) COLEEN HEIM (APH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (520) JOHN R BLACKBURN III (BDF) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) DAVID T MARTIN (BDF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (522) ROBERT MONTLER (BDF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (523) GARRY GOSS (BDF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (524) JUDY JACKSON (BDF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (525) TODD ROADMAN (BDF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (526) JAMES VREELAND MD (BDF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (527) ANGELA DUVALL COLLEDGE (BDF) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (528) JAMES GONSMAN (BDF) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (529) ANNA DIBBLE (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (530) BRENDA IRELAND (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (531) CAMELLIA HERISKO (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) CRISTIE HERBST (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (533) MARK RAIMY (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (534) MICHAEL SULLIVAN (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (535) WILLIAM GEARY MD (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (536) DAVID GIBBONS (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (537) BRADLEY DINGER (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER, TREAS & CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (538) STEVEN KILBURN (CHS) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (539) DAVID T MARTIN (CMI) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (540) JOON SUP LEE MD (CMI) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (541) BRIAN FRITZ (CMI) | 1.00 | | | | | | | | | |
| BOARD MEMBER TREASURER AND CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (542) RICHARD HAMILTON (CMI) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) ANN EVANS (CMI) | 1.00 | | | | | | | | | |
| BOARD MEMBER TREASURER AND CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (544) LESLIE C DAVIS (CPS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (545) BRYANT WESLEY ESQ (CPS) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (546) DANETTE HOFFER (CPS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (547) SEAN LOGAN (EAS) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (548) RAVI KONDAVEETI MD (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (549) JAWDAT NIKOULA MD (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (550) GEORGE A HUBER ESQ (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (551) JAMES D HEATHERINGTON (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (552) JO ELLEN KENNEY (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (553) KENNETH PLOWEY MD (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) MARY PAT SOLTIS (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (555) NADEEM ISLAM MD (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (556) REBECCA SHAW MCHOLME ESQ (EAS | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (557) SUSAN RAKFAL MD (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (558) THOMAS W STERLING (EAS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (559) DAVID PATTON (EMI) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (560) MARK SEVCO (EMI) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (561) ROBERT BLOSAT (EMI) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (562) GEORGE A HUBER ESQ (FYO) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (563) GWENDOLYN SOWA MD (FYO) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (564) LORI REYNOLDS (FYO) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) DIANE HOLDER (FYO) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (566) BARBARA ZABLOTNEY (FYO) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (567) MARK RAIMY (HMT) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (568) BETH BURNSIDE (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (569) C TALBOT HEPPENSTALL JR (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (570) DANIEL TEED (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (571) DAVID ZIMMER (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (572) DWANE BROCK (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (573) EDWARD T KARLOVICH (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (574) ELLIOTT EHRENREICH ESQ (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (575) FRANK VICTOR (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) MICHAEL VICTOR (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (577) DONALD YEALY MD (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (578) JEFFREY BEACH CPA (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (579) JOEL B NELSON MD (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (580) JOHNNY JOHNSON (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (581) KEITH PEMRICK (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (582) KEITH TAYLOR PHD (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (583) LESLIE C DAVIS (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (584) LISA PRESTA-SMITH ESQ (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (585) MARK SEVCO (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (586) EILEEN SIMMONS (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) MARGARET P JOY ESQ (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (588) STEPHEN PERKINS MD (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (589) TIMOTHY NECASTRO (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (590) WILLIAM GEARY MD (HMT) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (591) DEBORAH S BRODINE (HCM) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (592) JAMES SCHUSTER MD (HCM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (593) SANDRA MCANALLEN (HCM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (594) TAMI MINNIER (HCM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (595) ROBERT GRIFFITH (HCM) | 1.00 | | | | | | | | | |
| BOARD MEMBER, TREASURER & CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (596) DIANE HOLDER (HCM) | 1.00 | | | | | | | | | |
| BOARD CO-CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (597) BRUCE ERB (HNV) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) KIM BURNS-WARD (HNV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (599) PAUL WINKLER (HNV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (600) ROBERT BUTTER (HNV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (601) SANDRA TOMLINSON (HNV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (602) SISTER TERESA ANN JACOBS (HNV | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (603) VAL MIGNOGNA (HNV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (604) JANIE CHRISTNER (HNV) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (605) ROBERT GRIFFITH (HNV) | 1.00 | | | | | | | | | |
| BOARD TREASURER & CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (606) KRISTIN HENDERSON (HNV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (607) DEBORAH S BRODINE (HHW) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (608) DEBBIE BURBLES (HHW) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) JACKIE DUBAR JACOBS (HHW) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (610) JOON SUP LEE MD (HHW) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (611) NAMITA AHUJA MD (HHW) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (612) BRYANT WESLEY ESQ (HHW) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (613) DANETTE HOFFER (HHW) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (614) FRANK MOSES (HRZ) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (615) RONALD MCCALL (HRZ) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (616) CHERYL KIMMEL (HRZ) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (617) CHRISTOPHER MILLER (HRZ) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (618) DAVID GIBBONS (HRZ) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (619) HENDLEY HOGE (HRZ) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | |
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| (A) Name and business address | (B) Description of services | (C) Compensation |
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| | | |
| | | |
| | | |

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) KENNETH ROMIG (HRZ) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (621) LOUIS MERRYMAN (HRZ) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (622) STEVEN GARGASZ (HRZ) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (623) FRANK MINDICINO CFP (HRZ) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (624) JAY BRUCE (HRZ) | 1.00 | | | | | | | | | |
| BOARD CO-CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (625) LINDA EVANS (HRZ) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (626) JERRY TRONTEL (HRF) | 1.00 | | | | | | | | | |
| BOARD SECRETARY & TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (627) JESSICA PHILLIPS (HRF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (628) ROBERTA GOLDSTONE (HRF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (629) FRANK MOSES (HRF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (630) ROBERT PICCIRILLI (HRF) | 1.00 | | | | | | | | | |
| BOARD PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) FRANK MINDICINO CFP (HRF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (632) JAY BRUCE (HRF) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (633) RONALD MCCALL (HRF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (634) ROBERT JACKSON (HRF) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (635) CHARLES BOGOSTA (IHI) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (636) TRACEY BEIRIGER ESQ (IHI) | 1.00 | | | | | | | | | |
| BOARD MEMBER & SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (637) FRANK MOSES (JAM) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (638) RONALD MCCALL (JAM) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (639) CHERYL KIMMEL (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (640) CHRISTOPHER MILLER (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (641) DAVID GIBBONS (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) HENDLEY HOGE (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (643) KENNETH ROMIG (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (644) LINDA EVANS (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (645) LOUIS MERRYMAN (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (646) STEVEN GARGASZ (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (647) TULIO ESTRADA MD(JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (648) ROBERT JACKSON (JAM) | 1.00 | | | | | | | | | |
| BOARD MEMBER & CEO | NONE | X | | X | | | | NONE | NONE | NONE |
| (649) JAY BRUCE (JAM) | 1.00 | | | | | | | | | |
| BOARD CO-CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (650) FRANK C MINDICINO (JAM) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (651) DAVID GIBBONS (KAN) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (652) CARRIE ENNIS (KAN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) HALCOLM BARD (KAN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (654) LINDA MYERS (KAN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (655) RONALD MATTIS (KAN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (656) BRADLEY DINGER (KAN) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (657) ERIK ROSS (KAN) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (658) DONALD PAYNE (KAN) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (659) MIKE FLANAGAN (ULH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (660) STEVEN JOHNSON (ULH) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (661) TIM KEOHANE (ULH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (662) ANN PEPPERMAN ESQ (ULH) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (663) RAJESH PATEL MD (ULH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 REESE (ULH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (665) MARK SEVCO (LOC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (666) JOON SUP LEE MD (LOC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (667) DAVID RUSSELL (LOC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (668) MICHAEL ANDERSON (LOC) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (669) RICHARD WADAS MD (LOC) | 1.00 | | | | | | | | | |
| BOARD VICE PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (670) BRIAN FRITZ (LOC) | 1.00 | | | | | | | | | |
| BOARD MEMBER, TREASURER & CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (671) TERRENCE LEWIS ESQ (LOC) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (672) ANANTHA SHEKHAR MD (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (673) CARRIE COGHILL (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (674) DEBRA BARBARITA (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |
| | | |
| | | |
| | | |
| | | |

**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) KATHY (MAYLE) TOWNS (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (676) MARGARET P JOY ESQ (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (677) MARK ALOE (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (678) MICHAEL SWEENEY (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (679) MICHELE ATKINS (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (680) SARAH MEEHAN PARKER (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (681) LESLIE C DAVIS (MAG) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (682) WILLIAM PIETRAGALLO II ESQ (M | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (683) ROSE ALMON-MARTIN (MAG) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (684) PETER W EISENBRANDT (MAG) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (685) HONORABLE DONETTA AMBROSE (MA | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | |
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**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) REBECCA SHAW MCHOLME ESQ (MCK | 1.00 | | | | | | | | | |
| BOARD CO-CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (687) SEAN LOGAN (MCK) | 1.00 | | | | | | | | | |
| BOARD CO-CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (688) LAWSON BERNSTEIN MD (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (689) GEORGE A HUBER ESQ (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (690) JAWDAT NIKOULA MD (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (691) JAMES D HEATHERINGTON (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (692) JO ELLEN KENNEY (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (693) KOTAYYA KONDAVEETI MD (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (694) MARY PAT SOLTIS (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (695) NADEEM ISLAM MD (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (696) RAVI KONDAVEETI MD (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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) THOMAS W STERLING (MCK) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (698) HONORABLE MAUREEN LALLY-GREEN | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (699) MADELYN ANNE REILLY (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (700) BRIAN PARKER (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (701) CHRISTOPHER LEE ESQ (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (702) DAVID DAUSEY PHD (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (703) F J LUCCHINO (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (704) HUGH BRANNAN (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (705) JUDITH K LINABURG (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (706) KORRY GREEN ESQ (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (707) LAWRENCE A DINARDO REV (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |

**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) LESLIE C DAVIS (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (709) RACHEL RILEY-LAVELLE (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (710) MARK SEVCO (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (711) RENEE CROSBY-SKINNER (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (712) WILMA MCNEESE (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (713) JOHN INNOCENTI (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (714) EDWARD T KARLOVICH (MER) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (715) EILEEN SIMMONS (MER) | 10.00 | | | | | | | | | |
| BOARD MEMBER, TREAS & CFO | NONE | X | | X | | | | NONE | NONE | NONE |
| (716) AUBREY ALEXANDER (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (717) MARK BEYER DO (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (718) DANIEL GLUNK MD (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |

**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) ROBERT GLUNK (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (720) STEVEN HAWLEY DPM (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (721) PATRICIA JACKSON-GEHRIS (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (722) SISTER TERESA ANN JACOBS (MUN | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (723) ROGER JARRETT (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (724) STEVEN JOHNSON (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (725) DAVID LOPATOFSKY MD (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (726) PETER TREVOULEDES MD (MUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (727) DAVID FITZ (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (728) DAVID GIBBONS (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (729) JAMES E KNARR DMD (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |

**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) JAMES L DAUGHERTY (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (731) JEFFREY CLARK (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (732) JOSEPH MONTONE (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (733) JOSEPH PASTOR (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (734) KEITH PEMRICK (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (735) MARIE VEON (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (736) MARSHALL WEBSTER MD (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (737) PETER WINKLER (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (738) ROGER MCCAULEY (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (739) TAMARA VARSEK (NWH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (740) BETH HARMAN (NWH) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR AND SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (741) MATTHEW LAVERDE (NWH) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (742) ROBERT BLOSAT (BHO) | 1.00 | | | | | | | | | |
| BOARD CHAIR AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (743) DAVID BADWAY MD (BHO) | 1.00 | | | | | | | | | |
| BOARD PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (744) MARSHALL WEBSTER MD (BHO) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (745) EDWARD T KARLOVICH (BHO) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (746) ELLIOT SMITH MD (BHO) | 1.00 | | | | | | | | | |
| BOARD VICE PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (747) ROBER BLOSAT (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (748) RICHARD S HAMILTON (PSV) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (749) EDWARD A DILLS (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (750) JOON SUP LEE MD (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (751) HONORABLE LISA LENIHAN (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
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**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 | | | |
| (752) JULIE CAMPBELL (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (753) KAREN SCHOGEL MD (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (754) JOANN KIM MD (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (755) PAUL K VEY (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (756) ROBERT HOFMANN (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (757) SANDRA MCANALLEN (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (758) SR CANDACE INTROCASO DCP PHD | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (759) VALERIE C WILLIAMS (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (760) LESLIE C DAVIS (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (761) JAMES FERGUSON (PSV) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR AND TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (762) DANIEL SWAYZE (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (763) DEBRA A DINNOCENZO (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (764) ERIC FRANKEL MD (PSV) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (765) NEIL Y VAN HORN (PSV) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (766) G NICHOLAS BECKWITH III (PRY) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (767) MARK J LASKOW (PRY) | 1.00 | | | | | | | | | |
| BOARD FIRST VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (768) ANANTHA SHEKHAR MD (PRY) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (769) CRAIG ESTERLY (PRY) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (770) KAREN WOLK FEINSTEIN PHD (PRY | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (771) W DUFF MCCRADY (PRY) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (772) ANN THOMPSON MD MHCPM (PRY) | 1.00 | | | | | | | | | |
| BOARD SECOND VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (773) RICHARD S HAMILTON (SMH) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (774) ROBERT BLOSAT (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (775) LESLIE C DAVIS (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (776) KAREN SCHOGEL MD (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (777) DEBRA A DINNOCENZO (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (778) EDWARD DILLS (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (779) MATTHEW EL-KADI MD (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (780) ERIC FRANKEL MD (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (781) JOON SUP LEE MD (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (782) HONORABLE LISA LENIHAN (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (783) JULIE CAMPBELL (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (784) PAUL VEY (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (785) ROBERT HOFMANN (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (786) SR CANDACE INTROCASO DCP PHD | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (787) VALERIE C WILLIAMS (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (788) DANIEL SULLIVAN (SMH) | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (789) DANIEL SWAYZE (SMH) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (790) JAMES M FERGUSON III (SMH) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR & TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (791) NEIL Y VAN HORN (SMH) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (792) DAVIE JANE GILMOUR PHD (SUN) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (793) STEVEN JOHNSON (SUN) | 1.00 | | | | | | | | | |
| BOARD SECRETARY & PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (794) DANIEL GLUNK MD (SUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (795) CHARLES M PAGANA II MD (SUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |

**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 | | | |
| (796) JENNIFER R RAGER-KAY DO (SUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (797) PATRICIA JACKSON-GEHRIS (SUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (798) DAVID LOPATOFSKY MD (SUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (799) JUSTIN MICHAELS (SUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (800) TOM MERTZ (SUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (801) HEATHER STAFFORD (SUN) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (802) DAVIE JANE GILMOUR PHD (SUS) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (803) SISTER TERESA ANN JACOBS (SUS | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (804) PHILIP JOHNSON (SUS) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (805) ANN PEPPERMAN ESQ (SUS) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (806) LESLIE C DAVIS (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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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| | | |

**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 | | | |
| (807) SANDRA MCANALLEN (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (808) ROBERT MONTLER (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (809) DAVID RUSSELL (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (810) MARK SEVCO (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (811) DAVID GIBBONS (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (812) MARSHALL WEBSTER MD (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (813) DAVID CRANDALL (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (814) RONALD DISIMONE MD (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (815) DURRIYA ESAA MD (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (816) ALANNA HUCK (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (817) DANIEL KLINGERMAN (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (818) KEITH KUZIO (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (819) J DENNIS MURRAY (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (820) ALEXANDER NESBITT MD (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (821) SHAILESH PATEL MD (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (822) GLENN POIRIER (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (823) EILEEN SIMMONS (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (824) PATRICK WILSON (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (825) DONALD YEALY MD (SUS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (826) MARK SEVCO (UTS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (827) EILEEN SIMMONS (UTS) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (828) DARIUS ABADI DO (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | |
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**Section B. Independent Contractors**

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

**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 | | | |
| (829) JOSEPH BUBACZ JR (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (830) MATTHEW DECAMP (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (831) LISA FEIL PSY DO (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (832) HAROLD HOOSE III (WEL) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (833) PATRICIA JACKSON-GEHRIS (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (834) STEVEN JOHNSON (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER AND PRESIDENT | NONE | X | | X | | | | NONE | NONE | NONE |
| (835) GERALD KRINER (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (836) MICHAEL LICHTY (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (837) J DENNIS MURRAY PHD (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (838) GLENN POIRIER (WEL) | 1.00 | | | | | | | | | |
| BOARD CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (839) CHERYL SOTTOLANO (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (840) DONNA WILSON (WEL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (841) RUTUL DALAL MD (WIL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (842) RONALD DISIMONE MD (WIL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (843) DURRIYA ESAA MD (WIL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (844) DAVIE JANE GILMOUR PHD (WIL) | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | NONE | X | | X | | | | NONE | NONE | NONE |
| (845) SISTER TERESA ANN JACOBS (WIL | 1.00 | | | | | | | | | |
| BOARD SECRETARY | NONE | X | | X | | | | NONE | NONE | NONE |
| (846) PHILIP JOHNSON (WIL) | 1.00 | | | | | | | | | |
| BOARD TREASURER | NONE | X | | X | | | | NONE | NONE | NONE |
| (847) DANIEL KLINGERMAN (WIL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (848) ALEXANDER NESBITT MD (WIL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (849) SHAILESH PATEL MD (WIL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (850) ANN PEPPERMAN ESQ (WIL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (851) PATRICK WILSON (WIL) | 1.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (852) GREGORY PEASLEE (AUE) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (853) NOREEN FREDRICK (BHA) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (854) CAROL VANZILE (BHA) | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (855) THOMAS RECTOR (BHA) | 1.00 | | | | | | | | | |
| TREASURER & CFO | NONE | | | X | | | | NONE | NONE | NONE |
| (856) MARK ZACHARIA ESQ (BHA) | 1.00 | | | | | | | | | |
| VICE PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (857) JAN E FISHER (CPF) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (858) MONICA KLATT (CPF) | 1.00 | | | | | | | | | |
| TREASURER/SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (859) MARK SEVCO (CHP) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (860) MARIO WILFONG (CHP) | 1.00 | | | | | | | | | |
| TREASURER & CFO | NONE | | | X | | | | NONE | NONE | NONE |
| (861) SISTER TERESA ANN JACOBS (DVP | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (862) PHILIP JOHNSON (DVP) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| (863) DAVIE JANE GILMOUR (DVP) | 1.00 | | | | | | | | | |
| VICE CHAIRMAN | NONE | | | X | | | | NONE | NONE | NONE |
| (864) KEITH KUZIO (DVP) | 1.00 | | | | | | | | | |
| VICE CHAIRMAN | NONE | | | X | | | | NONE | NONE | NONE |
| (865) ANN PEPPERMAN ESQ (DVP) | 1.00 | | | | | | | | | |
| CHAIRMAN | NONE | | | X | | | | NONE | NONE | NONE |
| (866) DONALD OWREY (DVP) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (867) PATTI JACKSON-GEHRIS (DVP) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (868) BRADLEY DINGER (EPN) | 1.00 | | | | | | | | | |
| TREASURER AND CFO | NONE | | | X | | | | NONE | NONE | NONE |
| (869) PAULA THOMAS (HNA) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (870) ROBERT GRIFFITH (HNF) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (871) FRANK MINDICINO CFP (JHF) | 1.00 | | | | | | | | | |
| VICE CHAIRMAN | NONE | | | X | | | | NONE | NONE | NONE |
| (872) RANDY SILVERMAN (JHF) | 1.00 | | | | | | | | | |
| SECRETARY/TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (873) ROBERT C JACKSON (JHF) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (874) CHRISTOPHER STOCKHAUSEN (LHS) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (875) BRADLEY DINGER (RHS) | 1.00 | | | | | | | | | |
| TREASURER AND CFO | NONE | | | X | | | | NONE | NONE | NONE |
| (876) LUCINDA HENDRICKSON (SHB) | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (877) DAVID BOBRZYNSKI (SHB) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| (878) DONALD OWREY (SHF) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (879) PATTI JACKSON-GEHRIS (SHF) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (880) CHRISTOPHER STOCKHAUSEN (SHF) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (881) SISTER TERESA ANN JACOBS (SHS | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (882) PHILIP JOHNSON (SHS) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| (883) DONALD OWREY (SHS) | 1.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | |
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**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 | | | |
| (884) PATTI JACKSON-GEHRIS (SHS) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (885) SISTER TERESA ANN JACOBS (SPS | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (886) PHILIP JOHNSON (SPS) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| (887) CHRISTOPHER STOCKHAUSEN (SPS) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (888) DONALD OWREY (SPS) | 1.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (889) SISTER TERESA ANN JACOBS (THC | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (890) PHILIP JOHNSON (THC) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| (891) STEVEN JOHNSON (THC) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (892) CHRISTOPHER STOCKHAUSEN (THC) | 1.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (893) DONALD OWREY (THC) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (894) PATTI JACKSON-GEHRIS (THC) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (895) WILLIAM A NIGRO (THS) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| (896) BRYANT WESLEY ESQ (THS) | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (897) BRIAN FRITZ (UHC) | 1.00 | | | | | | | | | |
| TREASURER AND CFO | NONE | | | X | | | | NONE | NONE | NONE |
| (898) BRIAN FRITZ (UPP) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (899) MONICA KLATT (ALT) | 1.00 | | | | | | | | | |
| TREASURER AND CFO | NONE | | | X | | | | NONE | NONE | NONE |
| (900) MONICA KLATT (ALF) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (901) JAN E FISHER (APH) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (902) MONICA KLATT (BDF) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (903) JAN E FISHER (BDF) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (904) BRIAN DURNIOK (CHS) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (905) BRADLEY DINGER (HMT) | 1.00 | | | | | | | | | |
| TREASURER AND CFO | NONE | | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (906) LYNN RUPP (HMT) | 1.00 | | | | | | | | | |
| VICE PRESIDENT & COO | NONE | | | X | | | | NONE | NONE | NONE |
| (907) PAULA THOMAS (HNV) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (908) LAURENE TIMMONS (MCK) | 1.00 | | | | | | | | | |
| BOARD SECY, TREAS & CFO | NONE | | | X | | | | NONE | NONE | NONE |
| (909) DONALD OWREY (MUN) | 1.00 | | | | | | | | | |
| PRESIDENT & COO | NONE | | | X | | | | NONE | NONE | NONE |
| (910) CHRISTOPHER STOCKHAUSEN (MUN) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (911) JEFFREY CLARK (NWH) | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (912) EILEEN SIMMONS (BHO) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| (913) CHARLES BOGOSTA (OVI) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (914) EDWARD T KARLOVICH (PRY) | 1.00 | | | | | | | | | |
| EVP & CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (915) MICHELE P JEGASOTHY ESQ (PRY) | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (916) JOHN C STILLEY (PRY) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (917) BRIAN FRITZ (SMH) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (918) NAFIS HILL (SMH) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (919) DONALD OWREY (SUN) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (920) CHRISTOPHER STOCKHAUSEN (SUN) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (921) DONALD OWREY (SUS) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (922) PATTI JACKSON-GEHRIS (SUS) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (923) STEVEN JOHNSON (SUS) | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | | | X | | | | NONE | NONE | NONE |
| (924) CHRISTOPHER STOCKHAUSEN (SUS) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (925) JOHN C. STILLEY (UTS) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| (926) HOLLY LORENZ (UTS) | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (927) WENDY SWARTZ (WEL) | 1.00 | | | | | | | | | |
| TREASURER | NONE | | | X | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

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

**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 | | | |
| (928) KATHY WRIGHT PHD (WEL) | 1.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | NONE | NONE | NONE |
| (929) DONALD OWREY (WEL) | 1.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (930) CHRISTOPHER STOCKHAUSEN (WEL) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| (931) DONALD OWREY (WIL) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (932) PATTI JACKSON-GEHRIS (WIL) | 1.00 | | | | | | | | | |
| PRESIDENT AND COO | NONE | | | X | | | | NONE | NONE | NONE |
| (933) CHRISTOPHER STOCKHAUSEN (WIL) | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | NONE | | | X | | | | NONE | NONE | NONE |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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 ▶

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | 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* | 4 | 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* | 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 |
|---|---|---|
| SEE SCHEDULE O | | |
| | | |
| | | |
| | | |
| | | |

**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 ▶ 282

## Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 432,534. | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 809,602. | | | | |
| | d | Related organizations | 1d 33,102,684. | | | | |
| | e | Government grants (contributions) | 1e 85,806,675. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 49,128,205. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g $ 784,141. | | | | |
| | h | **Total.** Add lines 1a-1f ▶ | | 169,279,700. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | NET PATIENT REV | 900099 | 9,435,792,045. | 9,435,124,506. | 667,539. | |
| | b | OTHER PATIENT SERV | 900099 | 580,781,798. | 580,781,798. | | |
| | c | OTHER PROG SRV REV | 900099 | 10,237,628,633. | 10,236,821,170. | 807,463. | |
| | d | JOINT VENTURE REVENUE | 900099 | 74,231,859. | 75,380,053. | -1,148,194. | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a-2f ▶ | | 20,328,434,335. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 3,500,295. | | | 3,500,295. |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | NONE | | | |
| | 5 | Royalties ▶ | | NONE | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | c | Rental income or (loss) 6c | NONE / NONE | | | | |
| | d | Net rental income or (loss) ▶ | | NONE | | | |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory 7a | 1,049,758,745. / 8,887,722. | | | | |
| | b | Less: cost or other basis and sales expenses 7b | 1,033,670,935. / 5,197,117. | | | | |
| | c | Gain or (loss) 7c | 16,087,810. / 3,690,605. | | | | |
| | d | Net gain or (loss) ▶ | | 19,778,415. | | | 19,778,415. |
| | 8a | Gross income from fundraising events (not including $ 809,602. of contributions reported on line 1c). See Part IV, line 18 8a | 404,958. | | | | |
| | b | Less: direct expenses 8b | 410,451. | | | | |
| | c | Net income or (loss) from fundraising events ▶ | | -5,493. | | | -5,493. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 9a | NONE | | | | |
| | b | Less: direct expenses 9b | 43,750. | | | | |
| | c | Net income or (loss) from gaming activities ▶ | | -43,750. | | | -43,750. |
| | 10a | Gross sales of inventory, less returns and allowances 10a | NONE | | | | |
| | b | Less: cost of goods sold 10b | NONE | | | | |
| | c | Net income or (loss) from sales of inventory ▶ | | NONE | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d ▶ | | NONE | | | |
| | 12 | **Total revenue.** See instructions ▶ | | 20,520,943,502. | 20,328,107,527. | 326,808. | 23,229,467. |

## 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 | 134,607,953. | 134,607,953. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 112,295,000. | 49,294,482. | 63,000,518. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | 6,204,099,101. | 5,090,519,667. | 1,113,579,434. | NONE |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 298,944,645. | 210,616,346. | 88,328,299. | |
| 9 Other employee benefits | 494,529,141. | 442,479,149. | 52,049,992. | |
| 10 Payroll taxes | 319,691,326. | 262,900,026. | 56,791,300. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 14,288,266. | 12,406,570. | 1,881,696. | |
| b Legal | 26,284,756. | 3,095,063. | 23,189,693. | |
| c Accounting | 6,648,047. | | 6,648,047. | |
| d Lobbying | 1,894,074. | | 1,894,074. | |
| e Professional fundraising services. See Part IV, line 17 | NONE | | | |
| f Investment management fees | 2,335,113. | | 2,335,113. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 300,669,822. | 296,256,189. | 4,413,633. | |
| 12 Advertising and promotion | 33,660,679. | 33,660,679. | | |
| 13 Office expenses | 79,444,390. | 63,891,490. | 15,552,900. | |
| 14 Information technology | 310,199,528. | 65,250,850. | 244,948,678. | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 300,355,266. | 253,493,423. | 46,861,843. | |
| 17 Travel | 21,107,850. | 16,739,342. | 4,368,508. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 1,926,348. | 1,615,886. | 310,462. | |
| 20 Interest | 4,875,975. | 1,292,493. | 3,583,482. | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 498,496,841. | 498,496,841. | | |
| 23 Insurance | 114,205,235. | 102,476,442. | 11,728,793. | |
| 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 | 7,704,202,796. | 7,704,202,796. | | |
| b DRUGS | 933,751,930. | 933,751,930. | | |
| c MEDICAL/PATIENT SUPPLIES | 599,724,952. | 599,724,952. | | |
| d MEDICAL IMPLANTS | 339,820,567. | 339,820,567. | | |
| e All other expenses | 1,210,691,491. | 1,186,043,800. | 24,647,691. | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 20068751092. | 18302636936. | 1,766,114,156. | NONE |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 220,272,220. | 1 | 251,295,171. |
| | 2 | Savings and temporary cash investments | 23,772,261. | 2 | 47,435,334. |
| | 3 | Pledges and grants receivable, net | 2,299,154. | 3 | 2,321,724. |
| | 4 | Accounts receivable, net | 2,973,590,675. | 4 | 3,293,672,982. |
| | 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 | NONE | 5 | NONE |
| | 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) | NONE | 6 | NONE |
| | 7 | Notes and loans receivable, net | 625,698,913. | 7 | 311,783,760. |
| | 8 | Inventories for sale or use | 69,550,771. | 8 | 76,425,266. |
| | 9 | Prepaid expenses and deferred charges | 71,486,804. | 9 | 83,462,108. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 9922350740. | | | |
| | b | Less: accumulated depreciation — 10b: 5523056203. | 4,206,167,720. | 10c | 4,399,294,537. |
| | 11 | Investments - publicly traded securities . . . SEE SCHEDULE O | 324,886,050. | 11 | 221,026,003. |
| | 12 | Investments - other securities. See Part IV, line 11 | 548,446,309. | 12 | 674,592,683. |
| | 13 | Investments - program-related. See Part IV, line 11 | NONE | 13 | NONE |
| | 14 | Intangible assets | 63,877,152. | 14 | 62,082,092. |
| | 15 | Other assets. See Part IV, line 11 | 2,507,659,621. | 15 | 2,593,645,150. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 11637707650. | 16 | 12017036810. |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,378,195,523. | 17 | 1,079,042,021. |
| | 18 | Grants payable | NONE | 18 | NONE |
| | 19 | Deferred revenue | 27,419,807. | 19 | 48,038,455. |
| | 20 | Tax-exempt bond liabilities | NONE | 20 | NONE |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| | 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 | NONE | 22 | NONE |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 622,368,393. | 23 | 617,020,039. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | NONE | 24 | NONE |
| | 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 | 1,960,806,603. | 25 | 2,346,068,651. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 3,988,790,326. | 26 | 4,090,169,166. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 6,709,672,606. | 27 | 7,027,487,243. |
| | 28 | Net assets with donor restrictions | 939,244,718. | 28 | 899,380,401. |
| | | **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 | 7,648,917,324. | 32 | 7,926,867,644. |
| | 33 | Total liabilities and net assets/fund balances | 11637707650. | 33 | 12017036810. |

**Part XI Reconciliation of Net Assets**

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 20,520,943,502. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 20,068,751,092. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 452,192,410. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7,648,917,324. |
| 5 | Net unrealized gains (losses) on investments | 5 | -94,781,737. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 5,254,380. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -84,714,733. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 7,926,867,644. |

**Part XII Financial Statements and Reporting**

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | 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? | 3a | X | |
| 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 | 3b | X | |

**SCHEDULE A** (Form 990)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| UPMC GROUP | 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).)

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

a [X] **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 [X] **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 . . . . . 32

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| SEE SUPPLEMENTAL PAGE | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| **Total** | | | | | NONE | NONE |

**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 816,645. | 1,692,402. | 4,320,182. | 11,920,349. | 8,908,152. | 27,657,730. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 **Total.** Add lines 1 through 3 | 816,645. | 1,692,402. | 4,320,182. | 11,920,349. | 8,908,152. | 27,657,730. |
| 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) | | | | | | NONE |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 27,657,730. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 816,645. | 1,692,402. | 4,320,182. | 11,920,349. | 8,908,152. | 27,657,730. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 198,101. | NONE | 401,232. | NONE | NONE | 599,333. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 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. | 808,074. | 2,167,281. | 3,332,287. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 31,589,350. |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12 24,227,312,876.

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 87.55 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . 15 96.06 %

16a **33 1/3 % support test - 2021.** 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 - 2020.** 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 - 2021.** 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 - 2020.** 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13,786,855. | 20,488,344. | 18,546,634. | 63,206,560. | 15,982,002. | 132,010,395. |
| 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 | 4,612,781,764. | 5,518,845,591. | 6,915,580,247. | 7,180,105,274. | 9,379,898,507. | 33,607,211,383. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | NONE |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 6 **Total.** Add lines 1 through 5 | 4,626,568,619. | 5,539,333,935. | 6,934,126,881. | 7,243,311,834. | 9,395,880,509. | 33,739,221,778. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | NONE |
| 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 | | | | | | NONE |
| c Add lines 7a and 7b | | | | | | NONE |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | 33,739,221,778. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 4,626,568,619. | 5,539,333,935. | 6,934,126,881. | 7,243,311,834. | 9,395,880,509. | 33,739,221,778. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 11,152,577. | 17,697,717. | 22,688,976. | 14,432,582. | 22,195,371. | 88,167,223. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | NONE |
| c Add lines 10a and 10b | 11,152,577. | 17,697,717. | 22,688,976. | 14,432,582. | 22,195,371. | 88,167,223. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | NONE |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 153,421. | 196,886. | 37,901. | 4,118,051. | 14,784,030. | 19,290,289. |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | 4,637,874,617. | 5,557,228,538. | 6,956,853,758. | 7,261,862,467. | 9,432,859,910. | 33,846,679,290. |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.68% |
| 16 | Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | 99.73% |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) | 17 | 0.26% |
| 18 | Investment income percentage from **2020** Schedule A, Part III, line 17 | 18 | 0.25% |

19a **33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | 3 | | |

**Section E. Type III Functionally Integrated Supporting Organizations**

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. ***Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations. ***Answer lines 3a and 3b below.*** | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.*** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.* | 3b | | |

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

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

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

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

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

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

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

| Section D - Distributions | | | Current Year |
|---|---|---|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - *provide details in* ***Part VI***) | 5 | |
| 6 | Other distributions (*describe in* ***Part VI***). See instructions. | 6 | |
| 7 | **Total annual distributions.** Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions. | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|---|---|---|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* ***Part VI***). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 . . . . . | | | |
| b | From 2017 . . . . . | | | |
| c | From 2018 . . . . . | | | |
| d | From 2019 . . . . . | | | |
| e | From 2020 . . . . . | | | |
| f | **Total** of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, line 7: $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions. | | | |
| 7 | **Excess distributions carryover to 2022.** Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2017 . . . . | | | |
| b | Excess from 2018 . . . . | | | |
| c | Excess from 2019 . . . . | | | |
| d | Excess from 2020 . . . . | | | |
| e | Excess from 2021 . . . . | | | |

**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 (66)

PUBLIC CHARITY STATUS REASON FOR NON-PRIVATE FOUNDATION STATUS

AUUE, INC.: FOUNDATION STATUS 3

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

CENTER FOR EMERGENCY MEDICINE OF WESTERN PA: FOUNDATION STATUS 10

CENTRAL PENNSYLVANIA MEDICAL FOUNDATION, INC.: FOUNDATION STATUS 12; TYPE 1

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

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION: FOUNDATION STATUS 10

CRANBERRY PLACE: FOUNDATION STATUS 10

DIVINE PROVIDENCE HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY: FOUNDATION STATUS 12, TYPE 2

ERIE PHYSICIANS NETWORK- UPMC INC.: FOUNDATION STATUS 3

HOME NURSING AGENCY AFFILIATES: FOUNDATION STATUS 10

HOME NURSING AGENCY FOUNDATION: FOUNDATION STATUS 7

JAMESON HEALTHCARE FOUNDATION: FOUNDATION STATUS 12, TYPE 2

JAMESON MEDICAL CARE, INC.: FOUNDATION STATUS 10

LAUREL HEALTH SYSTEM: FOUNDATION STATUS 12; TYPE 2

MON YOUGH COMMUNITY SERVICES, INC.: FOUNDATION STATUS 10

REGIONAL HEALTH SERVICES, INC.: FOUNDATION STATUS 10

SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT: FOUNDATION STATUS 10

SUGARCREEK STATION: FOUNDATION STATUS 3

SUSQUEHANNA HEALTH FOUNDATION: FOUNDATION STATUS 7

SUSQUEHANNA HEALTH SYSTEM INNOVATION CENTER, INC.: FOUNDATION STATUS 12;

**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.)

TYPE 2

SUSQUEHANNA PHYSICIAN SERVICES: FOUNDATION STATUS 3

THE HERITAGE SHADYSIDE: FOUNDATION STATUS 10

TIOGA HEALTHCARE PROVIDERS: FOUNDATION STATUS TYPE 3

TWIN LAKES CENTER, INC.: FOUNDATION STATUS TYPE 3

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES: FOUNDATION STATUS 3

UNIVERSITY OF PITTSBURGH PHYSICIANS: FOUNDATION STATUS 3

UPMC ADVANCED PRACTICE PROVIDERS: FOUNDATION STATUS 10

UPMC ALTOONA FOUNDATION: FOUNDATION STATUS 7

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY: FOUNDATION STATUS 10

UPMC ALTOONA: FOUNDATION STATUS 3

UPMC BEDFORD: FOUNDATION STATUS 3

UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES: FOUNDATION STATUS 10

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

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH: FOUNDATION STATUS 3

UPMC COMMUNITY MEDICINE, INC.: FOUNDATION STATUS 3

UPMC COMMUNITY PROVIDER SERVICES, INC.: FOUNDATION STATUS 10

UPMC EAST: FOUNDATION STATUS 3

UPMC EMERGENCY MEDICINE, INC.: FOUNDATION STATUS 10

UPMC FOR YOU: FOUNDATION STATUS 10

UPMC HAMOT: FOUNDATION STATUS 3

UPMC HOME CARE MANAGEMENT SERVICES: FOUNDATION STATUS 10

UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA: FOUNDATION STATUS 10

UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA: FOUNDATION STATUS 10

UPMC HORIZON COMMUNITY HEALTH FOUNDATION: FOUNDATION STATUS 7

UPMC HORIZON: 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.)

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

UPMC JAMESON: FOUNDATION STATUS 3

UPMC KANE: FOUNDATION STATUS 3

UPMC LOCK HAVEN: FOUNDATION STATUS TYPE 3

UPMC LOCUM CLINICIANS: FOUNDATION STATUS 3

UPMC MAGEE-WOMENS HOSPITAL: FOUNDATION STATUS 3

UPMC MCKEESPORT: FOUNDATION STATUS 3

UPMC MEDICAL EDUCATION: FOUNDATION STATUS 12; TYPE 2

UPMC MERCY: FOUNDATION STATUS 3

UPMC MUNCY: FOUNDATION STATUS TYPE 3

UPMC NORTHWEST: FOUNDATION STATUS 3

UPMC OB/GYN JOINT VENTURE, INC.: FOUNDATION STATUS TYPE 3

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

UPMC PASSAVANT: FOUNDATION STATUS 3

UPMC PRESBYTERIAN SHADYSIDE: FOUNDATION STATUS 3

UPMC ST MARGARET: FOUNDATION STATUS 3

UPMC SUNBURY: FOUNDATION STATUS TYPE 3

UPMC SUSQUEHANNA: FOUNDATION STATUS 12; TYPE 2

UPMC TRAVEL STAFFING: FOUNDATION STATUS 3

UPMC WELLSBORO: FOUNDATION STATUS TYPE 3

UPMC WILLIAMSPORT: FOUNDATION STATUS TYPE 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.)

PART I REASON FOR PUBLIC CHARITY STATUS

LINE 12G

ENTITY: UPMC INTERNATIONAL HOLDINGS, INC., (I) NAME OF SUPPORTED ORGANIZATION PER ITS GOVERNING DOCUMENTS, SUPPORTS RELATED AND AFFILIATED 501(C)(3) HOSPITALS. 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: UPMC MEDICAL EDUCATION (I) NAME OF SUPPORTED ORGANIZATIONS AND (II) EIN: UPMC MEDICAL EDUCATION 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:

**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.)

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 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:

ENTITY: SUSQUEHANNA HEALTH SYSTEM INNOVATION CENTER, INC.

(I) NAME OF SUPPORTED ORGANIZATION (II) EIN (III) TYPE OF ORGANIZATION

(IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS:(V) MONETARY SUPPORT:

(VI) AMOUNT OF SUPPORT:

(I) UPMC WILLIAMSPORT (II) 24-0795508 (III) 3 (IV) YES (V) 0 (VI) 0

(I) SUSQUEHANNA PHYSICIAN SERVICES (II) 23-2449454 (III) 3 (IV) YES (V) 0

(VI) 0

(I) DIVINE PROVIDENCE HOSPITAL (II) 24-0799343 (III) 3 (IV) YES (V) 0

(VI) 0

(I) UPMC MUNCY (II) 24-0806023 (III) 3 (IV) YES (V) 0 (VI) 0

ENTITY: LAUREL HEALTH SYSTEM

I) NAME OF SUPPORTED ORGANIZATION (II) EIN (III) TYPE OF ORGANIZATION

(IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS:(V) MONETARY SUPPORT:

(VI) AMOUNT OF SUPPORT:

(I) THE GREEN HOME (II) 24-0804365 (III) 10 (IV) YES (V) 0 (VI) 0

(I) UPMC WELLSBORO (II) 23-2176963 (III) 3 (IV) YES (V) 0 (VI) 0

**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.)

(I) NORTH PENN COMPREHENSIVE HEALTH (II) 23-2176963 (III) 3 (IV) YES (V)

0 (VI) 0

ENTITY: UPMC SUSQUEHANNA

I) NAME OF SUPPORTED ORGANIZATION (II) EIN (III) TYPE OF ORGANIZATION

(IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS:(V) MONETARY SUPPORT:

(VI) AMOUNT OF SUPPORT:

(I) UPMC WILLIAMSPORT (II) 24-0795508 (III) 3 (IV) YES (V) 0 (VI) 0

(I) DIVINE PROVIDENCE (II) 24-0799343 (III) 10 (IV) YES (V) 0 (VI) 0

(I) UPMC MUNCY (II) 24-0806023 (III) 3 (IV) YES (V) 0 (VI) 0

(I) SUSQUEHANNA PHYSICIAN SERVICES (II) 23-2449454 (III) 3 (IV) YES (V) 0

(VI) 0

(I) UPMC WELLSBORO (II) 23-2176963 (III) 3 (IV) YES (V) 0 (VI) 0

(I) THE GREEN HOME (II) 24-0804365 (III) 10 (IV) YES (V) 0 (VI) 0

(I) TIOGA HEALTHCARE PROVIDERS (II) 25-1765538 (III) 3 (IV) YES (V) 0

(VI) 0

(I) UPMC LOCK HAVEN (II) 82-1600494 (III) 3 (IV) YES (V) 0 (VI) 0

(I) UPMC SUNBURY (II) 82-1592230 (III) 3 (IV) YES (V) 0 (VI) 0

ENTITY: DIVINE PROVIDENCE HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY

I) NAME OF SUPPORTED ORGANIZATION (II) EIN (III) TYPE OF ORGANIZATION

(IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS:(V) MONETARY SUPPORT:

(VI) AMOUNT OF SUPPORT:

(I) UPMC WILLIAMSPORT (II) 24-0795508 (III) 3 (IV) NO (V) 0 (VI) 0

**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

UPMC MEDICAL EDUCATION, PER ITS GOVERNING DOCUMENTS, SUPPORTS RELATED AND AFFILIATED 501(C)(3) HOSPITALS.

DIVINE PROVIDENCE HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY SUPPORTS UPMC WILLIAMSPORT BY PROVIDING THE FACILITY AND SUPPORT FOR UPMC WILLIAMSPORT INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES.

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 UPMC MEDICAL EDUCATION ARE ALSO DIRECTORS OF THE SUPPORTED ORGANIZATIONS.

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

**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.)

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | (III) TYPE OF ORGANIZATION | (IV) YES NO | (V) AMOUNT OF SUPPORT | (VI) AMOUNT OF OTHER SUPPORT |
|---|---|---|---|---|---|
| SEE PART VI | 00-0000000 | 3 | | NONE | NONE |
| TOTAL AMOUNT OF SUPPORT | | | | NONE | NONE |

**SCHEDULE C** (Form 990)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**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.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**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 | Employer identification number |
|---|---|
| UPMC GROUP | 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) | | | | | |

**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. | | |
| **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- | | |

| 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. |

**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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (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 | | | | | |

**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) Yes | (a) No | (b) 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 | | 61,049. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 1,833,025. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 1,894,074. |
| 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

# 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

**2021**

**Open to Public Inspection**

**Name of the organization**

UPMC GROUP

**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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 ▶ $

**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 | 120,925,252. | 94,002,934. | 96,685,629. | 98,462,675. | 84,304,348. |
| b Contributions | -1,824,482. | -172,806. | -183,830. | 1,924,852. | 3,879,438. |
| c Net investment earnings, gains, and losses | -7,771,614. | 29,532,654. | -751. | -1,013,507. | 12,495,533. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,697,344. | 2,437,530. | 2,498,114. | 2,688,391. | 2,216,644. |
| f Administrative expenses | | | | | |
| g End of year balance | 109,631,812. | 120,925,252. | 94,002,934. | 96,685,629. | 98,462,675. |

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:

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

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 | | 210,613,259. | | 210,613,259. |
| b Buildings | | 5917705433. | 3440114630. | 2,477,590,803. |
| c Leasehold improvements | | 112,458,550. | 91,704,846. | 20,753,704. |
| d Equipment | | 2832489929. | 1874912680. | 957,577,249. |
| e Other | | 849,083,569. | 116,324,047. | 732,759,522. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 4,399,294,537. |

**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) LIMITED PARTNERSHIPS | 68,180,568. | FMV |
| (B) CASH EQUIVALENTS | 606,412,115. | FMV |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | 674,592,683. | |

**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 | 1,098,219,153. |
| (2) BENEFICIAL INT IN FOUNDATIONS | 658,781,299. |
| (3) INVESTMENTS WITH RELATED ORGS | 467,186,697. |
| (4) INVEST IN JOINT VENTURES | 148,689,760. |
| (5) DUE FROM RESTRICTED FUNDS | 103,104,806. |
| (6) OTHER ASSETS | 92,246,567. |
| (7) LONG TERM BUILDING LEASE | 25,416,868. |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | 2,593,645,150. |

**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 | 1,731,325,670. |
| (3) DUE TO THIRD PARTY PAYORS | 219,059,606. |
| (4) INSURANCE CLAIMS LIABILITIES | 180,737,940. |
| (5) OTHER CURRENT & LT LIABILITIES | 107,390,561. |
| (6) PATIENT DEP/CREDIT BALANCES | 72,288,382. |
| (7) PENSION LIABILITIES | 35,266,492. |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 2,346,068,651. |

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 . X

**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 SUPPLEMENTAL PAGE

**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, 2022, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED.

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

**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 | NONE | NONE | PROGRAM SERVICES | HEALTH CARE EDUCATION | 33,523. |
| (2) EAST ASIA AND THE PACIFIC | NONE | NONE | PROGRAM SERVICES | HEALTH CARE EDUCATION | 28,585. |
| (3) EUROPE | NONE | NONE | PROGRAM SERVICES | HEALTH CARE EDUCATION | 49,569,197. |
| (4) MIDDLE EAST AND NORTH AFRICA | NONE | NONE | PROGRAM SERVICES | HEALTH CARE EDUCATION | 4,464. |
| (5) NORTH AMERICA | NONE | NONE | PROGRAM SERVICES | HEALTH CARE EDUCATION | 81,215. |
| (6) SOUTH AMERICA | NONE | NONE | PROGRAM SERVICES | HEALTH CARE EDUCATION | 2,603. |
| (7) SOUTH ASIA | NONE | NONE | PROGRAM SERVICES | HEALTH CARE EDUCATION | 4,490. |
| (8) SUB-SAHARAN AFRICA | NONE | NONE | PROGRAM SERVICES | HEALTH CARE EDUCATION | 6,047. |
| (9) CENTRAL AMERICA/CARIBBEAN | NONE | NONE | INVESTMENTS | | 70,686,074. |
| (10) EAST ASIA AND THE PACIFIC | NONE | NONE | INVESTMENTS | | 3,726,051. |
| (11) EUROPE | NONE | NONE | INVESTMENTS | | 28,746,775. |
| (12) MIDDLE EAST AND NORTH AFRICA | NONE | NONE | INVESTMENTS | | 626,202. |
| (13) NORTH AMERICA | NONE | NONE | INVESTMENTS | | 5,555,020. |
| (14) SOUTH AMERICA | NONE | NONE | INVESTMENTS | | 306,277. |
| (15) SOUTH ASIA | NONE | NONE | INVESTMENTS | | 323,036. |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal . . . . . | NONE | NONE | | | 159,699,559. |
| b Total from continuation sheets to Part I . . . . . | | | | | |
| c **Totals** (add lines 3a and 3b) | NONE | NONE | | | 159,699,559. |

**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 a tax exempt 501(c)(3) organization 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)* | [X] 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 | [X] 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)* | [X] 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 | [X] 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)* | [X] 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 | [X] No |

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

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

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)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, 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

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

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

**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? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|---|
| 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 CELEB CLASSIC (event type) | (b) Event #2 CHARITY GOLF (event type) | (c) Other events 15 (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 226,545. | 121,260. | 507,948. | 855,753. |
| | 2 Less: Contributions | 142,470. | 59,376. | 248,949. | 450,795. |
| | 3 Gross income (line 1 minus line 2) | 84,075. | 61,884. | 258,999. | 404,958. |
| Direct Expenses | 4 Cash prizes | NONE | NONE | 7,330. | 7,330. |
| | 5 Noncash prizes | 12,736. | 19,302. | 20,822. | 52,860. |
| | 6 Rent/facility costs | 7,326. | 26,186. | 58,353. | 91,865. |
| | 7 Food and beverages | 94,714. | NONE | 44,473. | 139,187. |
| | 8 Entertainment | 3,200. | NONE | 10,650. | 13,850. |
| | 9 Other direct expenses | 12,513. | 6,324. | 86,522. | 105,359. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 410,451. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -5,493. |

**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)**

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**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 | 1a | X | |
| b | If "Yes," was it a written policy? | 1b | X | |
| 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. [X] 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% [X] Other 250.0000 % | 3a | X | |
| 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% [X] 400% [ ] Other _____ % | 3b | X | |
| c | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | X | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | X | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | X |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | X | |
| b | If "Yes," did the organization make it available to the public? | 6b | X | |

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) | | | 67,915,802. | | 67,915,802. | 0.34 |
| b Medicaid (from Worksheet 3, column a) | | | 1,544,954,121. | 1,201,731,038. | 343,223,083. | 1.73 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 14,091,618. | 7,218,474. | 6,873,144. | 0.03 |
| d **Total.** Financial Assistance and Means-Tested Government Programs | | | 1,626,961,541. | 1,208,949,512. | 418,012,029. | 2.10 |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 99,201,611. | 8,851,587. | 90,350,024. | 0.46 |
| f Health professions education (from Worksheet 5) | | | 318,227,130. | 105,134,429. | 213,092,701. | 1.08 |
| g Subsidized health services (from Worksheet 6) | | | 243,448,930. | 103,408,187. | 140,040,743. | 0.71 |
| h Research (from Worksheet 7) | | | 297,780,924. | | 297,780,924. | 1.50 |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 141,425,294. | | 141,425,294. | 0.71 |
| j **Total.** Other Benefits | | | 1,100,083,889. | 217,394,203. | 882,689,686. | 4.46 |
| k **Total.** Add lines 7d and 7j | | | 2,727,045,430. | 1,426,343,715. | 1,300,701,715. | 6.56 |

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

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

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

**Section A. Bad Debt Expense**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | 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 | 2 62,761,099. | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 6,866,157. | | |
| 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 2,441,411,013. | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 3,267,214,810. | | |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 -825,803,797. | | |
| 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 | |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | 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 | 50.0000 | | 50.0000 |
| 2 | HAMOT SURGERY CENTER | OUTPATIENT SURGERY CTR | 51.0000 | | 49.0000 |
| 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? 29

| 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<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213<br>WWW.UPMC.COM EIN: 25-0965480 | 16 | 33 | 01 | | | | | | | |
| | X | X | | X | | X | X | | | A |
| **2** UPMC PRESBYTERIAN SHADYSIDE<br>5230 CENTRE AVENUE<br>PITTSBURGH PA 15232<br>WWW.UPMC.COM EIN: 25-0965480 | 16 | 33 | 01 | | | | | | | |
| | X | X | | X | | X | X | | | A |
| **3** UPMC PRESBYTERIAN SHADYSIDE<br>1300 OXFORD DRIVE<br>PITTSBURGH PA 15102<br>WWW.UPMC.COM EIN: 25-0965480 | 09 | 62 | 15 | 00 | | | | | OUTPATIENT AMBULATORY & SURGICAL CENTER | |
| | X | | | | | | | | | A |
| **4** UPMC HAMOT<br>201 STATE STREET<br>ERIE PA 16550<br>WWW.UPMC.COM EIN: 25-0965387 | 82 | 30 | 01 | | | | | | | |
| | X | X | | X | | X | X | | | A |
| **5** UPMC HAMOT<br>118 EAST 2ND STREET<br>ERIE PA 16507<br>WWW.UPMC.COM EIN: 25-0965387 | 82 | 30 | 01 | | | | | | | |
| | X | X | | | | | | | | A |
| **6** UPMC MERCY<br>1400 LOCUST STREET<br>PITTSBURGH PA 15219<br>WWW.UPMC.COM EIN: 25-0965429 | 13 | 61 | 01 | 00 | | | | | OUTPATIENT AMBULATORY & SURGICAL CENTER | |
| | X | X | | X | | | X | | | A |
| **7** UPMC PASSAVANT<br>9100 BABCOCK BLVD<br>PITTSBURGH PA 15237<br>WWW.UPMC.COM EIN: 25-0965451 | 40 | 04 | 01 | | | | | | | |
| | X | X | | | | X | X | | | A |
| **8** UPMC PASSAVANT<br>1 ST FRANCIS WAY<br>CRANBERRY TWP PA 16066<br>WWW.UPMC.COM EIN: 25-0965451 | 40 | 04 | 01 | | | | | | | |
| | X | X | | | | X | X | | | A |
| **9** UPMC MAGEE-WOMENS HOSPITAL<br>300 HALKET STREET<br>PITTSBURGH PA 15213<br>WWW.UPMC.COM EIN: 25-0965420 | 65 | 03 | 01 | | | | | | | |
| | X | X | | X | | X | X | | | A |
| **10** UPMC ALTOONA<br>620 HOWARD STREET<br>ALTOONA PA 16601<br>WWW.UPMC.COM EIN: 23-1352155 | 12 | 80 | 01 | | | | | | | |
| | 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)

| 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 CHILDREN'S HOSPITAL OF PGH<br>4401 PENN AVE<br>PITTSBURGH PA 15224<br>WWW.UPMC.COM EIN: 25-0402510 | 29 | 1 | 2 | 01 | | | | | | |
| | X | X | X | X | | X | X | | | A |
| **2** UPMC CHILDREN'S HOSPITAL OF PGH<br>2599 WEXFORD-BAYNE ROAD<br>SEWICKLEY PA 15143<br>WWW.UPMC.COM EIN: 25-0402510 | 29 | 1 | 2 | 01 | | | | | | |
| | X | | | | | | | | | A |
| **3** UPMC WESTERN PSYCHIATRIC HOSPITAL<br>3811 O'HARA STREET<br>PITTSBURGH PA 15213<br>WWW.UPMC.COM EIN: 25-0965480 | 39 | 0 | 1 | 64 | | | | | | |
| | X | | | | | | | | | A |
| **4** UPMC WILLIAMSPORT<br>700 HIGH STREET<br>WILLIAMSPORT PA 17701<br>WWW.UPMC.COM EIN: 24-0795508 | 23 | 4 | 6 | 01 | | | | | | |
| | X | X | | | | | X | | | A |
| **5** UPMC WILLIAMSPORT DIVINE PROVIDENCE<br>1100 GRAMPION BLVD<br>WILLIAMSPORT PA 17701<br>WWW.UPMC.COM EIN: 24-0795508 | 23 | 4 | 6 | 01 | | | | | | |
| | X | X | | | | | | | | A |
| **6** UPMC ST. MARGARET<br>815 FREEPORT ROAD<br>PITTSBURGH PA 15215<br>WWW.UPMC.COM EIN: 23-2875070 | 19 | 5 | 9 | 01 | | | | | | |
| | X | X | | X | | | X | | | A |
| **7** UPMC ST. MARGARET<br>3 MARINER COURT<br>PITTSBURGH PA 15238<br>WWW.UPMC.COM EIN: 23-2875070 | 19 | 5 | 9 | 01 | | | | | OUTPATIENT AMBULATORY & SURGICAL CENTER | |
| | X | | | | | | | | | A |
| **8** UPMC MCKEESPORT<br>1500 FIFTH AVENUE<br>MCKEESPORT PA 15132<br>WWW.UPMC.COM EIN: 25-0965423 | 65 | 0 | 4 | 01 | | | | | | |
| | X | X | | X | | | X | | | A |
| **9** UPMC NORTHWEST<br>100 FAIRFIELD DRIVE<br>SENECA PA 16346<br>WWW.UPMC.COM EIN: 25-0489010 | 15 | 1 | 0 | 01 | | | | | | |
| | X | X | | | | | X | | | A |
| **10** UPMC EAST<br>2775 MOSSIDE BOULEVARD<br>MONROEVILLE PA 15146<br>WWW.UPMC.COM EIN:27-4814831 | 22 | 7 | 6 | 01 | 0 | 1 | | | | |
| | 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 JAMESON<br>1211 WILMINGTON AVENUE<br>NEW CASTLE PA 16105<br>WWW.UPMCJAMESON.COM EIN:25-0965406 | 10 | 12 | 01 | | | | X | | | A |
| **2** UPMC HORIZON<br>110 MAIN STREET<br>GREENVILLE PA 16125<br>WWW.UPMC.COM EIN: 25-0523970 | 71 | 90 | 1 | X | | | X | | | A |
| **3** UPMC HORIZON<br>2200 MEMORIAL DRIVE<br>FARRELL PA 16121<br>WWW.UPMCJAMESON.COM EIN: 25-0523970 | 71 | 90 | 1 | X | | | X | | | A |
| **4** UPMC SUNBURY<br>350 NORTH ELEVENTH ST<br>SUNBURY PA 17801<br>WWW.UPMC.COM EIN: 82-1592230 | 45 | 03 | 01 | | | | X | | | A |
| **5** UPMC BEDFORD<br>10455 LINCOLN HIGHWAY<br>EVERETT PA 15337<br>WWW.UPMC.COM EIN: 23-1396795 | 65 | 05 | 01 | | | | X | | | A |
| **6** UPMC WELLSBORO<br>32-36 CENTRAL AVE<br>WELLSBORO PA 16901<br>WWW.UPMC.COM EIN: 23-2176963 | 39 | 00 | 43 | | X | | X | | | A |
| **7** UPMC KANE<br>4372 ROUTE 6<br>KANE PA 16735<br>WWW.UPMC.COM EIN: 25-0998168 | 55 | 05 | 01 | X | | | X | | | A |
| **8** UPMC LOCK HAVEN<br>24 CREE DRIVE<br>LOCK HAVEN PA 17745<br>WWW.UPMC.COM EIN: 82-1600494 | 12 | 22 | 01 | | | | X | | | A |
| **9** UPMC MUNCY<br>215 EAST WATER STREET<br>MUNCY PA 17756<br>WWW.UPMC.COM EIN: 24-0806023 | 13 | 43 | 01 | | X | | X | | | A |
| **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** A

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 29

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment** | | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | 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 | 2 | | 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 | 3 | X | |
| | If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| a | [X] A definition of the community served by the hospital facility | | | |
| b | [X] Demographics of the community | | | |
| c | [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | [X] How data was obtained | | | |
| e | [X] The significant health needs of the community | | | |
| f | [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | [X] The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | [X] The process for consulting with persons representing the community's interests | | | |
| i | [X] 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: 2021 | | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | 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 | 6a | X | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | | X |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | X | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | | |
| a | [X] Hospital facility's website (list url): SEE PART V SUPPLEMENTAL INFORMATION | | | |
| b | [ ] Other website (list url): | | | |
| c | [X] 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 | 8 | X | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 2021 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | X | |
| a | If "Yes," (list url): SAME AS 7A ABOVE | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | X |
| b | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| 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 | [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.0000 % and FPG family income limit for eligibility for discounted care of 400.0000 % | | | |
| b | [ ] Income level other than FPG (describe in Section C) | | | |
| c | [ ] Asset level | | | |
| d | [X] Medical indigency | | | |
| e | [X] Insurance status | | | |
| f | [X] 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 | [X] Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | [X] 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 | [X] The FAP was widely available on a website (list url): WWW.UPMC.COM (SEE PART VI) | | | |
| b | [X] The FAP application form was widely available on a website (list url): WWW.UPMC.COM (SEE PART VI) | | | |
| c | [X] A plain language summary of the FAP was widely available on a website (list url): WWW.UPMC.COM (SEE PART VI) | | | |
| d | [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | [X] 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 | [X] 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 | [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | [X] 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) | | | |

**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? | 17 | 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? | 19 | | 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**

| | | | | |
|---|---|---|---|---|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 | 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 |

**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 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. UPMC INVITED NEARLY 3,000 STAKEHOLDERS TO HELP IDENTIFY THEIR COMMUNITY'S MOST PRESSING HEALTH NEEDS. 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

IN JUNE 2022 UPMC HOSPITALS COMPLETED 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, BLAIR, AND SOMERSET COUNTY HOSPITALS IN PENNSYLVANIA, AND ALLEGANY COUNTY HOSPITAL IN MARYLAND: UPMC ALTOONA, UPMC BEDFORD, UPMC SOMERSET, AND UPMC WESTERN MARYLAND.

ERIE, LAWRENCE, MCKEAN, MERCER, AND VENANGO COUNTIES IN PENNSYLVANIA AND CHAUTAUQUA COUNTY, NEW YORK HOSPITALS: UPMC HAMOT, UPMC JAMESON, UPMC KANE, UPMC HORIZON, UPMC NORTHWEST, AND UPMC CHAUTAUQUA.

CLINTON, LYCOMING, POTTER, AND TIOGA COUNTY HOSPITALS: UPMC LOCK HAVEN, UPMC MUNCY, UPMC WILLIAMSPORT, UPMC COLE, AND UPMC WELLSBORO.

CUMBERLAND, DAUPHIN, LANCASTER, AND YORK COUNTY HOSPITALS: UPMC CARLISLE, UPMC HANOVER, UPMC MEMORIAL, UPMC LITITZ, AND UPMC PINNACLE HOSPITALS: INCLUDING UPMC COMMUNITY OSTEOPATHIC, UPMC HARRISBURG, AND UPMC WEST SHORE.

**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 7A AND 10A

WEBSITE FOR CHNA
HTTP://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEED
S-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-ASSES
SMENT.ASPX

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 29 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

**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.

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? 181

| | Name and address | Type of Facility (describe) |
|---|---|---|
| 1 | UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213 | PHYSICIAN SERVICES |
| 2 | UPMC COMMUNITY MEDICINE, INC (CMI)<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213 | PHYSICIAN SERVICES |
| 3 | UPMC ST. MARGARET GERIATRIC CARE CENTER<br>1215 HULTON ROAD<br>OAKMONT PA 15139 | OUTPATIENT SERVICES |
| 4 | UPMC EMERGENCY MEDICINE, INC (EMI)<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213 | ER PHYSICIANS SERVICES |
| 5 | ERIE PHYSICIAN NETWORK-UPMC, INC. (EPN)<br>3535 PINE AVENUE<br>ERIE PA 16504 | PHYSICIAN SERVICES |
| 6 | UPMC MAGEE-WOMENS HOSPITAL (MAG)<br>720 PENN AVENUE<br>PITTSBURGH PA 15221 | OUTPATIENT SERVICES |
| 7 | MAGEE-WOMENS IMAGING MCKEESPORT (MAG)<br>1500 FIFTH AVENUE, STE MA12<br>MCKEESPORT PA 15132 | IMAGING SERVICES |
| 8 | UPMC MAGEE-WOMENS HOSPITAL (MAG)<br>4075 MONROEVILLE BLVD 2 STE 330<br>MONROEVILLE PA 15146 | OUTPATIENT SERVICES<br>IMAGING CENTER |
| 9 | UPMC MAGEE-WOMENS HOSPITAL (MAG)<br>559 MILLER AVENUE<br>CLAIRTON PA 15025 | OUTPATIENT SERVICES<br>IMAGING CENTER |
| 10 | UPMC MAGEE-WOMENS HOSPITAL (MAG)<br>1630 ARLINGTON AVENUE<br>PITTSBURGH PA 15210 | OUTPATIENT SERVICES<br>IMAGING CENTER |

**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 MONROEVILLE (MAG)<br>4075 MONROEVILLE BLVD 2 STE 225<br>MONROEVILLE PA 15146 | OUTPATIENT SERVICES<br>IMAGING CENTER |
| 2 | MAGEE-WOMENS IMAGING NORTH (MAG)<br>2599 WEXFORD-BAYNE ROAD<br>SEWICKLEY PA 15143 | OUTPATIENT SERVICES &<br>IMAGING SERVICES |
| 3 | MAGEE-WOMENS IMAGING SOUTH HILLS (MAG)<br>1300 OXFORD DRIVE, SUITE 2A<br>BETHEL PARK PA 15102 | OUTPATIENT SERVICES &<br>IMAGING SERVICES |
| 4 | UPMC OUTPATIENT CENTER WEST MIFFLIN (MAG<br>275 CLAIRTON BLVD<br>WEST MIFFLIN PA 15236 | IMAGING SERVICES |
| 5 | UPMC OUTPATIENT SURGERY CENTER WEST MIFF<br>276 CLAIRTON BLVD<br>WEST MIFFLIN PA 15237 | AMBULATORY SURGERY CENTER |
| 6 | MAGEE-WOMENS IMAGING AT HILLMAN CANCER C<br>5115 CENTER AVENUE, STE 140, 1ST FLOOR<br>PITTSBURGH PA 15232 | IMAGING SERVICES |
| 7 | MAGEE-WOMENS IMAGING NATRONA HEIGHTS (MA<br>1800 UNION AVENUE, STE B<br>NATRONA HEIGHTS PA 15065 | IMAGING SERVICES |
| 8 | MAGEE-WOMENS IMAGING LEMIEUX (MAG)<br>8000 CRANBERRY SPRINGS DR, STE SM601A<br>CRANBERRY TWP PA 16066 | IMAGING SERVICES |
| 9 | MAGEE-WOMENS IMAGING GREENTREE (MAG)<br>969 GREENTREE ROAD<br>PITTSBURGH PA 15220 | IMAGING SERVICES |
| 10 | MAGEE-WOMENS IMAGING IRWIN (MAG)<br>8955 STATE ROUTE 30<br>IRWIN PA 15642 | IMAGING SERVICES |

**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 ST. MARGARET (MAG)<br>815 FREEPORT ROAD, STE 2160<br>PITTSBURGH PA 15215 | IMAGING SERVICES |
| 2 | UPMC HILLMAN CANCER CENTER BEAVER (MAG)<br>1030 BEANER HOLLOW RD<br>BEAVER PA 15009 | ONCOLOGY SERVICES |
| 3 | UPMC HILLMAN CANCER CENTER WASHINGTON (M<br>470 JOHNSON ROAD, STE 10<br>WASHINGTON PA 15301 | ONCOLOGY SERVICES |
| 4 | UPMC HILLMAN CANCER CENTER SEWICKLEY (MA<br>1600 CORAOPOLIS HEIGHTS ROAD<br>CORAOPOLIS PA 15108 | ONCOLOGY SERVICES |
| 5 | UPMC HILLMAN CANCER CENTER AT NATRONA HE<br>1604 BURTNER ROAD<br>NATRONA HEIGHTS PA 15065 | ONCOLOGY SERVICES |
| 6 | UPMC HILLMAN CANCER CENTER AT UPMC ST MA<br>200 DELAFIELD ROAD<br>PITTSBURGH PA 15215 | ONCOLOGY SERVICES |
| 7 | UPMC HILLMAN CANCER CENTER BETHEL PARK<br>2000 OXFORD DRIVE, STE 500<br>BETHEL PARK PA 15102 | ONCOLOGY SERVICES<br>IMAGING CENTER |
| 8 | UPMC HILLMAN CANCER CENTER MONROEVILLE<br>400 OXFORD DRIVE<br>MONROEVILLE PA 15146 | ONCOLOGY SERVICES |
| 9 | UPMC HILLMAN CANCER CENTER AT UPMC PASSA<br>9100 BABCOCK BLVD<br>PITTSBURGH PA 15237 | ONCOLOGY SERVICES<br>IMAGING SERVICES |
| 10 | UPMC HILLMAN CANCER CENTER WEST MIFFLIN<br>1907 LEBANON CHURCH ROAD, SUITE 200<br>WEST MIFFLIN PA 15122 | ONCOLOGY SERVICES |

**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 (MAG)<br>5115 CENTRE AVENUE<br>PITTSBURGH PA 15232 | ONCOLOGY SERVICES |
| 2 | UPMC CENTER FOR FERTILITY AND REPRODUCTI<br>419 RODI ROAD<br>PITTSBURGH PA 15235 | ENDOCRONOLOGY SERVICES<br>IMAGING CENTER |
| 3 | MAGEE WOMENS IMAGING MCCANDLESS (MAG)<br>9100 BABCOCK BLVD<br>PITTSBURGH PA 15237 | IMAGING SERVICES |
| 4 | HARRISON CITY WOMEN'S IMAGING<br>3520 ROUTE 3520 130, BUILDING 1<br>IRWIN PA 15642 | IMAGING SERVICES |
| 5 | UPMC MERCY GREENTREE (MER)<br>969 GREENTREE ROAD<br>PITTSBURGH PA 15220 | OUTPATIENT SERVICES &<br>IMAGING SERVICES |
| 6 | UPMC CENTER FOR SPORTS MEDICINE (MER)<br>3200 S WATER STREET<br>PITTSBURGH PA 15203 | OUTPATIENT SERVICES |
| 7 | UPMC MERCY SOUTH SIDE (MER)<br>2000 MARY STREET<br>PITTSBURGH PA 15203 | OUTPATIENT SERVICES<br>PHYSICIAN, IMAGING SERVICES |
| 8 | UPMC PRIMARY CARE IN MONTGOMERY (MUN)<br>45 PARK DR, RT 405<br>MONTGOMERY PA 17752 | OUTPATIENT SERVICES |
| 9 | UPMC MUNCY MEDICAL BUILDING (MUN)<br>10 SHADY LANE<br>MUNCY PA 17746 | OUTPATIENT SERVICES |
| 10 | UPMC ST. MARGARET MEDICAL ARTS BUILDING<br>100 DELAFIELD ROAD<br>PITTSBURGH PA 15215 | OUTPATIENT SERVICES<br>PHYSICIAN, IMAGING SERVICES |

**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-NATRONA HEIGHTS (SMH)<br>1604 BURTNER ROAD STE 109 (SMH)<br>NATRONA HEIGHTS PA 15065 | OUTPATIENT SERVICES |
| 2 | UPMC ST. MARGARET MEDICAL ARTS BUILDING<br>200 DELAFIELD ROAD<br>PITTSBURGH PA 15215 | OUTPATIENT SERVICES |
| 3 | UPMC ST. MARGARET DERMATOLOGY (SMH)<br>2585 FREEPORT ROAD, STE 204<br>PITTSBURGH PA 15238 | OUTPATIENT SERVICES |
| 4 | UPMC NATRONA HEIGHTS MULTISPECIALTY(SMH)<br>1800 UNION AVENUE<br>NATRONA HEIGHTS PA 15065 | OUTPATIENT SERVICES |
| 5 | UPMC ST. MARGARET SURGICAL CENTER HARMAR<br>3 MARINER COURT<br>PITTSBURGH PA 15238 | AMBULATORY SURGERY CENTER |
| 6 | SPECIALTY CARE CENTER - HERMITAGE (HRZ)<br>875 N HERMITAGE ROAD<br>HERMITAGE PA 16148 | OUTPATIENT SERVICES |
| 7 | DIAGNOSTIC CENTER - MERCER (HRZ)<br>737 GREENVILLE ROAD<br>MERCER PA 16137 | OUTPATIENT SERVICES |
| 8 | REGIONAL SLEEP CENTER (HRZ)<br>875 N HERMITAGE ROAD<br>HERMITAGE PA 16148 | AMBULATORY SERVICES |
| 9 | OUTPATIENT IMAGING - GREENVILLE MED CENT<br>90 SHENANGO STREET<br>GREENVILLE PA 16125 | IMAGING SERVICES |
| 10 | HILLMAN CANCER CTR ONCOLOGY - NEW CASTLE<br>3410 WILMINGTON ROAD<br>NEW CASTLE PA 16105 | ONCOLOGY SERVICES |

**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 HORIZON - GREENVILLE (HRZ)<br>110 NORTH MAIN STREET<br>GREENVILLE PA 16125 | HOSPITAL CAMPUS |
| 2 | PAIN MANAGEMENT & WOUND CLINIC (HRZ)<br>2120 LIKENS LANE<br>FARRELL PA 16121 | OUTPATIENT SERVICES |
| 3 | UPMC HORIZON - SHENANGO VALLEY CAMPUS<br>2200 MEMORIAL DRIVE<br>FARRELL PA 16121 | HOSPITAL CAMPUS |
| 4 | DIAGNOSTIC CENTER - NEW WILMINGTON (HRZ)<br>3438 ROUTE 208<br>NEW WILMINGTON PA 16142 | OUTPATIENT SERVICES |
| 5 | DIAGNOSTIC LAB - PRIMARY HEALTH NETWORK<br>350 SHARON NEW CASTLE ROAD<br>FARRELL PA 16121 | OUTPATIENT SERVICES |
| 6 | UPMC NORTHWEST MRI CENTER (NWH)<br>1671 ALLEGHENY BLVD<br>RENO PA 16343 | IMAGING SERVICES |
| 7 | UPMC NORTHWEST CTR FOR WOUND TREATMENT (<br>6885 US HIGHWAY 322, STE 4<br>FRANKLIN PA 16323 | OUTPATIENT SERVICES |
| 8 | CLARION FAMILY PRACTICE (NWH)<br>22681 ROUTE 68<br>CLARION PA 16214 | OUTPATIENT SERVICES |
| 9 | UPMC NORTHWEST (NWH)<br>1 MEMORIAL DRIVE<br>OIL CITY PA 16301 | OUTPATIENT SERVICES |
| 10 | UPMC NORTHWEST (NWH)<br>1008 SOUTH FIFTH AVENUE, STE 203<br>CLARION PA 16214 | PHYSICIAN SERVICES |

**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 NORTHWEST (NWH)<br>1310 LIBERTY STREET<br>FRANKLIN PA 16323 | OUTPATIENT SERVICES |
| 2 | UPMC PASSAVANT-CRANBERRY CAMPUS (PAS)<br>3 ST FRANCIS WAY<br>CRANBERRY TWP PA 16066 | OUTPATIENT SERVICES |
| 3 | UPMC WOUND HEALING SERVICES (PAS)<br>2030 MACKENZIE WAY, STE 400<br>CRANBERRY TWP PA 16066 | OUTPATIENT SERVICES |
| 4 | UPMC PASSAVANT-SPINE CENTER (PAS)<br>12680 PERRY HIGHWAY<br>WEXFORD PA 15090 | IMAGING SERVICES |
| 5 | UPMC PASSAVANT- OUTPATIENT CENTER HAMPTO<br>4490 MT. ROYAL BLVD<br>ALLISON PARK PA 15101 | IMAGING SERVICES |
| 6 | UPMC PASSAVANT(PAS)<br>ONE ST. FRANCIS WAY<br>CRANBERRY TOWNSHIP PA 16066 | OUTPATIENT SERVICES |
| 7 | UPMC DIGESTIVE HEALTH AND ENDOSCOPY(PUH)<br>1000 INTEGRITY DRIVE, STE 110<br>PITTSBURGH PA 15235 | OUTPATIENT SERVICES |
| 8 | WESTERN PSYCH INSTITUTE AND CLINIC (WPIC<br>100 N BELLEFIELD AVE<br>PITTSBURGH PA 15213 | OUTPATIENT BEHAVIORAL HEALTH |
| 9 | WESTERN PSYCH INSTITUTE AND CLINIC (WPIC<br>1011 BINGHAM STREET<br>PITTSBURGH PA 15203 | OUTPATIENT BEHAVIORAL HEALTH |
| 10 | WESTERN PSYCH INSTITUTE AND CLINIC (WPIC<br>1835 CENTRE AVENUE<br>PITTSBURGH PA 15219 | OUTPATIENT BEHAVIORAL HEALTH |

**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 (WPIC<br>300 HALKET STREET<br>PITTSBURGH PA 15213 | OUTPATIENT BEHAVIORAL HEALTH |
| 2 | WESTERN PSYCH INSTITUTE AND CLINIC (WPIC<br>310 FISK STREET<br>PITTSBURGH PA 15201 | OUTPATIENT BEHAVIORAL HEALTH |
| 3 | WESTERN PSYCH INSTITUTE AND CLINIC (WPIC<br>3501 FORBES AVENUE<br>PITTSBURGH PA 15213 | OUTPATIENT BEHAVIORAL HEALTH |
| 4 | WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>373 BURROWS STREET<br>PITTSBURGH PA 15213 | OUTPATIENT BEHAVIORAL HEALTH |
| 5 | UPMC WESTERN PSYCHIATRIC HOSPITAL<br>225 PENN AVENUE<br>PITTSBURGH PA 15221 | OUTPATIENT BEHAVIORAL HEALTH |
| 6 | UPMC WESTERN PSYCHIATRIC HOSPITAL<br>11279 PERRY HIGHWAY<br>WEXFORD PA 15090 | OUTPATIENT BEHAVIORAL HEALTH |
| 7 | UPMC WESTERN PSYCHIATRIC HOSPITAL<br>3811 O'HARA STREET<br>PITTSBURGH PA 15213 | OUTPATIENT BEHAVIORAL HEALTH |
| 8 | BENEDUM GERIATRIC BH CLINIC- UPMC WESTER<br>3459 FIFTH AVENUE<br>PITTSBURGH PA 15213 | OUTPATIENT BEHAVIORAL HEALTH |
| 9 | FALK PHARMACY<br>3601 5TH AVENUE<br>PITTSBURGH PA 15213 | PHARMACY |
| 10 | SCHOOL FOR BLIND UPMC WESTERN PSYCHIATRI<br>250 N BELLEFIELD AVE<br>PITTSBURGH PA 15213 | OUTPATIENT SERVICES |

**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 PHSYCHIATRIC HOSPITAL - OUT<br>2400 E CARSON ST<br>PITTSBURGH PA 15203 | OUTPATIENT SERVICES |
| 2 | HILLMAN CENTER PHARMACY<br>5115 CENTRE AVENUE<br>PITTSBURGH PA 15232 | PHARMACY |
| 3 | UPMC PAIN MEDICINE AT CENTRE COMMON<br>5750 CENTRE AVENUE<br>PITTSBURGH PA 15206 | OUTPATIENT SERVICES |
| 4 | UPMC MONROEVILLE IMAGING CENTER<br>600 OXFORD DR<br>MONROEVILLE PA 15146 | IMAGING SERVICES |
| 5 | UPMC PAIN MEDICINE<br>600 OXFORD DR<br>MONROEVILLE PA 15146 | OUTPATIENT SERVICES |
| 6 | UPMC SOUTH SURGERY CENTER<br>1300 OXFORD DR<br>BETHEL PARK PA 15102 | OUTPATIENT SERVICES |
| 7 | UPMC MATILDA H. THEISS HEALTH CENTER<br>373 BURROWS STREET<br>PITTSBURGH PA 15213 | OUTPATIENT SERVICES |
| 8 | SLEEP MEDICINE CENTER AT MONROEVILLE<br>400 OXFORD DRIVE, STE 65<br>MONROEVILLE PA 15146 | OUTPATIENT SERVICES |
| 9 | UPMC SHADYSIDE MEDICAL BUILDING<br>5200 CENTRE AVENUE<br>PITTSBURGH PA 15232 | OUTPATIENT SERVICES |
| 10 | UPMC HILLMAN CANCER CENTER TISSUE & RESE<br>5230 CENTRE AVENUE<br>PITTSBURGH PA 15232 | OUTPATIENT SERVICES |

**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 PRESBYTERIAN SHADYSIDE<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213 | REHABILITATION SERVICES |
| 2 | UPMC PRESBYTERIAN SHADYSIDE<br>200 LOTHROP STREET, STE E-173<br>PITTSBURGH PA 15213 | PHARMACY SERVICES |
| 3 | UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC)<br>333 N BRADDOCK AVENUE<br>PITTSBURGH PA 15208 | OUTPATIENT BEHAVIORAL HEALTH |
| 4 | UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC)<br>807 WALLACE AVENUE<br>PITTSBURGH PA 15221 | OUTPATIENT BEHAVIORAL HEALTH |
| 5 | UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC)<br>250 NORTH BELLEFIELD AVENUE<br>PITTSBURGH PA 15213 | OUTPATIENT BEHAVIORAL HEALTH |
| 6 | UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC)<br>1398 PAGE STREET<br>PITTSBURGH PA 15233 | OUTPATIENT BEHAVIORAL HEALTH |
| 7 | UPMC WOUND HEALING SERVICES AT UPMC (HMT<br>215 HOLLAND ST<br>ERIE PA 16507 | OUTPATIENT SERVICES |
| 8 | HEART AND VASCULAR INSTITUTE (HMT)<br>120 EAST 2ND STREET<br>ERIE PA 16507 | OUTPATIENT SERVICES |
| 9 | IMAGING CENTER AT STERLING SQUARE (HMT)<br>3406 PEACH STREET<br>ERIE PA 16508 | IMAGING SERVICES |
| 10 | UPMC HAMOT WOMEN'S IMAGING (HMT)<br>300 STATE STREET, STE 108<br>ERIE PA 16507 | OUTPATIENT SERVICES |

**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 SLEEP DISORDERS CENTER (HMT)<br>4022 ZUCK RD<br>ERIE PA 16506 | OUTPATIENT SERVICES |
| 2 | UPMC HAMOT SPORTS MEDICINE (HMT)<br>100 PEACH STREET<br>ERIE PA 16507 | OUTPATIENT SERVICES |
| 3 | UPMC HAMOT INFUSION CENTER (HMT)<br>215 HOLLAND ST<br>ERIE PA 16507 | OUTPATIENT SERVICES |
| 4 | UPMC HAMOT (HMT)<br>201 STATE STREET<br>ERIE PA 16550 | PHYSICIAN SERVICES |
| 5 | UPMC CARDIOPULMONARY REHAB (HMT)<br>3300 PEACH STREET<br>ERIE PA 16508 | REHABILITATION SERVICES |
| 6 | UPMC HILLMAN CANCER CENTER (HMT)<br>2500 WEST 12TH ST, STE B<br>ERIE PA 16505 | ONCOLOGY SERVICES |
| 7 | UPMC HAMOT MAGEE-WOMENS (HMT)<br>118 EAST 2ND STREET<br>ERIE PA 16507 | OUTPATIENT SERVICES |
| 8 | UPMC CANCER CARE (MCK)<br>103 TRANSIT DR<br>UNIONTOWN PA 15401 | ONCOLOGY SERVICES |
| 9 | UPMC MCKEESPORT CARDIAC REHABILITATION (<br>2001 LINCOLN WAY<br>WHITE OAK PA 15131 | OUTPATIENT SERVICES |
| 10 | UPMC BEDFORD ORTHOPEDICS (BDF)<br>249 HOSPITAL DRIVE, STE 1<br>EVERETT PA 15537 | OUTPATIENT SERVICES |

**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 BEDFORD CHESTNUT RIDGE OFFICE (BDF)<br>2004 QUAKER VALLEY ROAD<br>FISHERTOWN PA 15539 | PHYSICIAN SERVICES |
| 2 | UPMC BEDFORD NEW PARIS OFFICE (BDF)<br>4186 CORTLAND DRIVE<br>NEW PARIS PA 15554 | PHYSICIAN SERVICES |
| 3 | CRANBERRY PLACE (CRPL)<br>5 ST FRANCIS WAY<br>CRANBERRY TOWNSHIP PA 16066 | SKILLED NURSING FACILITY |
| 4 | UPMC HERITAGE SHADYSIDE (HERT)<br>5701 PHILLIPS AVENUE<br>PITTSBURGH PA 15217 | SKILLED NURSING FACILITY |
| 5 | SUGAR CREEK STATION (SCS)<br>315 CAUSEWAY DRIVE<br>FRANKLIN PA 16323 | SKILLED NURSING FACILITY |
| 6 | CHILDREN'S EAST (CHP)<br>4055 MONROEVILLE BOULEVARD, BUILDING 1<br>MONROEVILLE PA 15146 | OUTPATIENT SERVICES |
| 7 | CHILDREN'S HOSPITAL WEXFORD (CHP)<br>11279 PERRY HWY<br>WEXFORD PA 15090 | OUTPATIENT SERVICES |
| 8 | CHILDREN'S HOSPITAL PITTSBURGH (CHP)<br>3420 FIFTH AVENUE<br>PITTSBURGH PA 15213 | OUTPATIENT SERVICES |
| 9 | CHILDRENS HOSPITAL OF PITTSBURGH (CHP)<br>205 MILLERS RUN ROAD<br>BRIDGEVILLE PA 15017 | OUTPATIENT SERVICES |
| 10 | CHILDRENS HOSPITAL OF PITTSBURGH (CHP)<br>2619 WEXFORD BAYNE ROAD<br>SEWICKLEY PA 15143 | OUTPATIENT SERVICES |

**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 CHILDRENS HOSPITAL OF PITTSBURGH NO<br>2599 WEXFORD BAYNE ROAD<br>SEWICKLEY PA 15143 | OUTPATIENT SERVICES |
| 2 | UPMC CHILDREN'S HOSPITAL OF PITTSBURGH<br>5324 PENN AVE<br>PITTSBURGH PA 15224 | INPATIENT REHAB SERVICES |
| 3 | UPMC CHILDREN'S HOSPITAL OF PITTSBURGH<br>4117 PENN AVE<br>PITTSBURGH PA 15224 | OUTPATIENT SERVICES |
| 4 | WILLIAMSBURG FAMILY PHYSICIANS (ALT)<br>306 PLUM STREET<br>WILLIAMSBURG PA 16693 | PHYSICIAN SERVICES |
| 5 | UPMC ALTOONA STATION MEDICAL CENTER(ALT)<br>1516 9TH AVENUE<br>ALTOONA PA 16602 | OUTPATIENT SERVICES |
| 6 | UPMC ALTOONA SURGERY (ALT)<br>800 HOWARD AVENUE<br>ALTOONA PA 16601 | OUTPATIENT SERVICES |
| 7 | ALTOONA FAMILY PHYSICIANS (ALT)<br>501 HOWARD AVENUE<br>ALTOONA PA 16601 | PHYSICIAN SERVICES |
| 8 | UPMC ALTOONA ONCOLOGY CANCER CENTER<br>800 HOWARD AVENUE<br>ALTOONA PA 16601 | ONCOLOGY SERVICES |
| 9 | UPMC ALTOONA WOMEN'S HEALTH & WELLNESS C<br>501 HOWARD AVENUE<br>ALTOONA PA 16601 | OUTPATIENT SERVICES |
| 10 | UPMC ALTOONA PREGNANCY CARE CENTER (ALT)<br>501 HOWARD AVENUE<br>ALTOONA PA 16601 | OUTPATIENT SERVICES |

**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 LOGAN MEDICAL BUILDING<br>800 S LOGAN BLVD, STE 3100<br>HOLLIDAYSBURG PA 16648 | OUTPATIENT SERVICES |
| 2 | ALTOONA EMERGENCY PHYSICIANS<br>10455 LINCOLN HIGHWAY<br>EVERETT PA 15537 | PHYSICIAN SERVICES |
| 3 | UPMC OUTPATIENT CENTER- EBENSBURG (ALT)<br>152 ZEMAN DR<br>EBENSBURG PA 15931 | OUTPATIENT SERVICES |
| 4 | JOHN P. MURTHA REGIONAL CANCER CENTER (A<br>337 SOMERSET ST<br>JOHNSTOWN PA 15901 | ONCOLOGY SERVICES |
| 5 | UPMC HAMOT MEDICAL PARK (KANE)<br>18 W MAIN<br>MT. JEWETT PA 16740 | HOSPITAL BASED COMMUNITY CLINIC |
| 6 | UPMC KANE SUMMIT MEDICAL PARK (KANE)<br>2 THOMPSON PARK<br>KANE PA 16735 | HOSPITAL BASED COMMUNITY CLINIC |
| 7 | UPMC HAMOT MEDICAL PARK-JOHNSONBURG (KAN<br>81 CLARION ROAD<br>JOHNSONBURG PA 15845 | HOSPITAL BASED COMMUNITY CLINIC |
| 8 | UPMC KANE SHEFFIELD MEDICAL CENTER (KANE<br>511 S. MAIN ST<br>SHEFFIELD PA 16347 | HOSPITAL BASED COMMUNITY CLINIC |
| 9 | UPMC KANE FAMILY PRACTICE (KANE)<br>4372 ROUTE 6<br>KANE PA 16735 | HOSPITAL BASED COMMUNITY CLINIC |
| 10 | UPMC KANE HOME HEALTH CARE<br>628 NORTH FARLEY ST<br>KANE PA 16735 | HOSPITAL BASED COMMUNITY CLINIC |

**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 INTERNAL MEDICINE<br>225 SOUTH ST<br>RIDGWAY PA 15853 | OUTPATIENT SERVICES |
| 2 | UPMC KANE INTERNAL MEDICINE (KANE)<br>101 WALNUT STREET<br>KANE PA 16735 | OUTPATIENT SERVICES |
| 3 | UPMC KANE (KANE)<br>4355 ROUTE 6<br>KANE PA 16735 | REHABILITATION SERVICES |
| 4 | OUTPATIENT IMAGING - COLLEGE FIELDS (JAM<br>130 ENCLAVE DRIVE<br>NEW CASTLE PA 16101 | IMAGING SERVICES |
| 5 | UPMC JAMESON (HOSPITAL)<br>1211 WILMINGTON AVENUE<br>NEW CASTLE PA 16105 | HOSPITAL CAMPUS |
| 6 | PARTIAL HOSPITALIZATION BEHAVIORAL HEALT<br>253 E WASHINGTON ST, STE 200<br>NEW CASTLE PA 16101 | OUTPATIENT SERVICES |
| 7 | OUTPATIENT IMAGING - WESTGATE (JAM)<br>2004 WEST STATE STREET<br>NEW CASTLE PA 16101 | IMAGING SERVICES |
| 8 | WOMENS IMAGING CENTER - NESBITT (JAM)<br>26 NESBITT ROAD, 2ND FLR<br>NEW CASTLE PA 16105 | IMAGING SERVICES |
| 9 | CARDIAC REHAB - MAYZON (JAM)<br>3124 WILMINGTON AVE, STE 301<br>NEW CASTLE PA 16105 | OUTPATIENT SERVICES |
| 10 | CHILDRENS ADVOCACY CENTER OF LAWRENCE CO<br>2016 WEST STATE STREET<br>NEW CASTLE PA 16101 | OUTPATIENT SERVICES |

**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 JAMESON SCHOOL OF NURSING (JAM)<br>2414 WILMINGTON ROAD<br>NEW CASTLE PA 16105 | OTHER |
| 2 | UPMC EAST INFUSION AB (EAST)<br>125 DAUGHERTY DR<br>MONROEVILLE PA 15146 | OUTPATIENT ANTIBODY INFUSION CLINIC |
| 3 | HAVEN SKILLED REHABILITATION & NURSING (<br>24 CREE DR<br>LOCK HAVEN PA 17745 | REHABILITATION SERVICES |
| 4 | FAMILY MEDICINE AT LOCK HAVEN (ULH)<br>610 HIGH STREET<br>LOCK HAVEN PA 17745 | OUTPATIENT SERVICES |
| 5 | UPMC OUTPATIENT CENTER-LOCK HAVEN (ULH)<br>1 OUTLET LANE<br>MCELHATTAN PA 17748 | OUTPATIENT SERVICES |
| 6 | UPMC WELLSBORO OFFICE OF GENERAL SURGERY<br>1 MAIN ST<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 7 | UPMC WELLSBORO OFFICE OF FOOT AND ANKLE<br>103 WEST AVE, STE 202<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 8 | UPMC WELLSBORO OFFICE OF INTERNAL MEDICI<br>103 WEST AVE, STE 203<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 9 | UPMC WELLSBORO PHYSICAL THERAPY (WEL)<br>11893 ROUTE 6<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 10 | UPMC WELLSBORO OFFICE OF ORTHOPEDICS (WE<br>9 WATER ST<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |

**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 WELLSBORO OBGYN (WEL)<br>15 MEADE ST, STE U3<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 2 | UPMC WELLSBORO PEDIATRICS (WEL)<br>15 MEADE ST, STE U2<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 3 | UPMC WELLSBORO WELLNESS CENTER (WEL)<br>301 E MAIN ST<br>KNOXVILLE PA 16928 | OUTPATIENT SERVICES |
| 4 | UPMC HILLMAN CANCER CENTER AT WELLSBORO<br>15 MEADE ST, STE L 3<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 5 | UPMC WELLSBORO OP RADIOLOGY (WEL)<br>11 WATER ST<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 6 | UPMC WELLSBORO MEDICAL BUILDING (WEL)<br>7 WATER ST<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 7 | UPMC WELLSBORO OCC HEALTH BUILDING (WEL)<br>25 WALNUT ST<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES |
| 8 | UPMC WILLIAMSPORT DIVINE PROVIDENCE CAMP<br>1100 GRAMPIAN BLVD<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |
| 9 | UPMC OUTPATIENT CENTER (WIL)<br>900 PLAZA DR<br>MONTOURSVILLE PA 17754 | OUTPATIENT SERVICES |
| 10 | UPMC IMAGING SERVICES AT UPMC WILLIAMSPO<br>1112 GRAMPIAN BLVD<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |

**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 IMAGING SERVICES (WIL)<br>1201 GRAMPIAN BLVD<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |
| 2 | UPMC IMAGING SERVICES - RIVER AVE (WIL)<br>1205 RIVER AVE<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |
| 3 | FAMILY MEDICINE (WIL)<br>1205 RIVER AVE<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |
| 4 | UPMC SUSQUEHANNA HEALTH (WIL)<br>1705 WARREN AVE<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |
| 5 | UPMC LEWISBURG SURGERY CENTER (WIL)<br>2330 ST MARY ST<br>LEWISBURG PA 17837 | OUTPATIENT SERVICES |
| 6 | UPMC SUSQUEHANNA PHYSICAL THERAPY (WIL)<br>449 RIVER AVE<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |
| 7 | EASTERN LYCOMING YMCA (WIL)<br>50 FITNESS DR<br>MUNCY PA 17756 | OUTPATIENT SERVICES |
| 8 | UPMC PEDIATRIC REHABILITATION (WIL)<br>625 W EDWIN<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |
| 9 | SUSQUEHANNA HEALTH HEART & VASCULAR INST<br>740 HIGH ST<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES |
| 10 | PRIMARY CARE IN LEWISBURG (WIL)<br>260 REITZ RD<br>LEWISBURG PA 17837 | OUTPATIENT SERVICES |

**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 OUTPATIENT CENTER (WIL)<br>2370 OLD TURNPIKE RD<br>LEWISBURG PA 17837 | OUTPATIENT SERVICES |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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%

## Part VI Supplemental Information

Provide the following information.

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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.

REDUCTION IN THE PATIENT BILL. THE DISCOUNTED CHARITY CARE SCALE IS

LISTED BELOW:

F/S= FAMILY SIZE 2022

2022

| FAMILY SIZE | CATEGORY 1 (250% FPL) | CATEGORY 2 (400% FPL) |
|---|---|---|
| 1 | $33,975 | $54,360 |
| 2 | $45,775 | $73,240 |
| 3 | $57,575 | $92,120 |
| 4 | $69,375 | $111,000 |
| 5 | $81,175 | $129,880 |
| 6 | $92,975 | $148,760 |
| 7 | $104,775 | $167,640 |
| 8 | $116,575 | $186,520 |
| EACH ADDITIONAL | $11,800 | $18,880 |

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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 LIABILITY FROM EXCEEDING THE LESSER OF 15% OF FAMILY INCOME OR THE AMOUNTS GENERALLY BILLED (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 VI Supplemental Information

Provide the following 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.

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

## 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 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 THIS TOTAL EXPENSE PER PART IX LINE 25 THE AMCUNT 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,

## Part VI Supplemental Information

Provide the following information.

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NET OF BAD DEBT EXPENSE, IS $19,788,138,128.

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 CCMMUNITY 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.

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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 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

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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 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

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BANKING METHODS, MAKES THE APPLICATION PROCESS VIRTUALLY IMPOSSIBLE FOR

SOME CONSUMERS.

PART III LINE 4

THERE IS NO FOOTNOTE IN THE AUDITIED FIANCIAL STATEMENTS SPECIFIC TO BAD

DEBT.

PART III LINE 8: COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE

ALLOWABLE COSTS OF CARE

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

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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 CCSTS.

PART III LINE 9A AND B

UPMC HAS A DEBT COLLECTION POLICY OUTLINING CCLLECTION PRACTICES FOR

PATIENTS. IF AT ANY TIME THE PATIENT EXPRESSES AN INABILITY TO PAY, THEY

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

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PART V SECTION D LINE 1

THE UNIVERSITY OF PITTSBURGH PHYSICIANS HAD 612 CLINICAL LOCATIONS AS OF JUNE 30, 2022.

PART V SECTION D LINE 2

UPMC COMMUNITY MEDICINE, INC. HAD 217 CLINICAL LOCATIONS AS OF JUNE 30, 2022.

PART V SECTION D LINE 5

ERIE PHYSICIAN NETWORK-UPMC INC. HAD 5 LOCATICNS AS OF JUNE 30, 2022.

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PART V SECTION D LINE 134

REGIONAL HEALTH SERVICES HAD 68 LOCATIONS AS OF JUNE 30, 2022.

PART V SECTION D LINE 1 & 3

UNIVERSITY OF PITTSBURGH PHYSICIANS, ERIE PHYSICIANS NETWORK AND UPMC EMERGENCY MEDICINE, INC. COLLECTIVELY OPERATED 11 URGENT CARE CENTERS AS OF JUNE 30, 2022.

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 FCR 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.

## 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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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.

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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 990. AS THE LARGEST NONGOVERNMENTAL EMPLOYER IN PENNSYLVANIA, UPMC'S SYSTEM-WIDE OPERATIONS GENERATED A TOTAL ANNUAL ECONOMIC IMPACT OF $49 BILLION. UPMC ALSO SUPPORTS MUNICIPALITIES, CCUNTIES, AND THE COMMONWEALTH THROUGH APPROXIMATELY $467 MILLICN 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

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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 NCT CAPTURED AT THE

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 ECCNOMY THROUGH DIRECT HIRING

AND BY BRINGING OUTSIDE DOLLARS INTO THE REGICN; 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

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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 $318 MILLION IN 2022.

THROUGH PARTNERSHIPS, SUCH AS THE PITTSBURGH HEALTH DATA ALLIANCE, UPMC IS LEVERAGING ITS CLINICAL AND TECHNOLOGICAL EXPERTISE TO REVOLUTIONIZE 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. SINCE ITS INCEPTION SEVEN YEARS AGO, OVER 50 PROJECTS HAVE BEEN FUNDED WITH FOUR LEADING TO COMMERCIAL SPINOUTS. THIS YEAR UPMC EXTENDED ITS COMMITMENT TO THE EFFORT, LAUNCHING PHDA 2.0 WITH RENEWED COLLABORATIVE AND TECHNOLOGICAL FOCUS.

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ENVIRONMENTAL IMPROVEMENTS - UPMC PURSUES A POLICY OF ENVIRONMENTAL RESPONSIBILITY THAT REDUCES ITS ENVIRONMENTAL FOOTPRINT, WHILE SUPPORTING THE GROWTH AND DEVELOPMENT OF THE ORGANIZATION AND ITS SURROUNDING COMMUNITIES. THE PANDEMIC CHALLENGED, BUT DID NOT STOP, UPMC'S COMMITMENT TO INTEGRATING AND PROMOTING ENVIRONMENTAL SUSTAINABILITY IN 2022.

MANY OF UPMC'S FACILITIES INCLUDE HEALING GARDENS FOR PATIENTS, FAMILIES, AND EMPLOYEES; THESE SPACES HELP TO ENHANCE THE PATIENT EXPERIENCE. 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 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, COMPOSTING, RECYCLING, AND ENERGY AND WATER CONSERVATION. IN 2022, UPMC MAGEE HELD HEALTHY COOKING DEMONSTRATIONS AND TASTINGS AT THE WILKINSBURG CHAMBER OF COMMERCE

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PAY-WHAT-YOU-CAN FARMERS MARKET. THIS ONCE-PER-MONTH, JUNE THROUGH SEPTEMBER EVENT TEACHES COMMUNITY MEMBERS ABOUT HEALTHY COOKING AND SUSTAINABLE FOODS.

UPMC'S GREENING INITIATIVES INCLUDE SUPPORT FCR COMMUNITY DEVELOPMENT AND COMMUNITY COLLABORATION. IN ERIE, PENNSYLVANIA, UPMC HAMOT HEALTH FOUNDATION CONTINUES TO HELP FUND THE REHABILITATION OF AN OLD SCHOOL BUILDING IN AN UNDERSERVED NEIGHBORHOOD, TRANSFORMING IT INTO A COMMUNITY HUB AND HOME FOR THE UPMC JAMESON SCHOOL OF NURSING AT UPMC HAMOT, THE UNITED WAY OF ERIE COUNTY, WAYNE PRIMARY CARE, AND THE ERIE CENTER FOR ARTS AND TECHNOLOGY. UPMC PARTICIPATES IN THE NEIGHBORHOOD ASSISTANCE PROGRAM AND IS ENGAGED IN PROJECTS TO ENHANCE COMMUNITY SPACES WITH PEDESTRIAN LIGHTING, COMFORTABLE SEATING, AND VENUES FOR OUTDOOR FAIRS, CULTURAL EVENTS, AND OTHER ACTIVITIES.

IN 2022, UPMC MAGEE-WOMENS, UPMC ST. MARGARET, UPMC PRESBYTERIAN SHADYSIDE, AND UPMC CHILDREN'S HOSPITAL CONTINUED TO COLLABORATE WITH TREE PITTSBURGH TO ENABLE EMPLOYEES TO PLANT JUVENILE TREES AT THEIR

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HOMES WITH THE INTENT OF INCREASING THE TREE CANOPY IN ALLEGHENY COUNTY, PENNSYLVANIA. UPMC CONTINUES TO SUPPORT ORGANIZATIONS THAT FOCUS ON COMMUNITY AESTHETICS AND MAINTAINS MAJOR SPONSORSHIP ROLES WITH SERVICE PROVIDERS INCLUDING WESTMORELAND COUNTY PARKS AND RECREATION, WESTERN PENNSYLVANIA CONSERVANCY, PITTSBURGH PARKS CONSERVANCY, AND OAKLAND BUSINESS IMPROVEMENT DISTRICT.

UPMC IS COMMITTED TO BUILDING AND MAINTAINING ENERGY EFFICIENT FACILITIES THAT SUPPORT WORKPLACE WELLNESS. 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. UPMC ALSO 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. ADDITIONALLY, UPMC JOINED A WHITE HOUSE

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INITIATIVE WHICH INCLUDES A PLEDGE TO CUT GREENHOUSE GAS EMISSIONS BY 50% BY 2030 AND CARBON NEUTRAL BY 2050. UPMC IS IN THE PROCESS OF SIGNING ONTO A NATIONAL ACADEMY OF MEDICINE INITIATIVE WHICH ALSO INVITES ORGANIZATIONS TO COMMIT TO LOWERING THEIR GREENHOUSE GAS EMISSIONS AND BUILDING A MORE CLIMATE RESILIENT INFRASTRUCTURE.

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. UPMC'S MATERIALS MANAGEMENT DEPARTMENT USES CLEAN DIESEL TRANSPORT TRUCKS TO REDUCE AIR QUALITY IMPACT. UPMC ALSO OPERATES 58 COMPRESSED NATURAL GAS (CNG) SHUTTLE BUSES THAT TRAVEL NEARLY 600 THOUSAND MILES ANNUALLY AND TRANSPORT MORE THAN ONE MILLION PASSENGERS. SINCE DEPLOYING THESE VEHICLES IN 2012, UPMC DECREASED DIESEL FUEL USAGE BY 1.1 MILLION GALLONS AND ELIMINATED 9,700 METRIC TONS OF CARBON DICXIDE FROM ENTERING THE ATMOSPHERE. UPMC RECYCLES PACKAGING AT ITS WAREHOUSES AND REUSES FURNITURE ACROSS THE SYSTEM. IN 2022, UPMC PARTNERED WITH ITS VENDOR TO EXPAND ITS SHARPS CONTAINER RECYCLING PROGRAM, DIVERTING 660,000 POUNDS

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OF PLASTIC FROM LANDFILLS AND ELIMINATING 375,000 POUNDS OF CARBON DIOXIDE FROM THE ATMOSHPERE. 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 NCNPROFITS, 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.

AFTER CLOSING THE UPMC SUNBURY HOSPITAL IN 2020, UPMC ANNOUNCED IN 2022, THE DONATION AND REPURPOSING OF THE HOSPITAL CAMPUS TO DRIVE, AN ECONOMIC DEVELOPMENT ENTITY SERVING FIVE COUNTIES IN THE CENTRAL SUSQUEHANNA REGION. DRIVE IS EXPECTED TO EMPLOY UNIQUE APPROACHES TO FIND NEW INNOVATIVE USES FOR THE COMPLEX THAT WILL BENEFIT THE COMMUNITY.

UPMC SUPPORTS ACTIVE TRANSPORTATION INITIATIVES TO PROMOTE HEALTHY LIFESTYLES. IN PITTSBURGH, PENNSYLVANIA UPMC SUPPORTED THE LAWRENCEVILLE

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CORPORATION'S INITIATIVE TO ADVANCE A SAFE AND SUSTAINABLE TRANSPORTATION INFRASTRUCTURE THAT ENSURES AN EFFICIENCY OF MOVEMENT, PROVIDES A DIVERSITY OF TRAVEL OPTIONS, AND INVITES PEDESTRIAN ACTIVITY. STREET CALMING TECHNIQUES WILL PROVIDE PHYSICAL CUES TO SLOW TRAFFIC AND ENCOURAGE PEDESTRIAN ACTIVITY.

DEMONSTRATING REGIONAL STEWARDSHIP, UPMC ACTIVELY COLLABORATES IN COMMUNITY-BASED INITIATIVES. INCORPORATING PANDEMIC EXPOSURE PREVENTION MEASURES, UPMC COSPONSORED COMMUNITY-BASED HOUSEHOLD HAZARDOUS WASTE AND PRESCRIPTION DRUG COLLECTION EVENTS AND A CONTACTLESS, COMMUNITY-BASED REUSABLE COLLECTION EVENT.

LEADERSHIP AND WORKFORCE DEVELOPMENT - IN FISCAL YEAR 2022, UPMC SUPPORTED NUMEROUS PROJECTS TO DEVELOP THE REGIONAL WORKFORCE AND ASSIST INDIVIDUALS IN OBTAINING AND RETAINING QUALITY EMPLOYMENT. UPMC HAS UNDERTAKEN SEVERAL PROGRAMS TO HELP TRAIN INDIVIDUALS FROM POPULATIONS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT TO GAIN AND KEEP JOBS IN THE HEALTH CARE SECTOR.

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UPMC PROJECT SEARCH IS DESIGNED TO COMBINE EDUCATION AND WORK EXPERIENCE IN AN EFFORT TO PREPARE STUDENTS WITH DISABILITES FOR COMPETITIVE, INTEGRATED EMPLOYMENT. TRAINING FOCUSES ON WORKPLACE SAFETY, TECHNOLOGY, SELF ADVOCACY, HEALTH AND WELLNESS, COMMUNICATION AND INTERVIEWING SKILLS, FINANCIAL LITERACY AND EMPLOYMENT READINESS. SUCCESSFUL CANDIDATES ARE PLACED IN JOBS. IT IS A COLLABORATION BETWEEN FOUR UPMC HOSPITALS - UPMC HAMOT, UPMC JAMESON, UPMC MERCY, AND UPMC PASSAVANT - AND LOCAL ORGANIZATIONS, SUCH AS GOODWILL OF SOUTHWESTERN PA, THE PENNSYLVANIA OFFICE OF VOCATIONAL REHABILITATION (OVR), THE ALLEGHENY COUNTY OFFICE OF DEVELOPMENTAL SUPPORTS, LAWRENCE COUNTY MENTAL HEALTH AND DEVELOPMENT SERVICES, ERIE COUNTY DEPARTMENT OF HUMAN SERVICES, CRAY YOUTH AND FAMILY SERVICES, ST. MICHAEL'S HARBCUR, VOCATIONAL AND PSYCHOLOGICAL SERVICES, AND MULTIPLE SCHOOL DISTRICTS. UPMC PARTICIPATES IN NATIONAL DISABILITY MENTORING DAY THROUGHOUT WESTERN PENNSYLVANIA TO PROMOTE ACADEMIC SUCCESS, PERSONAL GROWTH, AND GOOD DECISION-MAKING FOR HIGH SCHOOL STUDENTS. 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

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BUILDING COMMUNICATION SKILLS, FINANCIAL LITERACY, EMPLOYMENT READINESS, AND INTERVIEWING SKILLS. SUCCESSFUL CANDIDATES ARE PLACED IN PERMANENT JOBS; TO DATE 150 CANDIDATES HAVE BEEN HIRED AT UPMC HAMOT.

UPMC IS WORKING TO ASSIST COMMUNITY MEMBERS WITH ACCESS TO EMPLOYMENT RESOURCES, INCLUDING PLANNED EFFORTS RELATED TO CONSTRUCTION PROJECTS - SUCH AS THE UPMC PRESBYTERIAN TOWER PROJECT, WHICH BROKE GROUND IN JUNE 2022. IN CONJUNCTION WITH THE PROJECT, A DIVERSITY, EQUITY, AND INCLUSION SUB-COMMITTEE WAS CREATED TO ESTABLISH TARGET WORKFORCE GOALS FOR WOMEN AND MINORITIES AND TO MAXIMIZE OPPORTUNITIES FOR MINORITY BUSINESSES TO PARTICIPATE. UPMC STRATEGICALLY PARTNERED WITH THE MASTER BUILDERS' ASSOCIATION, THE BUILDERS GUILD OF WESTERN PENNSYLVANIA, TRADE UNIONS, HIGH SCHOOLS, LOCAL UNIVERSITIES, COMMUNITY ORGANIZATIONS, AND A VARIETY OF LOCAL PRE-APPRENTICESHIP AND APPRENTICESHIP PROGRAMS TO ASSIST COMMUNITY MEMBERS WITH ACCESS TO EMPLOYMENT AND OTHER AVAILABLE SERVICES FROM UPMC AND ITS PARTNERS. A CONSTRUCTION AND COMMUNITY RESOURCE CENTER WAS ESTABLISHED TO SERVE AS THE "STOREFRONT" FOR THE TOWER PROJECT, AND WILL OFFER TRAINING OPPORTUNITIES, WORKFORCE DEVELOPMENT, AS WELL AS

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DIVERSE BUSINESS ENGAGEMENT SUPPORTIVE SERVICES. UPMC ALSO 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 AND A FOUR-WEEK PROGRAM FOR NURSING ASSISTANTS. UPMC CORPORATE DEPARTMENTS PARTNERED WITH COMMUNITY ORGANIZATIONS TO EDUCATE AND ENCOURAGE STUDENTS TO APPLY FOR CAREER OPPORTUNITIES AT UPMC THAT THEY MAY NOT HAVE BEEN AWARE OF. FOR EXAMPLE, UPMC'S CORPORATE REVENUE CYCLE PARTNERED WITH THE CONSORTIUM FOR PUBLIC EDUCATION AND THE CONSORTIUM FOR PITTSBURGH PUBLIC SCHOOLS TO PRESENT A "CORPORATE PARTNERS" VIDEO SERIES. UPMC CORPCRATE HUMAN RESOURCES HOSTED SNACK AND LEARNS, AND UPMC CORPORATE REAL ESTATE PARTNERED WITH THE PITTSBURGH PROMISE TO EDUCATE HIGH SCHOOL STUDENTS ABOUT CAREER OPPORTUNITIES. IN ADDITION, UPMC HOSTED OR PARTICIPATED IN MORE THAN 100 EVENTS THROUGHOUT CENTRAL PENNSYLVANIA, WESTERN MARYLAND, AND VIRTUALLY. EVENTS INCLUDED CAREER/INTERNSHIP FAIRS, HIRING EVENTS, CAREER EXPLORATION PRESENTATIONS, MOCK INTERVIEWS, NETWORKING EVENTS, RESUME REVIEWS, AND HEALTH AND WELLNESS EXPOS FOR COMMUNITY MEMBERS AND MIDDLE

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SCHOOL, HIGH SCHOOL, AND COLLEGE STUDENTS. CCMMUNITY PARTNERS FOR THESE EVENTS INCLUDED THE AKA FOUNDATION, ALLEGANY HIGH SCHOOL, ALLEGANY COLLEGE OF MARYLAND, BEDFORD FARMERS MARKET, BIG SPRING HIGH SCHOOL, CAREERLINK, CENTER FOR CAREER & TECHNICAL EDUCATION, CENTRAL HIGH SCHOOL (MARTINSBURG), CENTRAL PENNSYLVANIA EMPLOYMENT CONSORTIUM, CUMBERLAND PERRY CAREER & TECHNICAL CENTER, CUMBERLAND VALLEY HIGH SCHOOL, CYBER CHARTER SCHOOL, DUQUESNE UNIVERSITY, FROSTBURG STATE UNIVERSITY, GOODWILL INDUSTRIES, GREATER ALTOONA CAREER AND TECHNOLOGY CENTER, HACC CENTRAL PENNSYLVANIA'S COMMUNITY COLLEGE, HARRISBURG UNIVERSITY, INDIANA UNIVERSITY OF PENNSYLVANIA, LNP MEDIA, LOCK HAVEN UNIVERSITY, MARYLAND DEPARTMENT OF LABOR, MARYLAND PHYSICIAN'S CARE, MOUNT ALOYSIUS COLLEGE, PENN STATE-ALTOONA, PENN STATE HARRISBURG, PENNWEST CLARION, RED LION HIGH SCHOOL, ROAD TO SUCCESS - CENTRAL PENN, SALVATION ARMY, SAINT FRANCIS UNIVERSITY, SPRING GROVE HIGH SCHOOL, STATION MEDICAL CENTER, TEC CENTRO, TRINITY HIGH SCHOOL, UNIVERSITY OF PITTSBURGH AT JOHNSTOWN, WEST SHORE SCHOOL, WEST VIRGINIA UNIVERSITY SCHOOL OF NURSING, WEST YORK HIGH SCHOOL, WESTERN MARYLAND CONSORTIUM, AND WILLIAM PENN SENIOR HIGH SCHOOL.

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UPMC IMPLEMENTED A MULTI-YEAR MILITARY AND VETERAN RECRUITMENT, RETENTION, ENGAGEMENT, AND COMMUNITY PARTNERSHIP STRATEGY THAT WILL ENABLE RECRUITERS TO CONNECT WITH VETERANS WHC ARE SEEKING NEW OPPORTUNITIES AND SUPPORT THEM IN THE HIRING PROCESS. UPMC IS COMMITED TO ENSURING THE VETERAN POPULATION FINDS MEANINGFUL EMPLOYMENT. DURING THE LAST YEAR, UPMC PARTICIPATED IN EMPLOYER SUMMITS, HOSTED VETERAN TRANSITION SEMINARS FOR THE DEPARTMENT OF LABCR, HOSTED THREE VETERAN SPECIFIC CAREER FAIRS, PARTNERED WITH THE U.S. ARMY FOR PLACEMENT INITIATIVES, AND BECAME A DEPARTMENT OF DEFENSE SKILLBRIDGE PROVIDER. UPMC IS A CORPORATE MEMBER OF THE PITTSBURGH VETERAN EMPLOYER COALITION (PVEC), A COMMUNITY-BASED EFFORT TO ENSURE THE VETERAN POPULATION FINDS MEANINGFUL EMPLOYMENT. AS A MEMBER OF PVEC, UPMC PARTICIPATED IN THE QUARTERLY MEETINGS, WHERE ORGANIZATIONS SHARED BEST PRACTICES AROUND RECRUITMENT, HIRING, RETENTION, POST TRANSITICN SUPPORT, AND COMMUNITY ENGAGEMENT. IN ADDITION, PARTNERSHIPS WITH VETJOBS, PITTSBURGH HIRES VETERANS, AND VETERANS LEADERSHIP PROGRAM HAVE RESULTED IN INCREASED NUMBERS OF VETERANS IN UPMC'S WORKFORCE DEVELCPMENT PROGRAMS AND RECENT HIRES.

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IN 2022, THROUGH UPMC PATHWAYS TO WORK AND FREEDOM HOUSE 2.0 WORKFORCE TRAINING AND JOB PLACEMENT PROGRAMS, UPMC COLLABORATED WITH THE NEIGHBORHOOD RESILIENCE PROJECT TO TRAIN EMT AND COMMUNITY HEALTH WORKERS OF THE FUTURE - FOCUSING ON INDIVIDUALS WHO RESIDE IN DISADVANTAGED COMMUNITIES IN THE CITY OF PITTSBURGH. THESE PROGRAMS ALSO WORK CLOSELY WITH PA CAREERLINK, AND IN 2022, THEY ENGAGED WITH MULTIPLE COMMUNITY-BASED ORGANIZATIONS LIKE REIMAGINE REENTRY, JEWISH FAMILY AND COMMUNITY SERVICES, PA WOMEN WORK, AND CLIMATE CHANGERS TO REACH UNEMPLOYED OR UNDEREMPLOYED INDIVIDUALS WHO CAN TAKE ADVANTAGE OF TRAINING AND DEVELOPMENT OPPORTUNITIES. PARTNERSHIPS WITH SMALL DISADVANTAGED (DIVERSE) BUSINESSES ALLOWS PATHWAYS TO WORK TO RECRUIT TOP TALENT FROM THE COMMUNITIES IT SERVES. FOR INSTANCE, THROUGH A PARTNERSHIP WITH DAVIS CONSULTING, A TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) VENDOR, INDIVIDUALS ARE EDUCATED AND SUPPORTED IN UPMC'S APPLICATION AND RECRUITMENT PROCESS. RELATIONSHIPS WITH AREA HIGH SCHOOLS AND HIGH SCHOOL CONSORTIUMS HAVE GIVEN PATHWAYS TO WORK AN OPPORTUNITY TO ENGAGE WITH HIGH SCHOOL STUDENTS AND PARENTS AND TO SHARE

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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.

UPMC'S CENTER FOR ENGAGEMENT AND INCLUSION (CFEI) OFFERS UNCONSCIOUS BIAS LEARNING FORUMS, WHICH PROVIDE OPPORTUNITIES TO LEARN ABOUT THE IMPACT OF BIAS AS IT RELATES TO BEST PRACTICES IN PATIENT CARE DELIVERY, MEMBER SERVICE, AND WORKPLACE PRACTICES, AND WAYS TO MANAGE BIAS. LEARNING FORUMS AND WEB-BASED LEARNING FOCUSED ON CULTURAL AWARENESS ARE ALSO OFFERED. THIS LEARNING IS DESIGNED TO INCREASE THE KNOWLEDGE AND SKILLS AND THE CULTURAL COMPETENCY OF THE WORKFORCE IN SERVING DIVERSE POPULATIONS.

UPMC'S HEALTH CARE EDUCATION PROGRAMS, MANY OF WHICH ARE UNDERTAKEN WITH THE UNIVERSITY OF PITTSBURGH AND OTHER AFFILIATED COLLEGES AND UNIVERSITIES, 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

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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 2022.

KEY ALLIANCES INCLUDED RELATIONSHIPS WITH THE PITTSBURGH PUBLIC SCHOOLS AND OTHER LOCAL SCHOOL DISTRICTS TO DEVELOP PCLICIES AND PRACTICES THAT SUPPORT HEALTHY HABITS AMONG SCHOOL-AGED YOUTH AND SCHOOL STAFF, AND WITH SCHOOL NURSES TO IMPROVE THE COORDINATION OF HEALTH CARE NEEDS FOR STUDENTS.

THE UPMC AMBASSADORS PROGRAM, WHICH LAUNCHED IN 2021, IS COMPRISED OF

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DIVERSE EMPLOYEES WHO UTILIZE THEIR PERSONAL AND PROFESSIONAL EXPERIENCES TO ADVANCE COMMUNITY VACCINATION RATES THROUGHOUT OUR UPMC FOOTPRINT. UPMC AMBASSADORS PLAY A VITAL ROLE IN KEEPING OUR COMMUNITIES SAFE AND HEALTHY BY REDUCING THE SPREAD OF INFECTIONS - THROUGH COVID-19 TESTING AND VACCINE ADVOCACY. THE UPMC COMMUNITY VACCINE TEAM OFFERED FREE, SAFE, AND EFFECTIVE VACCINATION CLINICS IN DIVERSE COMMUNITIES THAT DEMONSTRATE THE NEED FOR ENHANCED HEALTHCARE RESOURCES AND SERVICES, INCLUDING THE BLACK LGBTQIA+ POPULATION AT PITTSBURGH BLACK PRIDE, AND THE NEIGHBORHOODS OF CLAIRTON, DUQUESNE, HOMEWOOD, LARIMER, MCKEESPORT, MT. OLIVER, PITTSBURGH'S WEST END, WILKINSBURG, AS WELL AS ERIE AND CENTRAL PA. UPMC HOSTED OVER 250 FREE VACCINATION CLINICS WHERE MORE THAN 12,000 COVID-19 VACCINE DOSES WERE ADMINISTERED.

UPMC'S LEND A HAND (LAH) PROGRAMS CONTINUE TO SERVE AS A POSITIVE FORCE IN THE COMMUNITY. UPMC'S CENTER FOR ENGAGEMENT AND INCLUSION OFFERS MONTHLY LAH PROGRAMS TO INSPIRE STAFF ACROSS THE SYSTEM TO DONATE ITEMS, VOLUNTEER TIME, OR ATTEND EVENTS. THROUGH SOCIALLY DISTANT, VIRTUAL, AND REMOTE OPPORTUNITIES, LAH WAS ABLE TO SUPPORT OVER 30 ORGANIZATIONS,

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INCLUDING STRONG WOMEN STRONG GIRLS, ALLEGHENY CLEANWAYS, FRIENDS OF THE RIVERFRONT, PITTSBURGH CARES, LATINO COMMUNITY CENTER, WHEN SHE THRIVES, THREE RIVERS AMERICAN INDIAN CENTER, DEPARTMENT OF MILITARY AND VETERANS SERVICES, AND YMCA ORGANIZATIONS IN ERIE AND WESTMORELAND COUNTIES. MORE THAN 200 UPMC EMPLOYEES PARTICIPATED IN EVENTS IN MARCH, MAY, AND NOVEMBER TO PROVIDE MORE THAN 1,000 COMMUNITY SERVICE HOURS IN COLLABORATIVE EFFORTS. EXAMPLES INCLUDED COMMUNITY CLEAN-UP ACTIVITIES, ASSEMBLING WARMING KITS FOR THE HOMELESS COMMUNITY IN ERIE, AND PROVIDING PRO BONO LEGAL AND TAX ASSISTANCE FOR INDIVIDUALS IN LOW-INCOME PITTSBURGH COMMUNITIES.

UPMC AND READING IS FUNDAMENTAL (RIF) CONTINUED PROGRAMMING WITH STUDENTS FROM THE MANCHESTER ACADEMIC CHARTER SCHOOL (MACS). ONCE A WEEK, THROUGHOUT THE SECOND HALF OF THE 2022 SCHOOL YEAR, STUDENTS MET VIRTUALLY WITH THEIR UPMC MENTORS FOR SESSIONS FOCUSED ON BUILDING MEANINGFUL RELATIONSHIPS THROUGH CONVERSATIONS, GOOD BOOKS, AND LITERACY-BASED ACTIVITIES. JUNIOR HEALTH CARE EXPLORERS, A PARTNERSHIP WITH THE UNIVERSITY OF PITTSBURGH SCHOOL OF HEALTH SCIENCES AND

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COMMUNITY-BASED ORGANIZATIONS AND SCHOOLS, IS A YOUTH STEM PROGRAM THAT CONSISTS OF INTERACTIVE WORKSHOPS FOR MIDDLE SCHOOL STUDENTS FROM UNDERSERVED COMMUNITIES TO BEGIN THEIR CAREER EXPLORATION IN THE HEALTH CARE INDUSTRY. THE VIRTUAL PROGRAM ENGAGED 75 MIDDLE SCHOOL STUDENTS FROM 45+ NEIGHBORHOODS LOCATED IN THE GREATER PITTSBURGH REGION, ERIE, AND CENTRAL PENNSYLVANIA. SESSIONS WERE DESIGNED TO HELP STUDENTS ACHIEVE CAREER ASPIRATIONS AND EXPOSE THEM TO VARIOUS FIELDS OF HEALTH CARE: NURSING, DENTISTRY, HEALTH AND REHABILITATION, PHARMACY, PUBLIC HEALTH, AND INFORMATION TECHNOLOGY.

IN 2022, UPMC HEALTH PLAN WORKED WITH FOOD BANKS AND OTHER COMMUNITY-BASED ORGANIZATIONS IN PENNSYLVANIA TO MITIGATE THE ISSUE OF FOOD INSECURITY, WHICH CONTINUES TO BE EXACERBATED BY COVID-19. THROUGH CHARITABLE GIVING, UPMC SUPPORTED FOOD DISTRIBUTION AND NUTRITION EDUCATION EFFORTS OF ORGANIZATIONS, SUCH AS THE GREATER PITTSBURGH COMMUNITY FOOD BANK, 412 FOOD RESCUE, ALEPH INSTITUTE, FAYETTE COUNTY COMMUITY ACTION AGENCY, CENTRAL PENNSYLVANIA FOOD BANK, FOOD BANK OF WILLIAMSPORT, BERKS COUNTY FOOD BANK, AND CASA SAN JOSE. IN 2022, UPMC

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ALSO PARTICIPATED IN THE SCOUTING FOR FOOD AND CHOW WAGON CAMPAIGN IN PARTNERSHIP WITH THE GREATER PITTSBURGH FOOD BANK, ANIMAL FRIENDS, AND 33 ADDITIONAL FOOD BANKS AND ANIMAL SHELTERS. THROUGH THESE EFFORTS, 1.3 MILLION UNITS WERE COLLECTED BENEFITING 20 ORGANIZATIONS ACROSS THE UPMC FOOTPRINT.

UPMC'S CENTER FOR SOCIAL IMPACT LAUNCHED THE HOMEWARD HOUSING INITIATIVE IN 2020, A COALITION AIMED AT INCREASING THE SUPPLY OF QUALITY, AFFORDABLE HOUSING IN COMMUNITIES SERVED BY UPMC. IN 2022, UPMC CONTINUED ITS COMMITMENT TO THE PROGRAM, DEDICATING AN ADDITIONAL $5 MILLION FOR A SUITE OF PROGRAMS THAT PROVIDES GREATER ACCESS TO PERMANENT SUPPORTIVE HOUSING, INCLUDING FUNDING FOR HOME AND APARTMENT REPAIRS AND REHABILITATION, AND A HOUSING LOAN PROGRAM THAT HAS HELPED TO CREATE OR PRESERVE MORE THAN 350 AFFORDABLE RENTAL HOMES.

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

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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.

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.

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.

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IN FISCAL YEAR 2022, UPMC CONDUCTED ITS FOURTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BUILDING ON THE PREVIOUS CHNAS CONDUCTED IN FISCAL YEARS 2013, 2016 AND 2019. THE FISCAL YEAR 2022 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 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 2021, 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. IN PARTNERSHIP WITH PITT PUBLIC HEALTH, UPMC REFINED THE COMMUNITY SURVEY TO INCORPORATE EMERGING AREAS OF EXPLORATION

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WITHIN THE PUBLIC HEALTH FIELD (E.G., SHORT- AND LONG-TERM EFFECTS OF COVID-19 AND HEALTH DISPARITIES). THE SURVEY WAS EXTENDED TO A TOTAL OF 2,868 COMMUNITY PARTICIPANTS FROM 28 UPMC HOSPITAL COMMUNITIES. MORE THAN 1,100 INDIVIDUALS PARTICIPATED IN THE SURVEY. 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. THREE-QUARTERS OF INDIVIDUALS WHO COMPLETED THE SURVEY SELF-IDENTIFIED AS BEING A REPRESENTATIVE OR MEMBER OF A MEDICALLY UNDERSERVED, MINORITY, OR LOW-INCOME POPULATION.

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

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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 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 2022-2025 IMPLEMENTATION PLANS INCLUDE HEALTH

EQUITY-PROMOTING PROGRAMS AND INITIATIVES, WHICH AIM TO HELP ADDRESS

SOCIOECONOMIC AND OTHER FACTORS THAT MAY CONTRIBUTE TO HEALTH

DISPARITIES. THE 2022 CHNA REPORTS AND 2022-2025 STRATEGIC PLANS FOR EACH

UPMC HOSPITAL CAN BE FOUND ON UPMC'S WEBSITE:

HTTPS://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/COMMUNITY-HEALTH-NEEDS-ASS

ESSMENT.

UPMC MADE MEASURABLE PROGRESS ON IMPROVING COMMUNITY HEALTH IN THE PERIOD

FROM FISCAL YEARS 2014 THROUGH 2022. 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 AND STROKE, RESPIRATORY DISEASE, OBESITY, ACCESS

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TO BEHAVIORAL HEALTH SERVICES, OPIOID ADDICTICN AND SUBSTANCE ABUSE, CARE COORDINATION, PALLIATIVE AND END-OF-LIFE CARE, PRIMARY CARE SPECIALTY CARE, COMMUNITY PREVENTION AND WELLNESS INITIATIVES, INTERPERSONAL SAFETY, AND HEALTH-RELATED SOCIAL NEEDS. IMPLEMENTATION PLANS DEVELOPED BY UPMC HOSPITALS DRAW SUPPORT FROM AN ARRAY CF 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 2022, 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 CREATING OPERATING INFRASTRUCTURE, AND ESTABLISHING GOALS AND ASSESSMENT TOOLS. PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS WERE DEVELCPED AND ENHANCED TO BETTER

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COORDINATE RESOURCES. EXAMPLES OF UPMC HOSPITALS' PROGRESS DURING FISCAL YEARS 2014 THROUGH 2022 INCLUDE:

IMPLEMENTED AND ADAPTED 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. AS SCHOOLS AND CHILDCARE PROGRAMS CLOSED DURING THE COVID-19 CRISIS, UPMC CHILDREN'S ADAPTED ITS EFFORTS IN INNOVATIVE WAYS TO MEET EMERGING NEEDS. WORKING WITH INFECTIOUS DISEASE PEDIATRIC SPECIALISTS, THE HOSPITAL'S COMMUNITY HEALTH TEAM HELPED DEVELOP A COVID-19 FAQ TO HELP SCHOOLS, OUT-OF-SCHOOL TIME PROGRAMS, AND EARLY CHILDHOOD PROVIDERS NAVIGATE COMMON QUESTIONS AROUND COVID-19. FROM 2020-2021, 71 SCHOOLS PARTICIPATED IN HSP, REACHING APPROXIMATELY 30,000 YOUTH. FROM 2019 TO 2021, EFFORTS FOCUSED ON STRENGTHENING UPMC CHILDREN'S SCHOOL NURSE PARTNERSHIP. THE HOSPITAL'S HEALTHY SCHOOLS TEAM,

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IN COLLABORATION WITH INFECTIOUS DISEASE AND PRIMARY CARE PHYSICIANS, COMPILED COVID-19 RESOURCES TO ASSIST 310 SCHCOL NURSES WITH NAVIGATING BACK TO SCHOOL PLANS AND DECISION MAKING. BETWEEN JULY 2019 AND JUNE 2021, UPMC CHILDREN'S HOSTED 17 PEDIATRIC EDUCATION WEBINARS, WITH A TOTAL OF MORE THAN 10,339 VIEWS. SPECIALISTS PRESENTED ON TOPICS OF SPECIAL INTEREST TO SCHOOL NURSES, INCLUDING DIABETES MANAGEMENT AT SCHOOL AND RASHES IN THE SCHOOL-AGED CHILD.

PROMOTED 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, AND GUN VIOLENCE PREVENTION. TO ENCOURAGE CAR SEAT SAFETY, THE HOSPITAL LOANS NEARLY 1,000 CAR SEATS PER YEAR TO FAMILIES IN NEED. TO HELP ADDRESS HOME SAFETY, THE HOSPITAL'S HOME SAFETY VAN TRAVELS TO COMMUNITIES IN AND AROUND PITTSBURGH OFFERING FAMILIES HANDS-ON EDUCATION ABOUT HOME HAZARDS. THE HOME SAFETY VAN HAS TRAVELED TO MORE THAN 40 COMMUNITY SITES PER YEAR OVER THE LAST THREE YEARS. TO ADDRESS GUN

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VIOLENCE, UPMC CHILDREN'S COLLABORATED WITH UPMC'S CENTER FOR ENGAGEMENT AND INCLUSION TO PILOT THE FLIPSIDE PROGRAM, 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 PARTNERSHIP WITH THE JUVENILE JUSTICE SYSTEM'S COMMUNITY INTENSIVE SUPERVISION PROJECT (CISP), FIVE SESSIONS WERE CONDUCTED WITH ABOUT 60 MALE YOUTH FROM JULY 2019 THROUGH JUNE 2021. LAUNCHED IN 2015, STOP THE BLEED IS A NATIONAL CAMPAIGN TO HELP IMPROVE SURVIVAL FROM LIFE-THREATENING BLEEDING. IN THE NATION'S LARGEST STOP THE BLEED INITIATIVE, UPMC HOSPITALS, INCLUDING UPMC PRESBYTERIAN SHADYSIDE AND UPMC EAST, PARTNER WITH THE COPELAND REGIONAL TRAUMA COUNCIL, A CONSORTIUM OF TRAUMA CENTERS IN PENNSYLVANIA, OHIO, AND WEST VIRGINIA, TO COORDINATE STOP THE BLEED EFFORTS. SINCE STOP THE BLEED'S LAUNCH THROUGH MAY 2020, MORE THAN 56,000 INDIVIDUALS HAVEN BEEN TRAINED AT MORE THAN 1,600 SESSIONS AND MORE THAN 1,000 TOURNIQUETS AND BLEEDING CONTROL KITS HAVE BEEN DISTRIBUTED TO PUBLIC SCHOOLS AND POLICE OFFICERS.

ENHANCED ACCESS TO TOP-QUALITY SPECIALTY CARE: UPMC IS MAKING HEALTH CARE

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MORE ACCESSIBLE. UPMC KANE IS THE FIRST UPMC HOSPITAL TO PARTICIPATE IN THE PENNSYLVANIA RURAL HEALTH MODEL, WHICH WAS DEVELOPED BY THE PENNSYLVANIA DEPARTMENT OF HEALTH AND THE CENTER FOR MEDICARE AND MEDICAID INNOVATION. UPMC KANE INTRODUCED MEASURES TO AVOID OVER-UTILIZATION IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENTS, AND IMPLEMENTED AN INPATIENT TELEHOSPITALIST PROGRAM. IN MARCH 2022, UPMC KANE LAUNCHED THE FIRST TELE-EMERGENCY DEPARTMENT (TELE-ED) IN MCKEAN COUNTY; THIS APPROACH ALLOWS A SMALL RURAL COMMUNITY ACCESS TO EXCELLENT EMERGENCY MEDICAL CARE. UPMC CHILDREN'S CONTINUES TO IMPROVE ACCESS TO SPECIALTY PROVIDERS TO MEET THE COMPLEX NEEDS OF CHILDREN AND FAMILIES. SINCE JANUARY 2019, UPMC CHILDREN'S HAS FOCUSED EFFORTS TO IMPROVE ACCESS FOR NEW PATIENTS TO PEDIATRIC MEDICAL AND SURGICAL SPECIALTIES, INCLUDING GASTROENTEROLOGY AND ADOLESCENT MEDICINE. THE HOSPITAL SUCCESSFULLY REDUCED THE AVERAGE NUMBER OF DAYS TO SCHEDULE NEW PATIENT APPOINTMENTS WITH SPECIALTY PROVIDERS FROM 40 DAYS TO ONE WEEK. AND IN PARTNERSHIP WITH UPMC CHILDREN'S COMMUNITY PEDIATRICS, UPMC CHILDREN'S DEVELOPED A MODEL TO CO-LOCATE ADOLESCENT MEDICINE SERVICES WITH SIX COMMUNITY-BASED PRACTICES. BETWEEN NOVEMBER 2019 AND JUNE 2021,

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1,098 PATIENTS WERE SEEN THROUGH THIS MODEL. IN NORTH CENTRAL PENNSYLVANIA, UPMC WILLIAMSPORT RECRUITED MORE THAN 110 PHYSICIANS FROM 2019 TO 2021, INCREASING ACCESS TO LOCAL CARE IN LYCOMING COUNTY. UPMC WILLIAMSPORT OFFERS NEW SPECIALTY SERVICES, INCLUDING GYNECOLOGIC ONCOLOGY, INTERVENTIONAL RADIOLOGY, AND ORTHOPEDIC TRAUMA SURGERY. ADDITIONALLY, UPMC HOSPITALS IN NORTH CENTRAL PENNSYLVANIA OFFER A NURSE TRIAGE LINE THAT HELPS SCHEDULE APPOINTMENTS, DIRECTS PATIENTS TO THE APPROPRIATE LEVEL OF CARE, AND ASSISTS WITH PRESCRIPTION REFILLS; IT IS AVAILABLE 24 HOURS PER DAY, SEVEN DAYS PER WEEK. BETWEEN JULY 2019 AND JUNE 2021, THE LINE ANSWERED NEARLY 140,000 PATIENT CALLS.

RAISED AWARENESS OF CHRONIC DISEASE THROUGH OUTREACH, EDUCATION AND HEALTH SCREENINGS: FROM 2014-2022, THOUSANDS CF PEOPLE PARTICIPATED IN COMMUNITY EVENTS THAT OFFERED SCREENINGS TO DETECT CHRONIC DISEASES, SUCH AS CANCER, DIABETES, AND HEART DISEASE. MANY CF THESE EVENTS WERE HELD AT NEIGHBORHOOD LOCATIONS, INCLUDING CHURCHES, SENIOR CENTERS, AND SCHOOLS. TO HELP INCREASE ACCESS TO HEALTH EDUCATION AND SCREENINGS, EVENTS WERE ADAPTED TO VIRTUAL PLATFORMS. TO RAISE AWARENESS OF CANCER, UPMC

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PASSAVANT OFFERED EDUCATIONAL PROGRAMS, BOTH IN-PERSON AND VIRTUAL, ABOUT CANCER PREVENTION, DETECTION, AND TREATMENT. TO HELP DETECT COLON CANCER EARLY, UPMC HILLMAN CANCER CENTER AT UPMC PASSAVANT AND PASSAVANT HOSPITAL FOUNDATION PRESENTED FREE, VIRTUAL PREVENTION EDUCATION AND SCREENING SESSIONS. IN 2020 AND 2021, UPMC PASSAVANT DISTRIBUTED MORE THAN 140 FREE FIT KITS TO ATTENDEES OF VIRTUAL EDUCATION SESSIONS. IF COLON CANCER WAS DETECTED BY THE FIT KIT, PATIENTS WERE OFFERED EDUCATION ABOUT COLONOSCOPIES OR CONNECTED WITH AN APPRCPRIATE PROVIDER FOR TREATMENT. TO HELP IMPROVE DETECTION AND MANAGEMENT OF DIABETES, UPMC BEDFORD HOSTS COMMUNITY EDUCATION EVENTS, SUCH AS ITS ANNUAL DIABETES FAIR, AND THE HOSPITAL OFFERS MONTHLY LOW-COST MULTIPHASIC SCREENING EVENTS THROUGHOUT BEDFORD COUNTY. ADDITIONALLY, UPMC BEDFORD'S DIABETIC EDUCATOR HELPS PATIENTS IMPROVE CONTROL OF DIABETES WITH THE LATEST MANAGEMENT TOOLS, INCLUDING APPS, GLUCOSE MONITORING, AND INSULIN PUMPS. THROUGH A PARTNERSHIP WITH FAITH UNITED METHODIST CHURCH, UPMC ST. MARGARET PARTICIPATES IN MONTHLY NEIGHBORHOOD DINNERS - PART OF AN ANTI-POVERTY PROGRAM FOR THE SHARPSBURG COMMUNITY. THE HOSPITAL OFFERED DIABETES EDUCATION, HEALTHY EATING ON A BUDGET, SMOKING CESSATION

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INFORMATION, ONE-ON-ONE HEALTH ADVICE, AND HEALTH SCREENINGS. IN 2019,

UPMC ST. MARGARET SUCCESSFULLY EXPANDED 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. THE HOSPITAL ATTENDS QUARTERLY

COMMUNITY DINNERS, AND PROVIDES HEALTH EDUCATION AND SCREENINGS,

INDENTIFYING INDIVIDUALS WITH MEDICAL ISSUES AND REFERRING THEM TO CARE

PROVIDERS. BETWEEN JULY 2019 AND JUNE 2021, THE HOSPITAL PROVIDED A TOTAL

OF 660 SCREENINGS TO ATTENDEES OF COMMUNITY DINNER EVENTS. OVER THE LAST

THREE YEARS, THE HOSPITAL IDENTIFIED MORE THAN 90 INDIVIDUALS WITH

ABNORMAL SCREENING RESULTS AND REFERRED THEM TO FOLLOW-UP SERVICES. 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

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DISORDERS. UPMC WESTERN BEHAVIORAL HEALTH IS COMMITTED TO PROVIDING

ADDICTION PROGRAMS THAT ARE PATIENT-ORIENTED, RESEARCH-BASED, AND

RECOVERY-FOCUSED. UPMC WESTERN BEHAVIORAL HEALTH SEEKS TO ENGAGE

INDIVIDUALS THROUGH MOTIVATIONAL, CULTURALLY COMPETENT, GOAL-FOCUSED

TREATMENT, IN COMPASSIONATE, CARING ENVIRONMENTS, AT ACCESSIBLE COMMUNITY

LOCATIONS. LAUNCHED IN 2016, THE NARCOTIC ADDICTION TREATMENT PROGRAM

PROVIDES OUTPATIENT TREATMENT SERVICES FOR PECPLE WITH OPIOID USE

DISORDER. THE PROGRAM HELPS LINK PATIENTS WITH MEDICAL COMORBIDITY TO

PRIMARY CARE PROVIDERS (PCPS) AND TO COACHING AND WELLNESS GROUPS. IN

2019 AND 2020, THE PROGRAM INCREASED CAPACITY, ALLOWING FOR AN ADDITIONAL

100 METHADONE PATIENTS TO BE TREATED. OVER THE LAST THREE YEARS, UPMC

WESTERN PSYCHIATRIC HOSPITAL'S CENTER OF EXCELLENCE AND WARM-HAND-OFF

PROGRAM CONTINUED TO ENGAGE PATIENTS SUFFERING FROM ADDICTION IN

EMERGENCY ROOMS AND CRISIS CENTERS AND HELPED TO ENSURE THEY ARE ESCORTED

TO AN APPROPRIATE TREATMENT CENTER. UPMC WESTERN BEHAVIORAL HEALTH HAS

ALSO COLLABORATED WITH UPMC'S DEPARTMENT OF INTERNAL MEDICINE AND WITH

UPMC MAGEE-WOMENS HOSPITAL, ON THEIR RESPECTIVE ADDICTION CENTERS, TO

INTEGRATE BEHAVIORAL HEALTH EXPERTISE INTO MEDICATION ASSISTANCE PROGRAMS

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FOR PATIENTS WITH COMPLEX MEDICAL CONDITIONS, AND FOR PERINATAL WOMEN. TO HELP CARE FOR WOMEN WITH SUBSTANCE USE DISORDER AND THEIR BABIES, UPMC MAGEE-WOMENS HOSPITAL DEVELOPED AND LAUNCHED THE NEONATAL TRANSITION UNIT (NTU) (PREVIOUSLY NAMED THE PARENT PARTNERSHIP UNIT). THE NTU IS A ROOMING-IN MODEL OF CARE TO DECREASE PHARMACOLOGIC TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (NAS) BY PROVIDING NON-PHARMACOLOGIC TREATMENT FOR NEWBORNS EXPOSED TO OPIOIDS. THE NTU IS AN INPATIENT PROGRAM AT UPMC MAGEE-WOMENS TO OBSERVE INFANTS FOR OPIOID WITHDRAWAL, WHILE OFFERING NEW MOTHERS AND FAMILIES SUPPORT AND EDUCATION. THE NTU HELPS A WOMAN DEVELOP A DEEPER CONNECTION WITH HER BABY AS SHE SHARPENS HER SKILLS AS A NEW MOTHER. BETWEEN JULY 2019 AND MAY 2021, 262 BABIES WERE CARED FOR IN THE NTU, WITH ONLY 1.2 PERCENT NEEDING PHARMACOLOGIC TREATMENT. OPENED IN 2018, UPMC MCKEESPORT'S ADDICTION MEDICINE SERVICE OFFERS DETOXIFICATION AND REHABILITATION SERVICES FOR PATIENTS WITH SUBSTANCE ABUSE DISORDERS, AND IS ONE OF THE ONLY FACILITIES 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

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NEED FOR THIS SERVICE IN ALLEGHENY COUNTY. BETWEEN MAY 2020 AND APRIL 2021, THERE WERE 580 INPATIENT ADMISSIONS TO THE UNIT. THE READMISSIONS RATE REMAINS VERY LOW AT LESS THAN FIVE PERCENT.

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. WITH THIS 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. IN 2019, UPMC WESTERN PSYCHIATRIC OPENED A NEW SPACE FOR EMERGENCY PSYCHIATRIC CARE AND EVALUATION. THE HOSPITAL RENOVATED ITS DIAGNOSTIC EVALUATION CENTER (DEC) INTO A NEWLY DESIGNED DEPARTMENT, NOW CALLED PSYCHIATRIC EMERGENCY SERVICES (PES). MORE THAN 14,000 ASSESSMENTS ARE PERFORMED ANNUALLY FOR PATIENTS WHO COME THROUGH THE PES DEPARTMENT. UPMC WESTERN PSYCHIATRIC

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ALSO 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. ADDITIONALLY, IN NORTH CENTRAL PENNSYLVANIA, UPMC HOSPITALS ARE INTEGRATING BEHAVIORAL HEALTH CARE WITH OUTPATIENT SERVICES. IN PARTNERSHIP WITH ALLEGHENY COUNTY, UPMC WESTERN PSYCHIATRIC HOSPITAL OPERATES AND MANAGES RESOLVE CRISIS SERVICES, A 24- HOUR, 365-DAY CRISIS SERVICE THAT IS FREE TO ALL ALLEGHENY COUNTY RESIDENTS. ADDITIONALLY, UPMC MAGEE WOMENS HOSPITAL'S NEW AND EXPECTANT MOTHERS SPECIALIZED TREATMENT (NEST) OUTPATIENT PROGRAM SERVES PREGNANT AND POSTPARTUM WOMEN REQUIRING A HIGHER LEVEL OF CARE FOR DEPRESSION OR ANXIETY.

WORKED TO HELP REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS: UPMC WESTERN BEHAVIORAL HEALTH IS WORKING TO HELP REDUCE STIGMA ASSOCIATED WITH MENTAL ILLNESS AND TO ENGAGE WITH THE COMMUNITY TO SERVE PATIENTS IN UNIQUE WAYS. IN 2020, THE HOSPITAL COLLABORATED WITH COMMUNITY PARTNERS

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TO LAUNCH HOLIDAYS FROM THE HEART, A GIFT DRIVE FOR CHILD AND ADOLESCENT PATIENTS WHO SPENT THEIR HOLIDAY IN UPMC WESTERN PSYCHIATRIC HOSPITAL. IN 2020, THE GIFT DRIVE PROVIDED FOR MORE THAN 80 INPATIENT CHILDREN AND ADOLESCENTS, AND IN 2021, THE GIFT DRIVE EXPANDED TO INCLUDE ALL 251 INPATIENTS AT THE HOSPITAL. IN 2021, UPMC WESTERN BEHAVIORAL HEALTH ESTABLISHED MUSIC MENDS MINDS, AN INITIATIVE THAT PROVIDES FUNDING FOR PATIENTS TO AUDITION AND BECOME PART OF A MUSICAL ENSEMBLE OF PEERS. THE INITIATIVE ALSO INCLUDES AN OPPORTUNITY FOR INTERESTED PATIENTS TO BE MENTORED BY LOCAL PITTSBURGH MUSICIANS IN THEIR INSTRUMENT OF CHOICE.

ADDRESSED SOCIAL DETERMINANTS OF HEALTH THROUGH SUPPORT PROGRAMS TARGETING TRADITIONALLY UNDERSERVED POPULATIONS UPMC CONTINUES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH), WHICH ARE CONDITIONS IN THE PLACES WHERE PEOPLE LIVE, LEARN, WORK, AND PLAY THAT AFFECT A WIDE RANGE OF HEALTH RISKS AND OUTCOMES. 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 MEDICAL CARE FOLLOWING A HOSPITAL ADMISSION. INDIVIDUALS REFERRED TO BETHLEHEM HAVEN RECEIVE

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MEDICAL CARE, INSURANCE SUPPORT, SUPPLIES, MEDICATIONS, AND AFFORDABLE HOUSING ASSISTANCE. BETWEEN JULY 2019 AND SEPTEMBER 2020, UPMC MERCY MADE 214 REFERRALS TO THE MEDICAL RESPITE PROGRAM. IN PARTNERSHIP WITH THE DEPARTMENT OF HUMAN SERVICES, UPMC MERCY MADE MORE THAN 100 REFERRALS TO SAFE HAVEN HOTEL DURING THE HEIGHT OF THE COVID-19 PANDEMIC. SAFE HAVEN HOTEL PROVIDED HOMELESS INDIVIDUALS, OR THOSE WITH NO SAFE PLACE TO QUARANTINE, A PLACE TO STAY. UPMC ALSO PARTNERED WITH GOVERNMENT, BUSINESS, AND NON-PROFIT GROUPS TO LAUNCH SECCND AVENUE COMMONS, A FIRST-OF-ITS-KIND SHELTER THAT WILL OFFER COMPREHENSIVE SERVICES TO PITTSBURGH'S HOMELESS POPULATION. UPMC IS WORKING TO ESTABLISH AN INFRASTRUCTURE THAT WILL ENABLE UPMC TO HELP PROVIDE MEDICAL AND SOCIAL SERVICES RESOURCES THROUGH SECOND AVENUE COMMCNS. FOOD INSECURITY IS A MAJOR CONCERN FOR MANY OF UPMC'S PATIENTS AND NEIGHBORS. TO HELP ADDRESS THIS ISSUE, UPMC CHILDREN'S ESTABLISHED A FOOD SECURITY NAVIGATION MODEL, FOCUSED ON CLINICIAN TRAINING, SCREENING, AND BENEFITS ENROLLMENT. WORKING WITH THE GREATER PITTSBURGH COMMUNITY FOOD BANK AND 412 FOOD RESCUE, UPMC MCKEESPORT LAUNCHED A FOOD PHARMACY PROGRAM TO HELP ENSURE THAT PATIENTS HAVE ACCESS TO HEALTHY MEALS. UPMC MCKEESPORT PATIENTS WHO

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PARTICIPATE ARE ALSO SCREENED FOR ASSISTANCE WITH MEDICATION, MEDICAL SUPPLIES, AND TRANSPORTATION. UPMC MCKEESPORT IS ALSO GROWING A GARDEN AND CREATING A TEACHING KITCHEN TO BENEFIT PATIENTS AND TO EDUCATE THEM ABOUT HEALTHY EATING. IN APRIL 2021, UPMC MAGEE-WOMENS HOSPITAL LAUNCHED A SUPPORT GROUP FOR BLACK PREGNANT MOTHERS CALLED "MELANATED MOMMAS." THIS IS A MONTHLY, FACILITATOR-LED, PEER SUPPCRT GROUP WITH AN EDUCATIONAL COMPONENT. THE GROUP AIMS TO PROVIDE A SPACE FOR BLACK PREGNANT MOTHERS TO BUILD RELATIONSHIPS, TO LEARN MORE ABOUT DIFFERENT ASPECTS OF PREGNANCY, AND TO ASK QUESTIONS TO FEEL BETTER SUPPORTED THROUGHOUT THEIR PREGNANCY. MELANATED MOMMAS HAS THE GOAL OF DECREASING DISPARITIES IN MATERNAL HEALTH FOR BLACK PREGNANT MOTHERS AND IMPROVING THEIR EXPERIENCE IN THE HEALTH CARE SYSTEM THROUGHOUT THEIR PREGNANCY AND POSTPARTUM. IN NORTH CENTRAL PENNSYLVANIA, UPMC WILLIAMSPORT CONTINUES TO ADDRESS TRANSPORTATION BARRIERS AND HELP WITH SMOOTH CARE TRANSITIONS FOR HIGH-RISK PATIENTS, INCLUDING ITS MOBILE INTEGRATED HEALTH (MIH) PROGRAM. LAUNCHED IN APRIL 2020, THE MIH PROGRAM INITIALLY ASSISTED WITH COVID TESTING FOR LOCAL FIRST RESPONDERS AND RESIDENTS AND STAFF OF LONG-TERM CARE FACILITIES. IN PARTNERSHIP WITH PRIMARY CARE OFFICES, THE MIH TEAM

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DELIVERS CARE AT HIGH-RISK PATIENTS' HOMES - CONDUCTING EXAMS, EKGS, AND LAB WORK, AND THEN RELAYING HEALTH INFORMATION TO A PATIENT'S PRIMARY CARE PROVIDER. IN ADDITION, UPMC WELLSBORO IN TIOGA COUNTY, COLLABORATED WITH CANYON CAB TO ADDRESS TRANSPORTATION BARRIERS BY SUPPORTING PATIENTS IN NEED WITH A FREE RIDE HOME FROM THE EMERGENCY DEPARTMENT.

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 CFFER COMPREHENSIVE CARE AND 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. BETWEEN JULY 2019 AND JUNE 2021, THERE WERE 6,536 OFFICE AND TELEMEDICINE MEDICAL, PSYCHIATRIC, AND SOCIAL WORK VISITS AT BOTH GERIATRIC CARE CENTER

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LOCATIONS. 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 COMBATTING 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

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PART VI

LINE 6 SEE SCHEDULE O

LINE 7 STATES RECEIVING COMMUNITY BENEFIT REPCRT:

PENNSYLVANIA

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

**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? . . . . . [X] 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<br>620 BROADHEAD AVENUE PITTSBURGH, PA 15205 | 47-1118194 | 501(C)(3) | 15,000. | | | | COMMUNITY DEVEL |
| (2) A GLIMMER OF HOPE<br>PO BOX 908 WEXFORD, PA 15090-0908 | 25-1627978 | 501(C)(3) | 25,000. | | | | GENERAL SUPPORT |
| (3) ADVANCED LEADERSHIP INSTITUTE INC<br>500 GRANT ST PITTSBURGH, PA 15219 | 85-3695252 | 501(C)(3) | 60,000. | | | | GENERAL SUPPORT |
| (4) ADVISORY BOARD CN AUTISM AND RELATED DIS<br>35 WILSON STREET PITTSBURGH, PA 15223 | 25-1760214 | 501(C)(3) | 13,333. | | | | AUTISM RESEARCH |
| (5) AFRICAN AMER CHAMBER OF COMMERCE OF W PA<br>425 SIXTH AVE PITTSBURGH, PA 15219 | 25-1821978 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (6) AFRICAN AMERICAN CULTURAL CENTER<br>980 LIBERTY AVENUE PITTSBURGH, PA 15222 | 47-2697273 | 501(C)(3) | 50,000. | | | | GENERAL SUPPORT |
| (7) AFRICAN AMERICAN LEADERSHIP FOUNDATION<br>901 WESTERN AVE PITTSBURGH, PA 15233 | 85-0950976 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (8) AFRO AMERICAN MUSIC INSTITUTE INC<br>7131 HAMILTON AVE PITTSBURGH, PA 15208 | 25-1689025 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (9) FREDDIE FU CYCLING<br>1229 TWELVE OAKS CT MURRYSVILLE, PA 15668 | 27-3821191 | N/A | 7,000. | | | | GENERAL SUPPORT |
| (10) ALLEGHENY CONF CN COMMUNITY DEVELOPMENT<br>11 STANWIX ST PITTSBURGH, PA 15219-1811 | 25-0965213 | 501(C)(3) | 335,125. | | | | GENERAL SUPPORT |
| (11) ALS ASSOCIATION OF WESTERN PA<br>416 LINCOLN AVE PITTSBURGH, PA 15209 | 23-7123851 | 501(C)(3) | 12,500. | | | | ALS RESEARCH |
| (12) ALS TDF<br>625 WALNUT ST MCKEESPORT, PA 15132 | 04-3462719 | 501(C)(3) | 10,720. | | | | ALS RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 224

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 36

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

**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) ALZHEIMERS DISEASE AND RELATED DIS ASSOC<br>1100 LIBERTY AVE PITTSBURGH, PA 15222 | 25-1510692 | 501(C)(3) | 8,750. | | | | ALZHEIMERS RESEARCH |
| (2) AMER ASSOC OF PEOPLE WITH DISABILITIES<br>2020 PENNS. AVE NW WASHINGTON, DC 20006 | 52-1930174 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (3) AMER FOUNDATION FOR SUICIDE PREVENTION<br>199 WATER ST NEW YORK, NY 10038 | 13-3393329 | 501(C)(3) | 15,750. | | | | SUICIDE AWARENESS |
| (4) AMERICAN CANCER SOCIETY INC<br>2 CRESENT PK WARREN, PA 16365 | 13-1788491 | 501(C)(3) | 215,413. | | | | CANCER RESEARCH |
| (5) AMERICAN CITY BUSINESS JOURNALS INC<br>424 S 27TH ST PITTSBURGH, PA 15203 | 43-1366184 | N/A | 6,000. | | | | GENERAL SUPPORT |
| (6) AMERICAN DIABETES ASSOCIATION<br>2451 CRYSTAL DR WARREN, PA 16365 | 13-1623888 | 501(C)(3) | 65,000. | | | | DIABETES RESEARCH |
| (7) AMERICAN HEART ASSOCIATION<br>444 LIBERTY AVE PITTSBURGH, PA 15222 | 13-5613797 | 501(C)(3) | 371,588. | | | | HEART RESEARCH |
| (8) AMERICAN LUNG ASSOCIATION<br>241 4TH AVE PITTSBURGH, PA 15222 | 25-1825116 | 501(C)(3) | 20,500. | | | | LUNG RESEARCH |
| (9) AMERICAN MIDDLE EAST INSTITUTE<br>5 VON LENT PL PITTSBURGH, PA 15232 | 26-3562819 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (10) AMERICAN RED CROSS<br>2025 E STREET NW WASHINGTON, DC 20006-5009 | 25-0965231 | 501(C)(3) | 25,000. | | | | GENERAL SUPPORT |
| (11) ARTHRITIS FOUNDATION<br>WARNER CTR PITTSBURGH, PA 15222-2411 | 58-1341679 | 501(C)(3) | 72,500. | | | | ARTHRITIS RESEARCH |
| (12) ASSOCIATION OF AMERICAN MEDICAL COLLEGES<br>ONE DUPONT CIRCLE NW WASHINGTON, DC 20036 | 36-2169124 | 501(C)(3) | 20,840. | | | | GENERAL SUPPORT |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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|---|---|---|---|---|---|---|---|
| (1) ATTACK THEATRE INC<br>5720 FRIENDSHIP AVE PITTSBURGH, PA 15206 | 20-1909284 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (2) AUTISM SPEAKS<br>1060 STATE RD PRINCETON, NJ 08540 | 20-2329938 | 501(C)(3) | 7,500. | | | | AUTISM RESEARCH |
| (3) BACKYARD BROADCASTING PA LLC<br>1685 FOUR MILE DR WILLIAMSPORT, PA 17701 | 37-1738332 | N/A | 17,058. | | | | GENERAL SUPPORT |
| (4) BIG BROTHERS BIG SISTERS OF GREATER PGH<br>5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206 | 25-6074707 | 501(C)(3) | 25,000. | | | | COMMUNITY DEVEL |
| (5) BLACK POLITICAL EMPOWERMENT PROJECT<br>2201 WYLIE AVENUE PITTSBURGH, PA 15219 | 47-2507780 | 501(C)(3) | 15,500. | | | | GENERAL SUPPORT |
| (6) BLAIR COUNTY CHAMBER FOUNDATION INC<br>3900 INDUSTRIAL PARK DR ALTOONA, PA 16602 | 25-1895033 | 501(C)(6) | 8,700. | | | | GENERAL SUPPORT |
| (7) BLIND AND VISION REHAB SERVICES OF PGH<br>1800 WEST STREET HOMESTEAD, PA 15120 | 25-1803195 | 501(C)(3) | 11,000. | | | | GENERAL SUPPORT |
| (8) BLOOMFIELD LITTLE ITALY DAYS INC<br>2549 PENN AVE PITTSBURGH, PA 15222 | 46-0691769 | N/A | 10,000. | | | | GENERAL SUPPORT |
| (9) BOROUGH OF GREENVILLE<br>125 MAIN STREET GREENVILLE, PA 16125 | 25-6000376 | GOVERNMENT | 35,000. | | | | GENERAL SUPPORT |
| (10) BRENTWOOD BUSINESS OWNERS ASSN INC<br>3325 SAW MILL RUN BLVD PITTSBURGH, PA 15227 | 25-1884157 | 501(C)(3) | 7,000. | | | | GENERAL SUPPORT |
| (11) CANCER BRIDGES<br>2816 SMALLMAN ST PITTSBURGH, PA 15222 | 25-1845284 | 501(C)(3) | 85,000. | | | | GENERAL SUPPORT |
| (12) CANTERBURY PLACE<br>600 GRANT ST PITTSBURGH, PA 15219 | 25-0965334 | 501(C)(3) | 91,250. | | | | GENERAL SUPPORT |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

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**Employer identification number**

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|---|---|---|---|---|---|---|---|
| (1) CAPTAIN ERICK FOSTER MEMORIAL RIDE<br>2037 CHESTNUT ST PHILADELPHIA, PA 19103 | 47-3192875 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (2) CARLOW UNIVERSITY<br>3333 FIFTH AVENUE PITTSBURGH, PA 15213 | 25-0965438 | 501(C)(3) | 60,000. | | | | GENERAL SUPPORT |
| (3) CARNEGIE INSTITUTE<br>4400 FORBES AVE PITTSBURGH, PA 15213 | 25-0965280 | 501(C)(3) | 30,000. | | | | GENERAL SUPPORT |
| (4) CASA SAN JOSE<br>933 BROOKLINE BLVD PITTSBURGH, PA 15226 | 46-4729004 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (5) CATHOLIC CHARITITES OF THE DIOCESE OF PG<br>212 NINTH ST PITTSBURGH, PA 15222 | 25-1326213 | 501(C)(3) | 17,500. | | | | GENERAL SUPPORT |
| (6) CCAC EDUCATIONAL FOUNDATION<br>800 ALLEGHENY AVE PITTSURGH, PA 15233 | 25-1384469 | 501(C)(3) | 100,000. | | | | GENERAL SUPPORT |
| (7) CE PRO BIKES LLC<br>PO BOX 453 CARNEGIE, PA 15106 | 26-2571163 | 501(C)(3) | 12,000. | | | | GENERAL SUPPORT |
| (8) CELEBRATE POSITIVE LLC<br>9055 FOREST PATH DR GAINESVILLE, GA 30506 | 27-2198733 | N/A | 7,500. | | | | COMMUNITY DEVEL |
| (9) CENTER ICE DELMONT LLC<br>100 CENTER ICE DR DELMONT, PA 15626 | 86-1652605 | N/A | 15,000. | | | | GENERAL SUPPORT |
| (10) CENTRAL CATHOLIC HIGH SCHOOL<br>504 ST CLAIR DR VERONA, PA 15147 | 20-0478989 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (11) CHABAD JEWISH CENTER OF MONROEVILLE INC<br>137 MONTICELLO DR MONROEVILLE, PA 15146 | 27-0540008 | 501(C)(3) | 5,500. | | | | GENERAL SUPPORT |
| (12) CHAMBER MUSIC PITTSBURGH<br>370 CASTLE SHANNON BLVD PGH, PA 15234 | 25-6067677 | 501(C)(3) | 6,300. | | | | GENERAL SUPPORT |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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20-8295721

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|---|---|---|---|---|---|---|---|
| (1) CHATHAM UNIVERSITY<br>WOODLAND RD PITTSBURGH, PA 15232 | 25-0717890 | 501(C)(3) | 501,200. | | | | GENERAL SUPPORT |
| (2) CHILDRENS HOSPITAL OF PGH FOUNDATION<br>4401 PENN AVE PITTSBURGH, PA 15224 | 25-1865744 | 501(C)(3) | 662,835. | | | | HEALTHCARE SUPPORT |
| (3) CHUCK COOPER FOUNDATION<br>49 THORNCREST DR PITTSBURGH, PA 15235-5215 | 27-4722527 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (4) CITY OF FARRELL<br>500 ROEMER BLVD FARRELL, PA 16121 | 25-6000858 | GOVERNMENT | 35,000. | | | | GENERAL SUPPORT |
| (5) CITY THEATRE<br>1300 BINGHAM ST PITTSBURGH, PA 15203 | 25-1554580 | 501(C)(3) | 10,000. | | | | COMMUNITY DEVEL |
| (6) CIVIC LIGHT OPERA ASSOC OF GREATER PGH<br>719 LIBERTY AVE PITTSBURGH, PA 15222 | 25-6000890 | 501(C)(3) | 42,500. | | | | GENERAL SUPPORT |
| (7) COLE FOUNDATION INC<br>1001 E SECOND ST COUDERSPORT, PA 16915 | 45-5417308 | 501(C)(3) | 10,000. | | | | HEALTHCARE SUPPORT |
| (8) COMMUNITY EMPOWERMENT ASSOCIATION INC<br>7120 KELLY ST PITTSBURGH, PA 15208 | 25-1760121 | 501(C)(3) | 10,000. | | | | COMMUNITY DEVEL |
| (9) COMMUNITY HUMAN SERVICES CORP<br>2525 LIBERTY AVE PITTSBURGH, PA 15222 | 25-1219610 | 501(C)(3) | 34,655. | | | | COMMUNITY DEVEL |
| (10) COMMUNITY LIVER ALLIANCE<br>100 W STATION SQ DR PITTSBURGH, PA 15219 | 46-1909171 | 501(C)(3) | 55,000. | | | | LIVER RESEARCH |
| (11) COMMUNITY THEATRE LEAGUE INC<br>100 W THIRD ST WILLIAMSPORT, PA 17701 | 23-2358507 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (12) CONNECTING CHAMPIONS<br>6101 PENN AVE PITTSBURGH, PA 15206 | 45-2831126 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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|---|---|---|---|---|---|---|---|
| (1) CRANBERRY TOWNSHIP COMMUNITY CHEST<br>2525 ROCHESTER RD CRANBERRY TWP, PA 16066 | 25-1484323 | 501(C)(3) | 25,000. | | | | COMMUNITY DEVEL |
| (2) CROHNS AND COLITIS FOUNDATION OF AMERICA<br>5001 BAUM BLVD PITTSBURGH, PA 15213 | 13-6193105 | 501(C)(3) | 20,000. | | | | CHRON & COLITIS RES |
| (3) CYSTIC FIBROSIS FOUNDATION<br>4550 MONTGOMERY AVE BETHESDA, MD 20814 | 13-1930701 | 501(C)(3) | 35,500. | | | | CYSTIC FIBROSIS RES |
| (4) DIVERSITY MBA FOUNDATION NFP<br>24 EAST 107TH ST CHICAGO, IL 60628 | 85-2129949 | 501(C)(3) | 35,000. | | | | GENERAL SUPPORT |
| (5) DOLLAR ENERGY FUND INC<br>PO BOX 42329 PITTSBURGH, PA 15203 | 25-1442933 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (6) DOWN SYNDROME ASSOC OF PITTSBURGH<br>5513 WILLIAM FLYNN HWY GIBSONIA, PA 15044 | 25-1621542 | 501(C)(3) | 15,000. | | | | DOWN SYNDROME RES |
| (7) DRIVE<br>418 RAILROAD ST DANVILLE, PA 17821 | 99-9999999 | GOVERNMENT | 3,532,650. | | | | ECON DEVEL |
| (8) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT<br>600 FORBES AVE PITTSBURGH, PA 15264 | 25-1035663 | 501(C)(3) | 741,313. | | | | GENERAL SUPPORT |
| (9) ENERGY INNOVATION CENTER INSTITUTE INC<br>1435 BEDFORD AVE PITTSBURGH, PA 15219 | 25-1737221 | 501(C)(3) | 150,800. | | | | GENERAL SUPPORT |
| (10) EPILEPSY ASSOCIATION WESTERN CENTRAL PA<br>1501 REEDSDALE ST PITTSBURGH, PA 15233 | 23-7241930 | 501(C)(3) | 25,000. | | | | EPILEPSY RESEARCH |
| (11) ERIE COUNTY DEPARTMENT OF HEALTH<br>606 W SECOND ST ERIE, PA 16507 | 25-6001027 | GOVERNMENT | 166,667. | | | | GENERAL SUPPORT |
| (12) ERIE DOWNTOWN DEVELOPMENT CORPORATION<br>417 STATE STREET ERIE, PA 16501 | 82-0709054 | 501(C)(3) | 50,000. | | | | COMMUNITY DEVEL |

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|---|---|---|---|---|---|---|---|
| (1) ERIE SEAWOLVES<br>110 EAST 10TH ST ERIE, PA 16507 | 47-2798284 | N/A | 809,722. | | | | GENERAL SUPPORT |
| (2) EXTRA MILE EDUCATION FOUNDATION<br>111 BLVD OF THE ALLIES PITTSBURGH, PA 15222 | 25-1621067 | 501(C)(3) | 50,000. | | | | GENERAL SUPPORT |
| (3) FAMILY GUIDANCE INC<br>850 CRANBERRY WOODS DR CRAN. TWP, PA 16066 | 25-1128116 | 501(C)(3) | 10,000. | | | | COMMUNITY DEVEL |
| (4) FAMILY HOUSE INC<br>5001 BAUM BLVD PITTSBURGH, PA 15213 | 25-1519959 | 501(C)(3) | 148,174. | | | | COMMUNITY DEVEL |
| (5) FARRELL AREA SCHOOL DISTRICT<br>1600 ROEMER BLVD FARRELL, PA 16121 | 25-6010685 | GOVERNMENT | 35,000. | | | | GENERAL SUPPORT |
| (6) FILM PITTSBURGH<br>1789 S BRADDOCK AVE PITTSBURGH, PA 15218 | 47-2906717 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (7) FIRST COMMUNITY FOUNDATION PARTNERSHIP<br>330 PINE STREET WILLIAMSPORT, PA 17707 | 24-6013117 | 501(C)(3) | 14,750. | | | | COMMUNITY DEVEL |
| (8) FOLDS OF HONOR WESTERN PA<br>26 SCHMIDT ROAD GROVE CITY, PA 16127 | 84-2564477 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (9) FONTANAFEST<br>1309 CREEDMOOR AVE PITTSBURGH, PA 15226 | 26-0301352 | 501(C)(3) | 8,000. | | | | GENERAL SUPPORT |
| (10) FRATERNAL ASSOC OF PROF PARAMEDICS<br>PO BOX 8454 PITTSBURGH, PA 15220 | 25-1368007 | 501(C)(5) | 7,000. | | | | GENERAL SUPPORT |
| (11) GATEWAY MEDICAL SOCIETY<br>925 BRIGHTON ROAD PITTSBURGH, PA 15233 | 02-0704699 | 501(C)(3) | 37,000. | | | | GENERAL SUPPORT |
| (12) GIRL SCOUTS WESTERN PENNSYLVANIA<br>503 MARTINDALE ST PITTSBURGH, PA 15212 | 25-1126094 | 501(C)(3) | 12,500. | | | | COMMUNITY DEVEL |

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**SCHEDULE I**
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|---|---|---|---|---|---|---|---|
| (1) GIVING IT FORWARD TOGETHER<br>5513 BEACON STREET PITTSBURGH, PA 15217 | 38-3975053 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (2) GLOBAL LINKS<br>700 TRUMBULL DR PITTSBURGH, PA 15205 | 52-1629060 | 501(C)(3) | 12,500. | | | | GENERAL SUPPORT |
| (3) GREATER PGH COMMUNITY FOOD BANK<br>1 N LINDEN ST DUQUESNE, PA 15110 | 25-1420599 | 501(C)(3) | 8,092. | | | | COMMUNITY DEVEL |
| (4) GREATER PITTSBURGH CHAMBER OF COMMERCE<br>11 STANWIX ST PITTSBURGH, PA 15222 | 25-0399620 | 501(C)(6) | 8,000. | | | | GENERAL SUPPORT |
| (5) GREATER SUSQUEHANNA VALLEY CHAMB. OF COMM<br>2859 N SUSQ TRL SHAMOKIN DAM, PA 17876 | 24-0737000 | 501(C)(6) | 9,500. | | | | GENERAL SUPPORT |
| (6) GREENVILLE AREA SCHOOL DISTRICT<br>9 DONATON RD GREENVILLE, PA 16125 | 25-6011926 | GOVERNMENT | 35,200. | | | | GENERAL SUPPORT |
| (7) GUARDIAN ANGELS MEDICAL SERVICE DOGS INC<br>3251 NE 180TH AVE WILLISTON, FL 32696 | 27-2667123 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (8) GWENS GIRLS<br>711 W COMMONS PITTSBURGH, PA 15212 | 75-3114136 | 501(C)(3) | 17,500. | | | | COMMUNITY DEVEL |
| (9) HAMOT HEALTH FOUNDATION<br>201 STATE ST ERIE, PA 16550 | 25-1400999 | 501(C)(3) | 13,000. | | | | HEALTHCARE SUPPORT |
| (10) HEINZ HISTORY CENTER<br>1212 SMALLMAN ST PITTSBURGH, PA 15222 | 25-0965391 | 501(C)(3) | 325,000. | | | | GENERAL SUPPORT |
| (11) HERITAGE COMMUNITY INITIATIVES INC<br>820 BRADDOCK AVE BRADDOCK, PA 15104 | 25-1442838 | 501(C)(3) | 30,000. | | | | GENERAL SUPPORT |
| (12) HM3 PARTNER FUND CORPORATION<br>405 AVONLEA CT GIBSONIA, PA 15044 | 46-5341326 | 501(C)(3) | 6,667. | | | | 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 . . . . . ▶

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

**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) HOLLIDAYSBURG AREA YMCA<br>2459 RESERVOIR RD HCLLIDAYSBURG, PA 16648 | 23-1352603 | 501(C)(3) | 5,280. | | | | GENERAL SUPPORT |
| (2) HUDDLE UP FOR KIDS FOUNDATION<br>127 MAJESTIC DR MARS, PA 16046 | 81-1817117 | 501(C)(3) | 25,000. | | | | GENERAL SUPPORT |
| (3) HUMANE ANIMAL RESCUE<br>6000 VERONA ROAD VERONA, PA 15147 | 25-0325750 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (4) INST FOR RES, EDU & TRAIN IN ADDICTION<br>425 SIXTH AVE PITTSBURGH, PA 15219 | 25-1857820 | 501(C)(3) | 40,000. | | | | GENERAL SUPPORT |
| (5) INTERNATIONAL E Z UP INC<br>1900 SECOND STREET NORCO, CA 92860 | 95-4104156 | N/A | 8,220. | | | | GENERAL SUPPORT |
| (6) IOTA PHI FOUNDATION OF PITTSBURGH<br>1423 LIVERPOOL ST PITTSBURGH, PA 15233 | 23-2907335 | 501(C)(3) | 10,105. | | | | COMMUNITY DEVEL |
| (7) JADA HOUSE INTERNATIONAL<br>5111 GLENWOOD AVE PITTSBURGH, PA 15207 | 47-2123377 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (8) JMI SPORTS<br>PO BOX 310603 DES MCINES, IA 50331 | 81-4387679 | N/A | 50,000. | | | | GENERAL SUPPORT |
| (9) JOSH GIBSON FOUNDATION<br>PO BOX 100244 PITTSBURGH, PA 15233 | 25-1753018 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (10) JUNIOR ACHIEVEMENT OF WESTERN PA INC<br>120 MARSHALL DR WARRENDALE, PA 15086 | 25-0983059 | 501(C)(3) | 42,200. | | | | COMMUNITY DEVEL |
| (11) JUVENILE DIABETES RESEARCH FOUNDATION<br>960 PENN AVE PITTSBURGH, PA 15222 | 23-1907729 | 501(C)(3) | 70,000. | | | | DIABETES RESEARCH |
| (12) KANE COMMUNITY HOSPITAL FOUNDATION<br>4372 ROUTE 6 KANE, PA 16701 | 26-3906925 | 501(C)(3) | 10,000. | | | | HEALTHCARE 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)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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|---|---|---|---|---|---|---|---|
| (1) KAPPA SCHOLARSHIP ENDOWMENT FUND OF W PA<br>PO BOX 5013 PITTSBURGH, PA 15206 | 25-1672589 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (2) KIDS VOICE<br>437 GRANT ST PITTSBURGH, PA 15219 | 25-0983060 | 501(C)(3) | 26,667. | | | | COMMUNITY DEVEL |
| (3) LAWRENCE COUNTY CHAMBER OF COMMERCE<br>138 W WASHINGTON ST NEW CASTLE, PA 16101 | 25-0521810 | 501(C)(6) | 12,500. | | | | GENERAL SUPPORT |
| (4) LENDING HEARTS<br>114 HOODRIDGE DR PITTSBURGH, PA 15228 | 45-1783751 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (5) LIBERTY ARENA INC<br>1500 SYCAMORE RD MONTOURSVILLE, PA 17754 | 41-2136702 | 501(C)(3) | 20,200. | | | | GENERAL SUPPORT |
| (6) LIONS DIABESTES BOARD OF ALLEGHENY AND WEST<br>1006 HARVARD ROAD MCNROEVILLE, PA 15146 | 85-3626031 | 501(C)(3) | 5,500. | | | | DIABETES RESEARCH |
| (7) LITERACY PITTSBURGH<br>411 SEVENTH AVE PITTSBURGH, PA 15219 | 25-1392652 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (8) LUMINARI INC<br>400 BROAD ST SEWICKLEY, PA 15143 | 26-4196781 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (9) LYCOMING COLLEGE<br>1 COLLEGE PL WILLIAMSPORT, PA 17701 | 24-0795965 | 501(C)(3) | 101,280. | | | | GENERAL SUPPORT |
| (10) LYCOMING COUNTY FAIR ASSOCIATION<br>PO BOX 116 HUGHESVILLE, PA 17737 | 24-0777607 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (11) LYCOMING COUNTY UNITED WAY<br>1 W 3RD STREET WILLIAMSPORT, PA 17701 | 24-0828149 | 501(C)(3) | 35,600. | | | | GENERAL SUPPORT |
| (12) MAGEE WOMENS RESEARCH INSTITUTE AND FND<br>3240 CRAFT PL PITTSBURGH, PA 15213 | 25-1462312 | 501(C)(3) | 156,232. | | | | GENERAL SUPPORT |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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|---|---|---|---|---|---|---|---|
| (1) MARCH OF DIMES INC<br>1550 CRYSTAL DR ARLINGTON, VA 22202 | 13-1846366 | 501(C)(3) | 52,000. | | | | GENERAL SUPPORT |
| (2) MARIO LEMIEUX FOUNDATION<br>816 FIFTH AVE PITTSBURGH, PA 15219 | 25-1708231 | 501(C)(3) | 32,350. | | | | GENERAL SUPPORT |
| (3) MCKEESPORT HOSPITAL FOUNDATION<br>1500 FIFTH AVE MCKEESPORT, PA 15132 | 25-1380418 | 501(C)(3) | 15,000. | | | | HEALTHCARE SUPPORT |
| (4) MENTAL HEALTH AMER OF SOUTHWESTERN PA<br>409 COULTER AVE GREENSBURG, PA 15601 | 25-1142972 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (5) MIGHTY PENGUINS SLED HOCKEY INC<br>8000 CRANBERRY SPR DR CRAN. TWP, PA 15238 | 27-5095701 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (6) MON YOUGH CHAMBER OF COMMERCE<br>3001 JACKS RUN RD WHITE OAK, PA 15131 | 25-0654640 | 501(C)(6) | 5,350. | | | | GENERAL SUPPORT |
| (7) MONROEVILLE AREA CHAMBER OF COMMERCE<br>2790 MOSSIDE BLVD MCNROEVILLE, PA 15146 | 25-1293687 | 501(C)(6) | 8,875. | | | | GENERAL SUPPORT |
| (8) MOUNT ALOYSIUS COLLEGE<br>7373 ADMIRAL PERRY HWY CRESSON, PA 16630 | 25-1114320 | 501(C)(3) | 12,500. | | | | GENERAL SUPPORT |
| (9) MT ARARAT COMMUNITY ACTIVITY CENTER<br>745 N NEGLEY AVE PITTSBURGH, PA 15206 | 25-1628168 | 501(C)(3) | 15,000. | | | | COMMUNITY DEVEL |
| (10) MT LEBANON PARTNERSHIP<br>710 WASHINGTON RD PITTSBURGH, PA 15228 | 25-1501826 | 501(C)(3) | 7,500. | | | | COMMUNITY DEVEL |
| (11) MUNICIPALITY OF MONROEVILLE<br>2700 MONROEVILLE BLVD MONROEVILLE, PA 15146 | 25-6004094 | GOVERNMENT | 10,500. | | | | GENERAL SUPPORT |
| (12) MUTUAL AID AMBULANCE SERV INC<br>561 W OTTERMAN ST GREENSBURG, PA 15601 | 25-1191386 | 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**
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Department of the Treasury
Internal Revenue Service

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

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|---|---|---|---|---|---|---|---|
| (1) NAMI KEYSTONE PENNSYLVANIA<br>105 BRAUNLICH DR PITTSBURGH, PA 15237 | 25-1477291 | 501(C)(3) | 45,000. | | | | GENERAL SUPPORT |
| (2) NATIONAL ASSOC OF CORP DIRECTORS THREE R<br>700 BURSCA DR BRIDGEVILLE, PA 15017 | 26-4485830 | 501(C)(3) | 6,250. | | | | GENERAL SUPPORT |
| (3) NATIONAL BLACK NURSES ASSOCIATION<br>8630 FENTON ST SILVER SPRING, MD 20910 | 23-7194995 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (4) NATIONAL DIVERSITY COUNCIL<br>2401 FOUNTAIN VIEW DR HOUSTON, TX 77057 | 71-1037612 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (5) NATIONAL KIDNEY FOUNDATION INC<br>30 E 33RD ST NEW YORK, NY 10016 | 13-1673104 | 501(C)(3) | 25,500. | | | | KIDNEY RESEARCH |
| (6) NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>215 BEECHAM DR PITTSBURGH, PA 15205 | 25-1066473 | 501(C)(3) | 34,750. | | | | MS RESEARCH |
| (7) NATL ASSOC OF HEALTH SERVICES EXECUTIVES<br>1050 CONNECTICUT AVE NW WASH, DC 20036 | 62-1312239 | 501(C)(3) | 9,950. | | | | GENERAL SUPPORT |
| (8) NATL OVARIAN CANCER COALITION<br>PO BOX 101081 PITTSBURGH, PA 15237 | 65-0628064 | 501(C)(3) | 6,667. | | | | CANCER RES |
| (9) NEGRO EDUCATIONAL EMERGENCY DRIVE<br>429 FOURTH AVE PITTSBURGH, PA 15219 | 25-6070821 | 501(C)(3) | 25,000. | | | | GENERAL SUPPORT |
| (10) NEUROFIBROMATOSIS CLINICS ASSN INC<br>PO BOX 14185 PITTSBURGH, PA 15239 | 25-1763156 | 501(C)(3) | 11,500. | | | | GENERAL SUPPORT |
| (11) NEUROSURGERY RESEARCH AND EDUCATION<br>5550 MDWBRK IND CT ROLLING MDWS, IL 60008 | 46-2905743 | 501(C)(3) | 25,000. | | | | GENERAL SUPPORT |
| (12) NORTH ALLEGHENY FOOTBALL BOOSTERS ASSN<br>PO BOX 247 WEXFORD, PA 15090 | 25-1881815 | 501(C)(3) | 44,000. | | | | GENERAL SUPPORT |

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

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

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|---|---|---|---|---|---|---|---|
| (1) NORTHWEST HOSPITAL FOUNDATION<br>100 FAIRFIELD DRIVE SENECA, PA 16346 | 25-1483624 | 501(C)(3) | 11,443. | | | | HEALTHCARE SUPPORT |
| (2) OAKLAND BUSINESS IMPROVEMENT DISTRICT<br>235 ATWOOD ST PITTSBURGH, PA 15213 | 25-1833743 | N/A | 175,000. | | | | GENERAL SUPPORT |
| (3) OAKLAND TRANSPORTATION MGMT ASSOC<br>235 ATWOOD ST PITTSBURGH, PA 15213 | 25-1701562 | N/A | 10,000. | | | | GENERAL SUPPORT |
| (4) OFF THE FLOOR PITTSBURGH<br>901 ALLEGHENY AVENUE PITTSBURGH, PA 15233 | 45-5436414 | 501(C)(3) | 9,000. | | | | GENERAL SUPPORT |
| (5) ONYX WOMAN NETWORK<br>1038 OSAGE DR PITTSBURGH, PA 15235 | 26-2648491 | N/A | 7,400. | | | | GENERAL SUPPORT |
| (6) ORTHOPAEDIC RESEARCH AND EDUCATION FDN<br>6300 NORTH RIVER RD ROSEMONT, IL 60018 | 36-6009467 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (7) P&J THEATER WORKS<br>125 SUMMIT DRIVE HOLLIDAYSBURG, PA 16648 | 27-5380841 | 501(C)(3) | 5,400. | | | | GENERAL SUPPORT |
| (8) PA CHAMBER OF BUSINESS & INDUSTRY<br>417 WALNUT STREET HARRISBURG, PA 17101 | 23-0961100 | 501(C)(6) | 25,000. | | | | GENERAL SUPPORT |
| (9) PA COLLEGE OF TECHNOLOGY<br>1 COLLEGE AVE WILLIAMSPORT, PA 17701 | 23-2564508 | 501(C)(3) | 30,000. | | | | GENERAL SUPPORT |
| (10) PA COLLEGE OF TECHNOLOGY FOUNDATION INC<br>1 COLLEGE AVE WILLIAMSPORT, PA 17701 | 23-2186644 | 501(C)(3) | 102,500. | | | | GENERAL SUPPORT |
| (11) PA HIGHLANDS COMMUNITY COLLEGE FDN<br>101 COMM COLLEGE WAY JOHNSTOWN, PA 15904 | 25-1743002 | 501(C)(3) | 5,870. | | | | GENERAL SUPPORT |
| (12) PA STATE ATHLETIC DIRECTORS ASSOCIATION<br>136 W 6TH AVE EVERETT, PA 15537 | 23-7262104 | 501(C)(3) | 9,000. | | | | GENERAL SUPPORT |

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|---|---|---|---|---|---|---|---|
| (1) PATIENT SAFETY MOVEMENT FOUNDATION<br>15642 SAND CANYON AVE IRVINE, CA 92619 | 46-2730379 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (2) PENNSYLVANIA RESOURCE COUNCIL<br>828 W NORTH AVE PITTSBURGH, PA 15233 | 23-6403971 | 501(C)(3) | 22,000. | | | | GENERAL SUPPORT |
| (3) PENNSYLVANIANS FOR MODERN CCURTS<br>1601 CHERRY ST PHILADELPHIA, PA 19102 | 23-2434262 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (4) PEOPLES OAKLAND<br>3433 BATES ST PITTSBURGH, PA 15213 | 23-7407933 | 501(C)(3) | 41,155. | | | | GENERAL SUPPORT |
| (5) PERSAD CENTER INC<br>5150 PENN AVE PITTSBURGH, PA 15224 | 25-1234680 | 501(C)(3) | 90,000. | | | | GENERAL SUPPORT |
| (6) PHIPPS CONSERVATORY AND BOTANICAL GRDNS<br>ONE SCHENLEY PARK PITTSBURGH, PA 15213-3830 | 25-1492587 | 501(C)(3) | 12,500. | | | | GENERAL SUPPORT |
| (7) PINNACLE HEALTH FOUNDATION<br>PO BOX 8700 HARRISBURG, PA 17105 | 22-2691718 | 501(C)(3) | 10,000. | | | | HEALTHCARE SUPPORT |
| (8) PITTSBURGH ACTION AGAINST RAPE<br>81 S 19TH ST PITTSBURGH, PA 15203-1852 | 25-1253675 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (9) PITTSBURGH ARTS AND LECTURES<br>301 S CRAIG ST PITTSBURGH, PA 15213 | 25-1657947 | 501(C)(3) | 12,000. | | | | GENERAL SUPPORT |
| (10) PITTSBURGH BALLET THEATRE INC<br>2900 LIBERTY AVE PITTSBURGH, PA 15201-1500 | 23-7101094 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (11) PITTSBURGH BLACK PRIDE<br>PO BOX 7514 PITTSBURGH, PA 15224 | 26-2105142 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (12) PITTSBURGH CHINESE CULTURE CENTER INC<br>1613 PENN AVENUE PITTSBURGH, PA 15222 | 47-5463866 | 501(C)(3) | 6,000. | | | | GENERAL SUPPORT |

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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) PITTSBURGH COMMUNITY RINK OPERATING LP<br>8000 CRANBERRY SPR DR CRAN. TWP, PA 16066 | 90-1018569 | N/A | 13,500. | | | | GENERAL SUPPORT |
| (2) PITTSBURGH DOWNTOWN PARTNERSHIP<br>925 LIBERTY AVE PITTSBURGH, PA 15222 | 25-1728064 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (3) PITTSBURGH GREEN INNOVATORS INC<br>1435 BEDFORD AVE PITTSBURGH, PA 15219 | 27-0219836 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (4) PITTSBURGH HIRES VETERANS<br>1333 BANKSVILLE ROAD PITTSBURGH, PA 15216 | 27-0124770 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (5) PITTSBURGH IRISH AND CLASSICAL THEATRE<br>PO BOX 8168 PITTSBURGH, PA 15217 | 23-2874694 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (6) PITTSBURGH OPERA, INC<br>2425 LIBERTY AVE PITTSBURGH, PA 15222 | 25-1073139 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (7) PITTSBURGH PUBLIC THEATER CORP<br>621 PENN AVE PITTSBURGH, PA 15222 | 23-7398683 | 501(C)(3) | 12,500. | | | | GENERAL SUPPORT |
| (8) PITTSBURGH SYMPHONY<br>600 PENN AVE PITTSBURGH, PA 15222 | 25-0986052 | 501(C)(3) | 25,000. | | | | GENERAL SUPPORT |
| (9) PITTSBURGH URBAN MAGNET PROJECT<br>100 ROSS ST PITTSBURGH, PA 15219 | 25-1800835 | 501(C)(3) | 10,000. | | | | COMMUNITY DEVEL |
| (10) PMHCC INC<br>1601 MARKET ST PHILADELPHIA, PA 19103 | 22-2851379 | 501(C)(3) | 10,000. | | | | HEALTHCARE SUPPORT |
| (11) POINT PARK UNIVERSITY<br>201 WOOD ST PITTSBURGH, PA 15222 | 25-1094922 | 501(C)(3) | 200,000. | | | | GENERAL SUPPORT |
| (12) POISE FOUNDATION<br>429 FORBES AVE PITTSBURGH, PA 15219 | 25-1393426 | 501(C)(3) | 13,500. | | | | 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)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

**Employer identification number**

20-8295721

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|---|---|---|---|---|---|---|---|
| (1) POSTPARTUM PITTSBURGH<br>6930 REYNOLDS STREET PITTSBURGH, PA 15208 | 84-1824128 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (2) PRESBYTERIAN SENIORCARE FOUNDATION<br>1215 HULTON RD OAKMONT, PA 15139 | 56-2289600 | 501(C)(3) | 8,300. | | | | GENERAL SUPPORT |
| (3) PRESQUE ISLE PARTNERSHIP<br>301 PENNINSULA DR ERIE, PA 16505 | 25-1737521 | 501(C)(3) | 12,500. | | | | GENERAL SUPPORT |
| (4) PROPEL SCHOOLS FOUNDATION<br>3447 E CARSON ST PITTSBURGH, PA 15203 | 20-1100962 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (5) PROUD HAVEN INC<br>PO BOX 99727 PITTSBURGH, PA 15233 | 46-2669379 | 501(C)(3) | 5,958. | | | | GENERAL SUPPORT |
| (6) PROVIDENCE HEIGHTS ALPHA SCHOOL<br>9000 BABCOCK BLVD ALLISON PARK, PA 15101 | 25-1331152 | 501(C)(3) | 12,000. | | | | GENERAL SUPPORT |
| (7) PULSEPOINT FOUNDATION<br>PO BOX 12594 PLEASANTON, CA 94588 | 45-2725805 | 501(C)(3) | 6,000. | | | | GENERAL SUPPORT |
| (8) READING IS FUNDEMENTAL PITTSBURGH<br>10 CHILDRENS WAY PITTSBURGH, PA 15212 | 25-1558336 | 501(C)(3) | 10,100. | | | | GENERAL SUPPORT |
| (9) REHABILITATION AND COMMUNITY PROV ASSOC<br>2101 N FRONT ST HARRISBURG, PA 17110 | 22-2839539 | 501(C)(3) | 40,000. | | | | GENERAL SUPPORT |
| (10) ROBERT MORRIS UNIVERSITY<br>6001 UNIVERSITY BLVD MOON TWP, PA 15108 | 25-1120678 | 501(C)(3) | 850,000. | | | | GENERAL SUPPORT |
| (11) RODEF SHALOM CONGREGATION<br>4905 FIFTH AVE PITTSBURGH, PA 15213 | 25-0979371 | N/A | 10,000. | | | | GENERAL SUPPORT |
| (12) RONALD MCDONALD HOUSE CHARITIES PGH<br>451 44TH ST PITTSBURGH, PA 15201 | 25-1320272 | 501(C)(3) | 5,105. | | | | COMMUNITY DEVEL |

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OMB No. 1545-0047

**2021**

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Name of the organization

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|---|---|---|---|---|---|---|---|
| (1) RYAN BLANEY FAMILY FOUNDATION<br>1266 SPEEDWAY BLVD SALISBURY, NC 28146 | 83-0955974 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (2) SHADYSIDE CHAMBER OF COMMERCE<br>5501 WALNUT ST PITTSBURGH, PA 15232 | 25-1373067 | 501(C)(6) | 15,000. | | | | GENERAL SUPPORT |
| (3) SISTERS PGH CORP<br>2014 MONONGAHELA AVE PGH, PA 15218 | 82-1600131 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (4) SMALL SEEDS DEVELOPMENT INC<br>6033 BROAD ST PITTSBURGH, PA 15206 | 25-1834826 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (5) SOMERSET COMMUNITY HOSPITAL FOUNDATION<br>600 GRANT ST PITTSBURGH, PA 15219 | 25-1441863 | 501(C)(3) | 21,400. | | | | GENERAL SUPPORT |
| (6) SOUTH SIDE CHAMBER OF COMMERCE<br>50 S 14TH ST PITTSBURGH, PA 15203 | 25-1188530 | 501(C)(6) | 7,500. | | | | GENERAL SUPPORT |
| (7) SOUTHERN ALLEGHENIES MUSEUM OF ART<br>PO BOX 9 LORETTO, PA 15940 | 25-1271659 | 501(C)(3) | 7,000. | | | | GENERAL SUPPORT |
| (8) SPECIAL OLYMPICS PENNSYLVANIA<br>2570 BLVD OF THE GEN. NORRISTOWN, PA 19403 | 23-2078543 | 501(C)(3) | 12,500. | | | | GENERAL SUPPORT |
| (9) STANLEY M MARKS BLOOD CANCER RESEARCH<br>PO BOX 18042 PITTSBURGH, PA 15232 | 82-3369773 | 501(C)(3) | 18,000. | | | | GENERAL SUPPORT |
| (10) STEELWHEELERS INC<br>83 WESTMINSTER PLACE PITTSBURGH, PA 15209 | 25-1358502 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (11) STOP THE VIOLENCE PITTSBURGH<br>1106 SUCCESS ST PITTSBURGH, PA 15212 | 82-0594337 | N/A | 25,000. | | | | GENERAL SUPPORT |
| (12) STRONG WOMEN STRONG GIRLS INC<br>89 SOUTH STREET BOSTON, MA 02111 | 20-2321377 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |

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

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OMB No. 1545-0047

**2021**

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Name of the organization

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20-8295721

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|---|---|---|---|---|---|---|---|
| (1) SUNBURYS REVITALIZATION INC<br>450 CHESTNUT ST SUNBURY, PA 17801 | 20-4194890 | 501(C)(3) | 12,000. | | | | COMMUNITY DEVEL |
| (2) SUSQUEHANNA HEALTH FOUNDATION<br>1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701 | 23-2743470 | 501(C)(3) | 19,950. | | | | HEALTHCARE SUPPORT |
| (3) T CONN SPORTS INC<br>528 SKYLINE DR BELLE VERNON, PA 15012 | 22-3902543 | N/A | 10,000. | | | | GENERAL SUPPORT |
| (4) TANGO2 RESEARCH FOUNDATION INCORPORATION<br>300 PLAZA MIDDLESEX MIDDLETOWN, CT 06457 | 82-3667557 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (5) THE 9TH ST CLINIC<br>410 9TH ST MCKESSPORT, PA 15132 | 20-8981905 | 501(C)(3) | 16,500. | | | | GENERAL SUPPORT |
| (6) THE BRADLEY CENTER INC<br>5180 CAMPBELLS RUN RD PITTSBURGH, PA 15205 | 25-0967464 | 501(C)(3) | 6,000. | | | | GENERAL SUPPORT |
| (7) THE CHUCK NOLL FDN FOR BRAIN INJURY<br>3400 S WATER ST PITTSBURGH, PA 15203 | 81-3755463 | 501(C)(3) | 25,000. | | | | GENERAL SUPPORT |
| (8) THE FIRST TEE OF PITTBURGH<br>5370 SCHENLEY DR PITTSBURGH, PA 15217 | 01-0867393 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (9) THE FORBES FUNDS<br>FIVE PPG PL PITTSBURGH, PA 15222 | 25-1418095 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (10) THE FRIENDSHIP CIRCLE OF PITTSBURGH INC<br>1922 MURRAY AVE PITTSBURGH, PA 15217 | 20-8950616 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (11) THE GIORGIO FOUNDATION<br>118 MCDONALD DR HOLLIDAYSBURG, PA 16635 | 46-6548416 | 501(C)(3) | 5,100. | | | | GENERAL SUPPORT |
| (12) THE IRELAND FUNDS AMERICA<br>10 POST OFFICE SQ BOSTON, MA 02109 | 25-1306992 | 501(C)(3) | 25,000. | | | | COMMUNITY DEVEL |

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|---|---|---|---|---|---|---|---|
| (1) THE NATIONAL PANCREAS FOUNDATION<br>3 BETHESDA METRO CTR BETHESDA, MD 20814 | 23-2935929 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (2) THE PITTSBURGH CULTURAL TRUST<br>803 LIBERTY AVENUE PITTSBURGH, PA 15222 | 25-1469002 | 501(C)(3) | 40,000. | | | | GENERAL SUPPORT |
| (3) THE RIVER VALLEY REGIONAL YMCA<br>641 WALNUT STREET WILLIAMSPORT, PA 17701 | 24-0795698 | 501(C)(3) | 17,250. | | | | COMMUNITY DEVEL |
| (4) THE SALVATION ARMY<br>700 NORTH BELL AVE CARNEGIE, PA 15106 | 13-5562351 | 501(C)(3) | 15,500. | | | | GENERAL SUPPORT |
| (5) THE SPRINGBOARD FOUNDATION INC<br>118 VALLEY BRK DR HENDERSONVILLE, TN 37075 | 45-2448252 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (6) THE SUSAN G KOMEN BREAST CANCER FDN<br>13770 NOEL ROAD DALLAS, TX 75380 | 75-1835298 | 501(C)(3) | 10,000. | | | | CANCER RES |
| (7) THE WESTERN PA NATL HEMOPHILIA FDN<br>775 FOURTH ST BEAVER, PA 15026 | 25-1359331 | 501(C)(3) | 6,917. | | | | GENERAL SUPPORT |
| (8) THREE RIVERS ADAPTIVE SPORTS<br>PO BOX 38235 PITTSBURGH, PA 15238 | 25-1606744 | 501(C)(3) | 7,000. | | | | GENERAL SUPPORT |
| (9) THREE RIVERS ROWING ASSOC<br>300 WATERFRONT DR PITTSBURGH, PA 15222 | 25-1544798 | 501(C)(3) | 14,000. | | | | GENERAL SUPPORT |
| (10) THREE RIVERS YOUTH<br>6117 BROAD STREET PITTSBURGH, PA 15206 | 25-1206924 | 501(C)(3) | 15,000. | | | | COMMUNITY DEVEL |
| (11) TURTLE CREEK VALLEY COG<br>2700 MONROEVILLE BLVD MONROEVILLE, PA 15146 | 25-1214597 | 501(C)(3) | 10,000. | | | | COMMUNITY DEVEL |
| (12) UNITED WAY OF BLAIR COUNTY INC<br>208 HOLLIDYSBRG PLZ DUNCANSVILLE, PA 16635 | 23-1352003 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |

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|---|---|---|---|---|---|---|---|
| (1) UNITED WAY OF ERIE COUNTY<br>650 EAST AVE ERIE, PA 16503 | 25-1053091 | 501(C)(3) | 25,000. | | | | GENERAL SUPPORT |
| (2) UNITED WAY OF LAWRENCE COUNTY<br>223 N MERCER ST NEW CASTLE, PA 16101 | 25-0987221 | 501(C)(3) | 7,676. | | | | GENERAL SUPPORT |
| (3) UNITED WAY OF SCUTHWESTERN PA<br>1250 PENN AVE PITTSBURGH, PA 15222 | 25-1043578 | 501(C)(3) | 55,000. | | | | GENERAL SUPPORT |
| (4) UNITED WAY OF VENANGO CTY<br>1999 ALLEGHENY BLVD RENO, PA 16343 | 25-1219187 | 501(C)(3) | 601,750. | | | | GENERAL SUPPORT |
| (5) UNIVERSITY OF PITTSBURGH<br>128 N CRAIG ST PITTSBURGH, PA 15260 | 25-0965591 | 501(C)(3) | 119,064,980. | | | | GENERAL SUPPORT |
| (6) UPMC ALTOONA<br>2500 7TH AVE ALTOONA, PA 16603 | 23-1352155 | 501(C)(3) | 612,606. | | | | GENERAL SUPPORT |
| (7) UPMC HORIZON COMMUNITY HEALTH FOUNDATION<br>2200 MEMORIAL DR FARRELL, PA 16121 | 25-1501823 | 501(C)(3) | 5,400. | | | | GENERAL SUPPORT |
| (8) UPTOWN PARTNERS OF PITTSBURGH<br>445 FORT PITT BLVD PITTSBURGH, PA 15219 | 45-0560925 | 501(C)(3) | 33,500. | | | | GENERAL SUPPORT |
| (9) URBAN IMPACT FOUNDATION<br>2801 N CHARLES ST PITTSBURGH, PA 15214 | 25-1752269 | 501(C)(3) | 12,000. | | | | COMMUNITY DEVEL |
| (10) URBAN LEAGUE OF GREATER PGH<br>ONE SMITHFIELD ST PITTSBURGH, PA 15222 | 25-0965592 | 501(C)(3) | 35,000. | | | | COMMUNITY DEVEL |
| (11) USA HOCKEY FOUNDATION<br>1775 BOB JOHNSON DR COLORADO SPR, CO 80906 | 74-2553720 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (12) VETERANS LEADERSHIP PROGRAM<br>2934 SMALLMAN ST PITTSBURGH, PA 15203 | 25-1434643 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |

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|---|---|---|---|---|---|---|---|
| (1) VITALANT FOUNDATION<br>875 GREENTREE RD PITTSBURGH, PA 15220 | 25-1562715 | 501(C)(3) | 45,000. | | | | GENERAL SUPPORT |
| (2) WAYNE FUSARO PANCREATIC CANCER FUND<br>451 WALNUT ST PITTSBURGH, PA 15238 | 25-1881970 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (3) WESLEY FAMILY SERVICES<br>221 PENN AVE WILKINSBURG, PA 15221 | 82-0653875 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (4) WESTERN PA ALL SERVICE ACADEMIES BALL IN<br>PO BOX 2433 PITTSBURGH, PA 15230 | 25-1836552 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (5) WESTMINSTER COLLEGE<br>319 S MARKET ST NEW WILMINGTON, PA 16172 | 25-0981156 | 501(C)(3) | 137,975. | | | | GENERAL SUPPORT |
| (6) WESTMORELAND CHAMBER OF COMMERCE<br>241 TOLLGATE HILL RD GREENSBURG, PA 15601 | 25-0523468 | 501(C)(6) | 6,200. | | | | GENERAL SUPPORT |
| (7) WILLIAMSPORT AREA SCHOOL DISTRICT EDU<br>2780 WEST FOURTH ST WILLIAMSPORT, PA 17701 | 35-2230335 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (8) WILLIAMSPORT CROSSCUTTERS<br>1700 W 4TH ST WILLIAMSPORT, PA 17701 | 47-2078456 | N/A | 120,445. | | | | GENERAL SUPPORT |
| (9) WILLIAMSPORT LYCOMING CHAMBER OF COMMERC<br>102 WEST 4TH ST WILLIAMSPORT, PA 17701 | 24-0762260 | 501(C)(6) | 34,295. | | | | GENERAL SUPPORT |
| (10) WILLIAMSPORT-LYCOMING ARTS COUNCIL<br>46 W FOURTH ST WILLIAMSPORT, PA 17701 | 23-2014255 | 501(C)(3) | 20,000. | | | | GENERAL SUPPORT |
| (11) WOMEN FOR A HEALTHY ENVIRONMENT<br>401 N HIGHLAND AVE PITTSBURGH, PA 15206 | 47-2651553 | 501(C)(3) | 12,500. | | | | GENERAL SUPPORT |
| (12) WOMENS CENTER AND SHELTER OF GREATER PGH<br>PO BOX 9024 PITTSBURGH, PA 15224 | 25-1264376 | 501(C)(3) | 18,000. | | | | 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 . . . . . ▶

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

**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) WOODLANDS FOUNDATION<br>134 SHENOT ROAD WEXFORD, PA 15090 | 25-1818538 | 501(C)(3) | 15,250. | | | | GENERAL SUPPORT |
| (2) WORLD AFFAIRS CCUNCIL OF PITTSBURGH<br>2640 BNY MELLON CENTER PITTSBURGH, PA 15219 | 25-1064871 | 501(C)(3) | 15,000. | | | | GENERAL SUPPORT |
| (3) YMCA OF GREATER PITTSBURGH<br>680 ANDERSON DR PITTSBURGH, PA 15220 | 25-0969497 | 501(C)(3) | 23,000. | | | | COMMUNITY DEVEL |
| (4) YORK COUNTY AGRICULTURAL SOCIETY<br>334 CARLISLE AVE YORK, PA 17404 | 23-1241290 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (5) YOUTHPLACES<br>711 WEST COMMONS PITTSBURGH, PA 15212 | 43-2068912 | 501(C)(3) | 25,000. | | | | COMMUNITY DEVEL |
| (6) YWCA GREATER PITTSBURGH<br>305 WOOD STREET PITTSBURGH, PA 15222 | 25-0965639 | 501(C)(3) | 11,000. | | | | GENERAL SUPPORT |
| (7) YWCA NORTHCENTRAL PA<br>815 W FOURTH ST WILLIAMSPORT, PA 17701 | 24-0796439 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (8) UPMC WESTERN PSYCHIATRIC INSTITUTE AND CLIN<br>3811 O'HARA ST PITTSBURGH, PA 15213 | 25-0965480 | 501(C)(3) | 36,000. | | | | GENERAL SUPPORT |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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 . . . . . ▶

**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, 2022 INCLUSIVE OF AMOUNTS REPORTED ABOVE AND

**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.

ALL OTHER SUPPORT PAID BY UPMC ENTITIES IS IN EXCESS OF $355M.

PART II

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

ORGANIZATIONS ARE PROVIDED TO SUPPORT CHARITABLE INITIATIVES THAT THESE

ORGANIZATIONS HAVE UNDERTAKEN.

**SCHEDULE J**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# 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

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

**Employer identification number**

20-8295721

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | [X] First-class or charter travel | [ ] Housing allowance or residence for personal use | | |
| | [X] Travel for companions | [ ] Payments for business use of personal residence | | |
| | [X] Tax indemnification and gross-up payments | [X] 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 | **1b** | X | |
| **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? | **2** | X | |
| **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. | | | |
| | [X] Compensation committee | [ ] Written employment contract | | |
| | [X] Independent compensation consultant | [X] Compensation survey or study | | |
| | [X] Form 990 of other organizations | [X] Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | X | |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? | **4b** | X | |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? | **4c** | | X |
| | 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? | **5a** | | X |
| **b** | Any related organization? | **5b** | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | **6a** | | X |
| **b** | Any related organization? | **6b** | | X |
| | 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. | **7** | X | |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | **8** | X | |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | **9** | X | |

**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 and/or 1099-NEC 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 | | | | |
| ABHINAV HUMAR MD | (i) | 2,142,550. | 600,500. | 10,320. | 23,380. | 24,861. | 2,801,611. | NONE |
| 1 TRANSPLANT SURGEON | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CHRISTOPHER SCHMIDT MD | (i) | 1,428,563. | 924,405. | 10,062. | 25,709. | 38,019. | 2,426,758. | NONE |
| 2 ORTHOPAEDIC SURGEON | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| FADI SWEISS MD | (i) | 943,295. | 1,427,034. | 23,692. | 17,400. | 12,773. | 2,424,194. | NONE |
| 3 NEUROSURGEON | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RODWAN RAJJOUB MD | (i) | 1,410,641. | 688,154. | 30,900. | 24,243. | 43,074. | 2,197,012. | NONE |
| 4 NEUROSURGEON | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| THOMAS HUGHES MD | (i) | 1,282,660. | 357,619. | 5,382. | 25,639. | 30,331. | 1,701,631. | NONE |
| 5 ORTHOPAEDIC SURGEON | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARGARET BELL (AUE) | (i) | 185,055. | 78,000. | 4,237. | 23,319. | 25,185. | 315,796. | NONE |
| 6 TREASURER/SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBERT BLOSAT (BHM) | (i) | 193,562. | 265,000. | 53,705. | 47,462. | 24,870. | 584,599. | 45,450. |
| 7 BOARD CHAIR AND PRES | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ANDREA BADWAY (BHM) | (i) | 244,760. | 144,000. | 8,216. | 31,385. | 9,035. | 437,396. | 1,206. |
| 8 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DANIEL KELLY AGNEW MD | (i) | 789,281. | 138,967. | 8,771. | 25,474. | 34,065. | 996,558. | NONE |
| 9 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBYN BECKWITH M.B.A ( | (i) | 182,539. | 26,934. | 899. | 18,653. | 25,037. | 254,062. | NONE |
| 10 BOARD MEMBER AND SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMES HOUSER (CEM) | (i) | 185,000. | NONE | 384. | 13,660. | NONE | 199,044. | NONE |
| 11 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DONALD GOODMAN (CEM) | (i) | 157,771. | 66,000. | 1,455. | 18,998. | 7,943. | 252,167. | NONE |
| 12 BOARD MEMBER AND V PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAN SWAYZE (CEM) | (i) | 205,664. | 62,000. | 1,010. | 24,853. | 10,431. | 303,958. | NONE |
| 13 FORMER BOARD SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CAROLINE DANIELS MD (C | (i) | 212,331. | 135,414. | 621. | 18,395. | 22,852. | 389,613. | NONE |
| 14 SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RACHEL BERGER (CHP) | (i) | 67,002. | 500. | 392. | 6,902. | 388. | 75,184. | NONE |
| 15 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DIANE HUPP (CHP) | (i) | 241,209. | 148,050. | 4,301. | 31,995. | 3,531. | 429,086. | 2,010. |
| 16 SECRETARY & VP CF OPERATIONS | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

**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 and/or 1099-NEC 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 | | | | |
| KENNETH NASH MD (CCB) | (i) | 444,300. | 50,000. | 3,220. | 19,923. | 1,502. | 518,945. | NONE |
| 1 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LOREN ROTH MD (CCB) | (i) | 45,000. | 500. | NONE | 8,877. | 230. | 54,607. | NONE |
| 2 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMES GIAMMARCO (CCB) | (i) | 232,751. | 108,000. | 3,302. | 27,956. | 9,604. | 381,613. | NONE |
| 3 CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMES GAVIN (CCB) | (i) | NONE | NONE | 114,701. | NONE | NONE | 114,701. | 228,115. |
| 4 FORMER PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MATTHEW HURFORD (CCB) | (i) | 341,586. | 275,000. | 6,335. | 61,674. | 18,362. | 702,957. | 4,299. |
| 5 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DANETTE HOFFER (CRP) | (i) | 122,183. | 12,500. | 362. | 11,152. | 14,941. | 161,138. | NONE |
| 6 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| WILLIAM A NIGRO (CRP) | (i) | 154,485. | 23,500. | 296. | 16,751. | 7,627. | 202,659. | NONE |
| 7 BOARD MEMBER,TREAS AND CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| BRYANT WESLEY ESQ (CRP | (i) | 212,953. | 151,800. | 8,783. | 38,843. | 657. | 413,036. | 6,995. |
| 8 SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PHILIP M CACCHIONE MD | (i) | 469,369. | 114,247. | 42,592. | 26,691. | 15,275. | 668,174. | NONE |
| 9 BOARD CHAIR AND PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBERT GEIGER DO (EPN) | (i) | 407,126. | 118,720. | 43,971. | 22,829. | 15,194. | 607,840. | NONE |
| 10 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| NANCI CASE (HNF) | (i) | 193,851. | 80,000. | 2,780. | 20,852. | 23,598. | 321,081. | NONE |
| 11 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ALBERT BOLAND (JMC) | (i) | 70,318. | 26,250. | 1,809. | 1,979. | 18,199. | 118,555. | NONE |
| 12 FORMER BOARD SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DARIUS ABADI DO (LHS) | (i) | 412,999. | 10,500. | 1,806. | 24,035. | 26,524. | 475,864. | NONE |
| 13 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JEFFREY ALVAREZ (MYC) | (i) | 149,493. | 3,867. | 280. | 12,208. | 914. | 166,762. | NONE |
| 14 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAWNDRA JONES (MYC) | (i) | 149,154. | NONE | 866. | 26,035. | 6,186. | 182,241. | NONE |
| 15 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CAROL VANZILE (MYC) | (i) | 120,423. | 8,000. | 3,112. | 9,656. | 24,209. | 165,400. | NONE |
| 16 BOARD SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

**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 and/or 1099-NEC 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 | | | | |
| DAVID BOBRZYNSKI (MYC) | (i) | 155,197. | 96,750. | 2,239. | 21,529. | 22,525. | 298,240. | NONE |
| 1 BOARD TREASURER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARK ZACHARIA ESQ (MYC | (i) | 169,298. | 92,100. | 994. | 15,454. | 26,180. | 304,026. | NONE |
| 2 BOARD VICE CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| NATHAN MOORE MD (RHS) | (i) | 213,607. | 120,014. | 1,125. | 24,874. | 26,004. | 385,624. | NONE |
| 3 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MBEMBO BONGUTU MD (RHS | (i) | 328,989. | 69,748. | 2,580. | 27,048. | 26,889. | 455,254. | NONE |
| 4 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| AJAIPAL KANG MD (RHS) | (i) | 914,324. | 624,701. | 2,792. | 22,755. | 25,698. | 1,590,270. | NONE |
| 5 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LYNN RUPP (RHS) | (i) | 224,397. | 131,200. | 1,113. | 25,437. | 10,770. | 392,917. | NONE |
| 6 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID KRUSZEWSKI MD (S | (i) | 427,044. | 87,745. | 47,412. | 26,687. | 32,477. | 621,365. | NONE |
| 7 BOARD CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CHARLES HAGERTY (SHB) | (i) | 212,217. | 93,053. | 1,966. | 22,433. | 14,642. | 344,311. | NONE |
| 8 BOARD VICE CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DANIEL GRANT (SCS) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 9 FORMER BOARD MEMBER | (ii) | 91,333. | 72,000. | 1,437. | 10,309. | 19,938. | 195,017. | NONE |
| ROGER DAVIS (SCS) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 10 BOARD MEMBER | (ii) | 153,240. | 20,000. | 3,721. | 13,507. | 35,002. | 225,470. | NONE |
| ZACHARY RITTER DMP (SH | (i) | 406,432. | 176,270. | 872. | 18,026. | 20,680. | 622,280. | NONE |
| 11 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBERT KANE (SHS) | (i) | 20,499. | 35,979. | 9,179. | NONE | 156. | 65,813. | NONE |
| 12 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RUTUL DALAL MD (SHS) | (i) | 307,148. | 5,180. | 564. | 18,023. | 12,376. | 343,291. | NONE |
| 13 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RONALD DISIMONE MD (SP | (i) | 1,077,454. | 38,660. | 29,718. | 24,243. | 18,099. | 1,188,174. | NONE |
| 14 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ALEXANDER NESBITT MD ( | (i) | 303,899. | 17,300. | 6,553. | 24,135. | 33,130. | 385,017. | NONE |
| 15 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARK BONDI (THS) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 16 PRESIDENT | (ii) | 193,963. | 117,000. | 10,261. | 25,987. | 26,573. | 373,784. | NONE |

**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.

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| DAVID NACE MD (THS) | (i) | 241,335. | 22,600. | 47,361. | 25,187. | 1,230. | 337,713. | NONE |
| 1 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| NOREEN FREDRICK (TLC) | (i) | 189,032. | 29,250. | 4,299. | 20,151. | 20,261. | 262,993. | NONE |
| 2 BOARD PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STANLEY MARKS MD (UPC) | (i) | 1,438,925. | 40,000. | 154,696. | 245,033. | 39,021. | 1,917,675. | 112,707. |
| 3 BOARD CHAIR | (ii) | 1,454,819. | 3,956. | NONE | NONE | NONE | 1,458,775. | NONE |
| ROBERT FERRIS MD(UPC) | (i) | 1,002,550. | 92,175. | 4,520. | 27,783. | 10,417. | 1,137,445. | NONE |
| 4 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ELIZABETH A WILD (UPC) | (i) | 373,459. | 292,500. | 20,453. | 66,674. | 7,041. | 760,127. | 19,500. |
| 5 BOARD MEMBER AND PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CHARLES FLACH (UPC) | (i) | 120,527. | 25,500. | 353. | 11,714. | 8,166. | 166,260. | NONE |
| 6 TREASURER AND CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SAMIR SABA MD (UPP) | (i) | 645,826. | 125,500. | 51,286. | 28,542. | 9,167. | 860,321. | NONE |
| 7 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SCOTT GUNN MD (UPP) | (i) | 517,529. | 500. | 64,829. | 28,243. | 9,630. | 620,731. | NONE |
| 8 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| VICTOR MORELL MD (UPP) | (i) | 2,308,831. | 560,500. | 61,608. | 28,080. | 20,929. | 2,979,948. | NONE |
| 9 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JANET WATERS MD (UPP) | (i) | 306,152. | 500. | 3,542. | 25,741. | 2,703. | 338,638. | NONE |
| 10 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CHRISTINA PATTERSON MD | (i) | 276,700. | 500. | 44,320. | 21,019. | 3,150. | 345,689. | NONE |
| 11 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ELIZABETH PICCIONE MD | (i) | 633,394. | 500. | 3,591. | 22,607. | 31,449. | 691,541. | NONE |
| 12 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MAREK A RADOMSKI DO (U | (i) | 356,878. | 500. | 39,334. | 22,179. | 3,349. | 422,240. | NONE |
| 13 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| HEATH SKINNER MD (UPP) | (i) | 216,550. | 8,000. | 720. | 13,431. | 2,687. | 241,388. | NONE |
| 14 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOHN GALLEY (UPP) | (i) | 602,849. | 590,000. | 97,428. | 123,719. | 23,942. | 1,437,938. | 90,300. |
| 15 SR VP & CHIEF HR OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RICKQUEL TRIPP MD (UPP | (i) | 335,797. | 750. | 580. | 17,808. | 21,776. | 376,711. | NONE |
| 16 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| FREDDIE H FU MD (UPP) | (i) | 989,145. | 145,000. | 23,778. | 23,200. | 15,461. | 1,196,584. | NONE |
| 1 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JULES SUMKIN MD (UPP) | (i) | 468,440. | 226,709. | 18,593. | 33,482. | 8,504. | 755,728. | NONE |
| 2 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID A LEWIS MD (UPP) | (i) | 417,293. | 318,684. | 16,429. | 29,956. | 6,171. | 788,533. | NONE |
| 3 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| GEORGE K MICHALOPOULO | (i) | 321,618. | 242,807. | 11,376. | 33,700. | 3,822. | 613,323. | NONE |
| 4 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOEL S GREENBERGER MD | (i) | 288,445. | 245,320. | 14,430. | 33,647. | 3,766. | 585,608. | NONE |
| 5 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LOUIS D FALO JR MD (UP | (i) | 223,703. | 258,727. | 6,574. | 31,007. | 3,754. | 523,765. | NONE |
| 6 BOARD MEMBER AND DEPT CHAIR | (ii) | 256,376. | NONE | NONE | 31,800. | 23,130. | 311,306. | NONE |
| JAMES D LUKETICH MD (U | (i) | 2,139,440. | 250,500. | 49,980. | 33,351. | 23,577. | 2,496,848. | NONE |
| 7 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOEL B NELSON MD (UPP | (i) | 740,925. | 566,591. | 15,452. | 30,922. | 12,546. | 1,366,436. | NONE |
| 8 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SYLVIA OWUSU-ANSAH MD | (i) | 230,335. | 500. | 20,988. | 14,347. | 2,776. | 268,946. | NONE |
| 9 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| J PETER RUBIN MD (UPP) | (i) | 738,440. | 186,750. | 8,813. | 18,938. | 11,051. | 963,992. | NONE |
| 10 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| GWENDOLYN SOWA MD (UPP | (i) | 221,807. | 160,685. | 1,723. | 21,674. | 2,841. | 408,730. | NONE |
| 11 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARK GLADWIN MD (UPP) | (i) | 255,378. | 225,913. | 4,161. | 22,834. | 3,414. | 511,700. | NONE |
| 12 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBERT M FRIEDLANDER M | (i) | 1,342,404. | 304,380. | 10,488. | 23,062. | 17,202. | 1,697,536. | NONE |
| 13 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TERENCE DERMODY MD (UP | (i) | 404,824. | 71,437. | 14,021. | 24,319. | 4,103. | 518,704. | NONE |
| 14 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| WILLIAM DONALDSON MD ( | (i) | 871,660. | 500. | 96,458. | 33,337. | 12,894. | 1,014,849. | NONE |
| 15 BOARD MEMBER AND INTERIM DEPT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOSE SAHEL MD (UPP) | (i) | 536,164. | 285,800. | 17,694. | 24,319. | 6,582. | 870,559. | NONE |
| 16 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| AMAN MAHAJAN MD PHD (U | (i) | 744,229. | 164,330. | 4,471. | 20,784. | 10,625. | 944,439. | NONE |
| 1 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JONAS JOHNSON MD (UPP) | (i) | 463,440. | 417,450. | 23,959. | 33,005. | 9,763. | 947,617. | NONE |
| 2 BOARD MEMBER AND TREASURER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TRACEY CONTI MD (UPP) | (i) | 194,597. | 17,696. | 37,669. | 20,417. | 988. | 271,367. | NONE |
| 3 BOARD MEMBER AND DEPT CHAIR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ANN EVANS (UPP) | (i) | 164,209. | 330,000. | 142,962. | 23,200. | 24,593. | 684,964. | 14,200. |
| 4 FORMER CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CLIFTON CALLAWAY MD (U | (i) | 156,396. | 500. | 1,275. | 17,927. | 2,191. | 178,289. | NONE |
| 5 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| HYAGRIV SIMHAN MD (UPP | (i) | 431,444. | 7,800. | 1,830. | 27,111. | 3,893. | 472,078. | NONE |
| 6 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOSEPH LOSEE MD (UPP) | (i) | 405,520. | 30,500. | 168,678. | 27,933. | 4,333. | 636,964. | NONE |
| 7 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TRENT EMERICK MD (UPP) | (i) | 486,970. | 25,500. | 26,208. | 18,540. | 8,239. | 565,457. | NONE |
| 8 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LOUIS ALARCON MD (UPP) | (i) | 665,170. | 85,500. | 67,410. | 8,700. | 8,989. | 835,769. | NONE |
| 9 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LISA A NEWCOMB (UPM) | (i) | 129,529. | 18,500. | 4,144. | 13,405. | 14,069. | 179,647. | NONE |
| 10 ASST. SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ANANTHA SHEKHAR MD (UP | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 11 BOARD MEMBER | (ii) | 1,420,073. | 5,000. | 36,587. | 34,800. | 18,010. | 1,514,470. | NONE |
| PATRICK GALLAGHER (UPM | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 12 BOARD MEMBER | (ii) | 668,429. | NONE | 16,800. | 34,800. | 105,644. | 825,673. | NONE |
| EDWARD T KARLOVICH (UP | (i) | 641,241. | 996,000. | 114,214. | 138,389. | 27,006. | 1,916,850. | 102,628. |
| 13 EVP & CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| GREGORY K PEASLEE (UP | (i) | NONE | NONE | 1,223,288. | NONE | NONE | 1,223,288. | 1,223,288. |
| 14 FORMER EVP & CHIEF ADMIN OFF | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBERT A DEMICHIEI (UP | (i) | NONE | 100,000. | 844,966. | NONE | 11,850. | 956,816. | NONE |
| 15 FORMER EVP AND CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| W THOMAS MCGOUGH ESQ ( | (i) | 774,330. | 1,441,810. | 410,476. | 160,216. | 25,630. | 2,812,462. | 386,037. |
| 16 EVP & CHIEF LEGAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| STEVEN D SHAPIRO MD (U | (i) | 207,745. | 2,413,376. | 1,012,880. | 17,795. | 10,055. | 3,661,851. | 1,005,693. |
| 1 FMR EVP & CHIEF MED & SCI OFF | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID FARNER (UPM) | (i) | 766,544. | 2,035,474. | 661,311. | 162,767. | 40,152. | 3,666,248. | 653,903. |
| 2 EVP & CHIEF OF STAFF | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| C TALBOT HEPPENSTALL J | (i) | 119,539. | 1,234,577. | 397,957. | 15,661. | 29,731. | 1,797,465. | 389,839. |
| 3 FMR EVP, TREAS, & PRES ENTERPR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOHN C STILLEY (UPM) | (i) | 541,928. | 345,000. | 39,198. | 90,570. | 29,405. | 1,046,101. | 36,765. |
| 4 SR VP AND TREAS., & CIO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CHARLES BOGOSTA (UPM) | (i) | 627,065. | 1,345,707. | 320,641. | 135,858. | 37,640. | 2,466,911. | 309,740. |
| 5 EVP & PRES INT'L | (ii) | 10,000. | NONE | 600. | 1,200. | 155. | 11,955. | NONE |
| DIANE HOLDER (UPM) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 6 EVP, PRES INS SRV & CEO HPLAN | (ii) | 901,049. | 2,400,296. | 452,951. | 191,282. | 35,713. | 3,981,291. | 422,322. |
| JEFFREY A ROMOFF (UPM | (i) | 938,332. | 7,982,900. | 3,624,248. | 301,704. | 33,021. | 12,880,205. | 379,472. |
| 7 FMR PRESIDENT AND CEO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MICHELE P JEGASOTHY ES | (i) | 174,696. | 82,200. | 821. | 27,245. | 27,017. | 311,979. | NONE |
| 8 SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARSHALL WEBSTER MD (U | (i) | 505,443. | 862,680. | 89,771. | 113,008. | 11,352. | 1,582,254. | 18,780. |
| 9 SENIOR VICE PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LESLIE C DAVIS (UPM) | (i) | 1,241,179. | 2,102,100. | 434,590. | 403,661. | 30,300. | 4,211,830. | 426,516. |
| 10 PRESIDENT AND CEO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARGARET EALY (APP) | (i) | 166,646. | 37,500. | 535. | 10,241. | 6,569. | 221,491. | NONE |
| 11 BOARD MEMBER, TREAS & CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID RUSSELL (ALT) | (i) | 281,157. | 222,140. | 138,524. | 52,265. | 4,151. | 698,237. | 125,530. |
| 12 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MICHAEL SCHLECHTER MD | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 13 FORMER BOARD MEMBER | (ii) | 284,518. | 191,530. | 2,598. | 25,326. | 9,921. | 513,893. | NONE |
| MATTHEW NEWLIN MD (ALT | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 14 BOARD MEMBER | (ii) | 491,839. | 500. | 2,349. | 22,001. | 8,169. | 524,858. | NONE |
| GERALD MURRAY (ALT) | (i) | 430,508. | 112,500. | 19,500. | 31,350. | 4,064. | 597,922. | 19,500. |
| 15 FORMER PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAN E FISHER (ALT) | (i) | 420,081. | 324,000. | 63,490. | 81,376. | 25,949. | 914,896. | 53,120. |
| 16 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| MARIO WILFONG (ALT) | (i) | 193,612. | 120,000. | 1,134. | 19,273. | 23,576. | 357,595. | NONE |
| 1 FORMER TREASURER AND CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID BURWELL MD (ALF) | (i) | 389,941. | 70,000. | 34,131. | 36,084. | 23,712. | 553,868. | 19,500. |
| 2 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOSEPH ANTONOWICZ MD ( | (i) | 258,426. | 500. | 5,202. | 56,131. | 27,016. | 347,275. | NONE |
| 3 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TIMOTHY BALCONI (ALF) | (i) | 172,403. | 45,500. | 1,197. | 17,263. | 24,945. | 261,308. | NONE |
| 4 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MONICA KLATT (APH) | (i) | 141,462. | 32,000. | 284. | 12,989. | 13,758. | 200,493. | NONE |
| 5 BOARD SECY, TREAS & CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID BAER MD (BDF) | (i) | 193,599. | 84,441. | 7,963. | 30,217. | 25,726. | 341,946. | NONE |
| 6 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ELLIOTT BILOFSKY MD (B | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 7 BOARD MEMBER | (ii) | 593,804. | 200,962. | 13,597. | 22,001. | 6,196. | 836,560. | NONE |
| JOSEPH TALARICO DO (BD | (i) | 370,966. | 15,800. | 10,057. | 29,666. | 21,557. | 448,046. | NONE |
| 8 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMES DONNELLY (CHS) | (i) | 186,883. | 127,000. | 2,653. | 23,018. | 23,046. | 362,600. | NONE |
| 9 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CECIL MILLER (CHS) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 10 SECRETARY | (ii) | 144,536. | 56,566. | 1,249. | 15,489. | 5,442. | 223,282. | NONE |
| FRANCIS SOLANO MD (CMI | (i) | 541,850. | 345,227. | 82,522. | 103,147. | 33,556. | 1,106,302. | 77,224. |
| 11 BOARD MEMBER AND PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DONNA OTTOVIANI (CMI) | (i) | 210,943. | 120,000. | 9,251. | 26,931. | 10,383. | 377,508. | NONE |
| 12 BOARD MEMBER SECY, VP & COO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DEBORAH S BRODINE (CPS | (i) | 368,788. | 375,000. | 52,763. | 79,222. | 24,895. | 900,668. | 49,538. |
| 13 BOARD CHAIR AND PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JEROME SHAFFER (CPS) | (i) | 126,362. | 136,000. | 82,487. | 13,920. | 13,827. | 372,596. | NONE |
| 14 FORMER BOARD MEMBER TREASURER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LAWSON BERNSTEIN MD (E | (i) | 387,063. | 2,167. | 4,337. | 21,545. | 10,422. | 425,534. | NONE |
| 15 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KOTAYYA KONDAVEETI MD | (i) | 475,000. | 50,500. | NONE | NONE | NONE | 525,500. | NONE |
| 16 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| LAURENE TIMMONS (EAS) | (i) | 153,283. | 84,350. | 2,134. | 18,770. | 6,341. | 264,878. | NONE |
| 1 BOARD SECY, TREAS & CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARK O'HERN (EAS) | (i) | 189,873. | 196,000. | 53,297. | 39,436. | 8,023. | 486,629. | 36,739. |
| 2 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RICHARD WADAS MD (EMI) | (i) | 518,870. | 180,000. | 27,443. | 54,401. | 26,210. | 806,924. | 20,299. |
| 3 BOARD MEMBER AND PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DONALD M YEALY MD (EMI | (i) | 647,078. | 312,933. | 43,443. | 99,008. | 7,158. | 1,109,620. | NONE |
| 4 BOARD MEMBER AND V PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RUSSELL MEYERS (EMI) | (i) | 116,746. | 56,000. | 233. | 12,396. | 7,593. | 192,968. | NONE |
| 5 BOARD TREASUER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TERRENCE LEWIS ESQ (EM | (i) | 166,148. | 96,000. | 984. | 17,006. | 12,338. | 292,476. | NONE |
| 6 SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMES SCHUSTER MD (FYO | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 7 BOARD MEMBER | (ii) | 494,375. | 442,000. | 31,182. | 103,444. | 32,036. | 1,103,037. | 19,500. |
| JOHN LOVELACE (FYO) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 8 BOARD MEMBER AND PRESIDENT | (ii) | 524,459. | 540,000. | 53,670. | 113,707. | 18,789. | 1,250,625. | 19,500. |
| GORDON GEBBENS (FYO) | (i) | 437,292. | 408,000. | 68,273. | 89,846. | 23,824. | 1,027,235. | 59,750. |
| 9 BOARD MEMBER AND TREASURER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SHERYL KASHUBA ESQ (FY | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 10 BOARD MEMBER, SECTY & CLO HPL | (ii) | 398,503. | 400,000. | 25,686. | 84,893. | 23,534. | 932,616. | 19,500. |
| SCOTT LAMMIE (FYO) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 11 FORMER CFO | (ii) | 399,583. | 360,000. | 19,500. | NONE | 15,346. | 794,429. | 19,500. |
| STEPHEN PERKINS MD (FY | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 12 FORMER BOARD MEMBER | (ii) | 338,307. | 288,000. | 29,506. | 69,755. | 25,389. | 750,957. | 19,500. |
| BRENDAN HARRIS (HMT) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 13 BOARD MEMBER | (ii) | 238,442. | 145,500. | 640. | 19,440. | 16,353. | 420,375. | NONE |
| CARRIE ENNIS (HMT) | (i) | 132,736. | 45,041. | 401. | 12,282. | 15,300. | 205,760. | NONE |
| 14 BOARD SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| V JAMES FIORENZO (HMT) | (i) | NONE | NONE | 129,438. | NONE | NONE | 129,438. | 129,438. |
| 15 FORMER PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID GIBBONS (HMT) | (i) | 461,727. | 420,000. | 63,355. | 91,333. | 10,409. | 1,046,824. | 58,667. |
| 16 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| CYNTHIA WILSON (HCM) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 1 FORMER BOARD MEMBER | (ii) | 28,525. | NONE | NONE | 790. | 7,183. | 36,498. | NONE |
| MICHAEL BONINGER MD (H | (i) | 280,800. | 53,500. | 3,240. | 28,113. | 3,078. | 368,731. | NONE |
| 2 BOARD MEMBER & PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DONALD BECKSTEAD MD(HN | (i) | 330,165. | 500. | 4,863. | 74,013. | 13,499. | 423,040. | NONE |
| 3 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PATRICIA MCGEE (HNV) | (i) | 164,550. | 10,500. | 918. | 14,642. | 965. | 191,575. | NONE |
| 4 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SUSAN DUCHMAN (HNV) | (i) | 193,823. | 117,669. | 5,319. | 21,528. | 5,278. | 343,617. | NONE |
| 5 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SUSAN THOMPSON (HNV) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 6 BOARD MEMBER | (ii) | 156,092. | 32,535. | 531. | 15,413. | 3,501. | 208,072. | NONE |
| DIANA WOY (HNV) | (i) | 153,029. | 500. | 471. | 50,475. | 9,452. | 213,927. | NONE |
| 7 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| AMY SWINDELL DO (HNV) | (i) | 213,127. | 5,140. | 926. | 16,195. | 1,607. | 236,995. | NONE |
| 8 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| HOLLY LORENZ (HHW) | (i) | 314,766. | 298,000. | 48,877. | 67,530. | 10,641. | 739,814. | 38,820. |
| 9 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBERT GRIFFITH (HHW) | (i) | 178,127. | 24,500. | 234. | 14,754. | 9,303. | 226,918. | NONE |
| 10 CFO AND TREASURER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PAULA THOMAS (HHW) | (i) | 185,111. | 114,000. | 5,044. | 23,992. | 11,747. | 339,894. | NONE |
| 11 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| AMY MEISTER (HHW) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 12 BOARD MEMBER | (ii) | 266,325. | NONE | 1,290. | 16,298. | 9,167. | 293,080. | NONE |
| TULIO ESTRADA MD (HRZ) | (i) | 411,915. | 500. | 14,387. | 26,254. | 25,756. | 478,812. | NONE |
| 13 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DONALD OWREY (HRZ) | (i) | 239,298. | 304,000. | 189,358. | 42,700. | 6,857. | 782,213. | 33,775. |
| 14 FORMER PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBERT JACKSON (HRZ) | (i) | 176,228. | 81,000. | 92,173. | 17,956. | 10,934. | 378,291. | NONE |
| 15 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JONI MURRAY (HRF) | (i) | 66,158. | 6,042. | 160. | 8,863. | 21,426. | 102,649. | NONE |
| 16 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| MICHAEL TRACY (HRF) | (i) | 122,393. | 14,500. | 155. | 8,822. | 9,413. | 155,283. | NONE |
| 1 CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| FRANCIS FOTI MD (KAN) | (i) | 266,293. | 94,034. | 4,110. | 25,922. | 25,849. | 416,208. | NONE |
| 2 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ELIZABETH RITTER (KAN) | (i) | 176,866. | 52,000. | 120. | 11,449. | 1,839. | 242,274. | NONE |
| 3 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARK PAPALIA (KAN) | (i) | 129,436. | 39,420. | 253. | 10,763. | 4,890. | 184,762. | NONE |
| 4 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| BHARAT ADROJA MD (ULH) | (i) | 491,071. | 500. | 12,470. | 12,044. | 24,557. | 540,642. | NONE |
| 5 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DANIEL GLUNK MD (ULH) | (i) | 235,916. | 139,004. | 3,374. | 24,749. | 1,584. | 404,627. | NONE |
| 6 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PATRICIA JACKSON-GEHRI | (i) | 171,101. | 96,030. | 7,516. | 16,296. | 10,090. | 301,033. | NONE |
| 7 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID LOPATOFSKY MD (U | (i) | 377,901. | 313,253. | 52,497. | 73,555. | 31,201. | 848,407. | 47,166. |
| 8 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAWN WRIGHT (ULH) | (i) | 161,439. | 100,000. | 1,017. | 15,175. | 31,821. | 309,452. | NONE |
| 9 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LOUIS BAVERSO (LOC) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 10 BOARD MEMBER | (ii) | 384,785. | 244,000. | 22,629. | 70,153. | 20,030. | 741,597. | 22,612. |
| ROBERT P EDWARDS MD (M | (i) | 278,829. | 234,501. | 7,058. | 23,871. | 3,857. | 548,116. | NONE |
| 11 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOHN COMERCI MD (MAG) | (i) | 667,550. | 500. | 61,256. | 26,646. | 9,042. | 764,994. | NONE |
| 12 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| GABRIELLA GOSMAN MD (M | (i) | 272,833. | 2,700. | 59,312. | 25,660. | 2,829. | 363,334. | NONE |
| 13 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STEPHEN EMERY MD (MAG) | (i) | 398,212. | 23,800. | 59,713. | 27,347. | 3,313. | 512,385. | NONE |
| 14 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SUKETU MANSURIA MD (MA | (i) | 725,539. | 500. | 50,799. | 24,213. | 8,198. | 809,249. | NONE |
| 15 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RICHARD BEIGI MD (MAG) | (i) | 346,550. | 250,000. | 93,051. | 62,605. | 3,421. | 755,627. | 26,909. |
| 16 BOARD MEMBER AND PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| RONALD DEEMS (MAG) | (i) | 184,736. | 27,000. | 363. | 12,995. | 2,160. | 227,254. | NONE |
| 1 BOARD MEMBER & CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| THOMAS DIACOVO MD (MAG | (i) | 303,617. | 500. | 3,923. | 15,690. | 3,686. | 327,416. | NONE |
| 2 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SUSAN RAKFAL MD (MCK) | (i) | 303,937. | 15,500. | 4,485. | 23,361. | 2,063. | 349,346. | NONE |
| 3 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KENNETH PLOWEY MD (MCK | (i) | 243,114. | 84,160. | 798. | 14,034. | 23,547. | 365,653. | NONE |
| 4 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CHRISTOPHER STOCKHAUSE | (i) | 213,230. | 188,000. | 79,160. | 32,003. | 8,809. | 521,202. | 19,500. |
| 5 FORMER TREASURER AND CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SUSAN MARTIN (MER) | (i) | 160,452. | 63,100. | 4,305. | 22,417. | 18,409. | 268,683. | NONE |
| 6 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOHN WARD (MER) | (i) | 531,722. | 500. | 5,462. | 26,158. | 31,994. | 595,836. | NONE |
| 7 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PHILIP POLLICE MD(MER) | (i) | 1,397,203. | 156,914. | 10,062. | 25,781. | 39,390. | 1,629,350. | NONE |
| 8 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ADAM YATES MD (MER) | (i) | 223,441. | 500. | 44,706. | 18,719. | 2,900. | 290,266. | NONE |
| 9 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| AJ PINEVICH MD (MER) | (i) | 284,931. | 127,000. | 36,197. | 34,922. | 18,964. | 502,014. | 19,500. |
| 10 BOARD SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOHN MCKEATING MD (MER | (i) | 436,390. | 500. | 6,647. | 27,602. | 23,835. | 494,974. | NONE |
| 11 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RANDALL BOGGESS DO (NW | (i) | 386,383. | 56,580. | 2,157. | 22,986. | 23,651. | 491,757. | NONE |
| 12 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID MCCANDLESS MD (N | (i) | 135,980. | 71,632. | 8,798. | 20,311. | 13,651. | 250,372. | NONE |
| 13 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LINDA BARNHART MD (NWH | (i) | 476,594. | 500. | 1,052. | 18,982. | 23,407. | 520,535. | NONE |
| 14 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MICHAEL WARD MD (NWH) | (i) | 511,275. | 53,240. | 1,837. | 21,354. | 27,612. | 615,318. | NONE |
| 15 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| BRIAN DURNIOK (NWH) | (i) | 274,060. | 194,000. | 27,489. | 53,400. | 5,498. | 554,447. | 24,039. |
| 16 BOARD MEMBER AND PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| BRADLEY DINGER (NWH) | (i) | 173,409. | 76,000. | 1,569. | 19,424. | 14,381. | 284,783. | NONE |
| 1 CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SERGIO GIANCOLA MD (NW | (i) | 650,008. | 500. | 2,955. | 21,580. | 28,550. | 703,593. | NONE |
| 2 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JEFFREY KNORR (BHO) | (i) | 126,221. | 90,000. | 232. | 11,484. | 6,144. | 234,081. | NONE |
| 3 SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TRACEY BEIRIGER ESQ (O | (i) | 211,141. | 177,880. | 38,877. | 46,488. | 25,060. | 499,446. | 19,312. |
| 4 BOARD TREASURER & SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMES W BOYLE MD (PSV) | (i) | 376,119. | 62,353. | 6,830. | 27,539. | 11,283. | 484,124. | NONE |
| 5 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DANIEL R SULLIVAN MD ( | (i) | 195,545. | 90,500. | 68,301. | 27,140. | 1,668. | 383,154. | NONE |
| 6 BOARD SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MATTHEW EL-KADI MD (PS | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 7 BOARD MEMBER | (ii) | 1,585,674. | 1,591,455. | 14,646. | NONE | 4,725. | 3,196,500. | NONE |
| BRIAN FRITZ (PSV) | (i) | 201,219. | 126,000. | 622. | 21,739. | 15,793. | 365,373. | NONE |
| 8 CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| NAFIS HILL (PSV) | (i) | 130,013. | 18,500. | 295. | 11,668. | 25,104. | 185,580. | NONE |
| 9 CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID T MARTIN (PSV) | (i) | 493,391. | 550,000. | 93,113. | 107,361. | 24,390. | 1,268,255. | 78,600. |
| 10 FORMER PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SUSAN HOOLAHAN (PSV) | (i) | 304,526. | 335,000. | 45,201. | 70,576. | 17,214. | 772,517. | 36,350. |
| 11 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMES D TEW MD (PRY) | (i) | 385,351. | 500. | 58,695. | 22,707. | 2,631. | 469,884. | NONE |
| 12 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMES F PINGPANK MD (P | (i) | 635,428. | 500. | 61,763. | 23,427. | 9,722. | 730,840. | NONE |
| 13 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| EILEEN SIMMONS (PRY) | (i) | 385,560. | 320,000. | 43,640. | 77,252. | 13,145. | 839,597. | 40,250. |
| 14 CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JARED WEINER (PRY) | (i) | 201,007. | 124,990. | 389. | 16,820. | 15,756. | 358,962. | NONE |
| 15 CHIEF FINANCIAL OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ALAN WELLS MD (PRY) | (i) | 210,918. | 500. | 2,701. | 21,494. | 2,410. | 238,023. | NONE |
| 16 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

**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 and/or 1099-NEC 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 | | | | |
| CHARISSA PACELLA MD (P | (i) | 280,443. | 500. | 59,693. | 26,823. | 3,031. | 370,490. | NONE |
| 1 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| WILLIAM BARRINGTON MD | (i) | 466,731. | 58,700. | 83,999. | 30,253. | 7,807. | 647,490. | NONE |
| 2 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOHN INNOCENTI (PRY) | (i) | 690,072. | 615,000. | 110,723. | 140,684. | 30,720. | 1,587,199. | 89,867. |
| 3 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SANDRA RADER (PRY) | (i) | 401,447. | 292,000. | 48,006. | 77,911. | 26,518. | 845,882. | 42,584. |
| 4 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ALEXANDER J CIOCCA ESQ | (i) | 67,894. | 155,700. | 1,829. | 11,677. | 14,987. | 252,087. | NONE |
| 5 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SANDRA MCANALLEN (SMH) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 6 BOARD MEMBER | (ii) | 427,016. | 449,000. | 38,163. | 91,823. | 17,408. | 1,023,410. | 19,500. |
| MARSHALL STAFFORD MD ( | (i) | 282,321. | 500. | 2,523. | 29,009. | 15,809. | 330,162. | NONE |
| 7 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID PATTON (SMH) | (i) | 249,992. | 134,400. | 28,324. | 47,159. | 22,564. | 482,439. | 21,920. |
| 8 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STEPHEN NIMMO ESQ (SUS | (i) | 327,577. | 318,000. | 50,796. | 72,670. | 26,705. | 795,748. | 41,680. |
| 9 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KIMBERLY ZYNN (SUS) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 10 BOARD MEMBER | (ii) | 237,520. | 148,350. | 4,332. | 22,616. | 25,678. | 438,496. | 2,031. |
| TAMI MINNIER (UTS) | (i) | 513,977. | 630,000. | 58,566. | 117,091. | 18,408. | 1,338,042. | 53,250. |
| 11 PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SHELIAH HECKLA (UTS) | (i) | 240,469. | 160,000. | 7,773. | 40,988. | 13,664. | 462,894. | 7,094. |
| 12 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JILL BURNS MD (WEL) | (i) | 361,025. | 120,500. | 8,035. | 21,128. | 29,329. | 540,017. | NONE |
| 13 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SUSAN BRANTON MD (WIL) | (i) | 463,793. | 19,400. | 4,076. | 24,035. | 21,799. | 533,103. | NONE |
| 14 BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STEVEN JOHNSON (WIL) | (i) | 539,667. | 470,000. | 94,409. | 103,093. | 10,333. | 1,217,502. | 78,600. |
| 15 BOARD MEMBER AND PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KEVIN KIST DO (WIL) | (i) | 437,401. | 5,351. | 5,702. | 24,243. | 30,010. | 502,707. | NONE |
| 16 FORMER BOARD MEMBER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

**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 and/or 1099-NEC 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 | | | | |
| DEREK ANGUS MD (UPM) | (i) | 692,489. | 298,685. | 38,592. | 168,744. | 10,071. | 1,208,581. | NONE |
| 1 EVP & CHIEF INNOVATION OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARK SEVCO (UPM) | (i) | 507,123. | 450,000. | 72,242. | 155,151. | 27,964. | 1,212,480. | 62,740. |
| 2 EVP & PRESIDENT HSD | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TIMOTHY BILLIAR MD(UPM | (i) | 597,503. | 403,679. | 19,630. | 170,872. | 12,119. | 1,203,803. | NONE |
| 3 EVP & CHIEF SCIENTIFIC OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JEANNE CUNICELLI(UPM) | (i) | 681,406. | 260,000. | 14,652. | 150,997. | 22,457. | 1,129,512. | 11,840. |
| 4 EVP AND PRESIDENT ENTERPRISES | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOON SUP LEE MD(UPM) | (i) | 579,474. | 50,000. | 73,433. | 169,641. | 6,775. | 879,323. | 19,500. |
| 5 EVP & PRES PHYSICIAN SRV | (ii) | 140,742. | 558,500. | 2,363. | NONE | 23,737. | 725,342. | NONE |
| ARTHUR S LEVINE MD (UP | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 6 FORMER BOARD MEMBER | (ii) | 995,966. | 300,000. | 16,942. | 123,200. | 33,600. | 1,469,708. | NONE |
| EDWARD MCCALLISTER (UP | (i) | 464,517. | 475,000. | 76,900. | 98,714. | 32,778. | 1,147,909. | 69,500. |
| 7 CHIEF INFORMATION OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

**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

**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.

RETIREMENT PLAN ARE DISCLOSED IN SCHEDULE J WITH CORRESPONDING AMOUNTS DISCLOSED WITHIN THE TOTAL AMOUNT IN SCHEDULE J COLUMN C "RETIREMENT AND 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

**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.

UPMC AND SATISFIED THE NON-COMPETE PROVISION OF THEIR EMPLOYMENT AGREEMENT AND/OR SATISFY A POST-RETIREMENT SEPARATION AGREEMENT. THE SUPPLEMENTAL RETIREMENT PROGRAM PROVIDES FOR THE CURRENT DISTRIBUTION OF ONLY THE AMOUNT NECESSARY TO SATISFY ANY INCOME TAX 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.

**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.

QUESTION 8 & 9: UPMC FOLLOWS THE REBUTTABLE PRESUMPTION OF REASONABLENESS PROCEDURES DESCRIBED IN REGULATIONS SECTION 53.4958-6(C), WHERE APPLICABLE. THIS INCLUDES CONTRACTS THAT MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION UNDER REGULATIONS SECTION 53.4958-4(A)(3).

**SCHEDULE L**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

▶ **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.**

OMB No. 1545-0047

**2021**

**Open To Public Inspection**

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 | (d) Corrected? 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? To | (d) Loan to or from the organization? From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) In default? No | (h) Approved by board or committee? Yes | (h) Approved by board or committee? No | (i) Written agreement? Yes | (i) Written agreement? 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) | | | | | |

**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 90,430.00
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 PHYSICIANS
BOARD MEMBER TIMOTHY BILLIAR M.D.
C AMOUNT OF TRANSACTION 364,317.00
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 PHYSICIANS
BOARD MEMBER GEORGE MICHALOPULOS M.D.
C AMOUNT OF TRANSACTION 310,503.00
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 PHYSICIANS
BOARD MEMBER DONALD YEALY M.D.
C AMOUNT OF TRANSACTION 61,488.00
D DESCRIPTION OF TRANSACTION COMPENSATION

**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).

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

**2021**

**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 | X | 1 | 600. | FAIR MARKET VALUE |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | X | | 377. | FAIR MARKET VALUE |
| 5 | Clothing and household goods | X | | 46,643. | 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 | 11 | 4,830. | FAIR MARKET VALUE |
| 19 | Food inventory | X | 39 | 22,078. | FAIR MARKET VALUE |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶( SEE SUPP PAGE ) | | 185. | 709,612. | |
| 26 | Other ▶( ) | | | | |
| 27 | Other ▶( ) | | | | |
| 28 | Other ▶( ) | | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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? | 30a | | X |
| 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? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| 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. | | | |

**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.

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 | 359,460. | FAIR MARKET VAL |
| ADVERTISING | X | 12 | 152,950. | FAIR MARKET VAL |
| GIFT CERTIFICAT | X | 47 | 83,268. | FAIR MARKET VAL |
| MISCELLANEOUS | X | 69 | 46,368. | FAIR MARKET VAL |
| TOYS | X | 10 | 28,264. | FAIR MARKET VAL |
| ADMISSION TICKE | X | 16 | 22,567. | FAIR MARKET VAL |
| GIFT BASKETS | X | 19 | 5,219. | FAIR MARKET VAL |
| JEWELRY | X | 4 | 5,045. | FAIR MARKET VAL |
| TRIPS, TOURS, S | X | 3 | 3,561. | FAIR MARKET VAL |
| ENTERTAINMENT | X | 1 | 1,795. | FAIR MARKET VAL |
| SPORTS EVENT | X | 3 | 1,115. | FAIR MARKET VAL |
| TOTALS | | 185. | 709,612. | |

**SCHEDULE N**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.**
- ▶ **Attach certified copies of any articles of dissolution, resolutions, or plans.**
- ▶ **Attach to Form 990 or 990-EZ.**
- ▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

UPMC GROUP

**Employer identification number**

20-8295721

**Part I** **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I 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 |
|---|---|---|---|---|---|---|
| TIOGA HEALTH CARE PROVIDERS ASSETS | 12/31/2021 | 1,170. | BOOK VALUE | 23-2449454 | SUSQUEHANNA PHYSICIAN SERVICES<br>600 GRANT STREET PITTSBURGH,PA 15219 | 501(C)(3) |
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| | | Yes | No |
|---|---|---|---|
| 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? | | X |
| b | Become an employee of, or independent contractor for, a successor or transferee organization? | | X |
| c | Become a direct or indirect owner of a successor or transferee organization? | | X |
| d | Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? | | X |

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 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-. | | Yes | No |
|---|---|---|---|---|
| 3 | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III | 3 | X | |
| 4a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | 4a | X | |
| b | If "Yes," did the organization provide such notice? | 4b | X | |
| 5 | Did the organization discharge or pay all of its liabilities in accordance with state laws? | 5 | X | |
| 6a | Did the organization have any tax-exempt bonds outstanding during the year? | 6a | | X |
| b | 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 |
|---|---|---|---|---|---|---|---|
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| | | | Yes | No |
|---|---|---|---|---|
| 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 ENTITY OF UPMC GROUP CEASED OPERATIONS IN FY2020 AND MERGED OUT OF EXISTENCE IN TAX YEAR 2021, FY2022 (FISCAL YEAR JULY 1, 2021 - JUNE 30, 2022).

ALL PROPER STATE DOCUMENTS OF MERGER WERE FILED 12/31/2021.

TIOGA HEALTH CARE PROVIDERS EIN: 25-1765538

**SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| UPMC GROUP | 20-8295721 |

**PART 1 SUMMARY**

PART 1, LINE 5 AND PART V LINE 2A

THE TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2021 OF 75,053 IS REPRESENTATIVE OF THE SUM OF ALL INDIVIDUALS EMPLOYED BY EACH OF THE 66 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**

UPMC GROUP - EIN 20-8295721

FORM 990 - FISCAL YEAR ENDED 06/30/2022

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

UPMC GROUP REFLECTS THE COMBINED INFORMATION AND OPERATIONS OF 66 TAX EXEMPT ENTITIES, INCLUDING 20 HOSPITAL ENTITIES, 14 PHYSICIAN SERVICE ENTITIES, 3 SKILLED NURSING FACILITIES, AND 29 OTHER ANCILLARY SERVICE AND SUPPORT ENTITIES FROM WITHIN THE UPMC UNIVERSITY OF PITTSBURGH MEDICAL CENTER INTEGRATED DELIVERY AND FINANCE SYSTEM IDFS. THIS

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| UPMC GROUP | 20-8295721 |

DELIVERY SYSTEM IS COMPRISED OF PREMIER HEALTHCARE PROVIDERS INCLUDING ACUTE INPATIENT HOSPITALS AND TRAUMA CENTERS, CANCER TREATMENT FACILITIES, PHYSICIAN PRACTICES, SKILLED NURSING FACILITIES AND OTHER ORGANIZATIONS PROVIDING HEALTHCARE SUPPORT SERVICES REQUIRED BY OUR DIVERSE PATIENT POPULATION.

DURING FISCAL YEAR 2022 JULY 2021 - JUNE 2022, THE ENTITIES WITHIN UPMC GROUP ADMITTED 186,709 INPATIENTS, RECORDED 1,250,517 INPATIENT DAYS, 687,610 EMERGENCY ROOM VISITS, 4,259,122 OUTPATIENT VISITS, 185,394 SURGERIES, AND 579 TRANSPLANTS. THEY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT COST, OF OVER $1,306,000,000. UPMC GROUP MEMBERS PROVIDED SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED HEALTH AND COMMUNITY PROGRAMS, OUTREACH PROGRAMS, HEALTH SCREENINGS, EDUCATIONAL CLASSES, AND VOLUNTEER SERVICES AT A COST OF OVER $381,000,000. UPMC GROUP ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN EXCESS OF $500,000,000.

THE NINETEEN 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, UPMC KANE, UPMC WILLIAMSPORT, UPMC WELLSBORO, UPMC LOCK HAVEN AND UPMC MUNCY.

WHILE THE COVID-19 PANDEMIC CONTINUES TO POSE UNPRECEDENTED CHALLENGES FOR HOSPITALS AND HEALTH SYSTEMS ACROSS THE COUNTRY, UPMC IS LEVERAGING ITS CLINICAL AND SCIENTIFIC EXPERTISE, AS WELL AS THE CLINICAL AND SCIENTIFIC EXPERTISE AT THE UNIVERSITY OF PITTSBURGH, TO KEEP OUR COMMUNITY AND EMPLOYEES SAFE, TREAT THE DISEASE WITH CLINICAL AND OPERATIONAL EXCELLENCE, AND LEAD IMPORTANT RESEARCH EFFORTS. WITH A STRONG PRESENCE IN BOTH THE PROVIDER AND INSURANCE BUSINESSES, AS WELL AS INTERNATIONAL AND COMMERCIAL ENDEAVORS, UPMC IS REPOSITIONING AND DEPLOYING ITS CAPABILITIES IN UNIQUE WAYS. FROM THE ONSET OF THE PANDEMIC, UPMC'S DIVERSIFIED IDFS MODEL POSITIONED IT TO WITHSTAND VOLATILITY NEVER BEFORE SEEN IN THE HEALTH CARE MARKET.

IN 2022, UPMC REINFORCED ITS UNWAVERING SUPPORT FOR ITS FRONTLINE CAREGIVERS WHO HAVE MADE TRULY EXCEPTIONAL CONTRIBUTIONS IN THIS EXTREMELY STRESSFUL AND DEMANDING TIME. UPMC MADE NUMEROUS INVESTMENTS TO RECRUIT, SUPPORT AND RETAIN ITS WORKFORCE, INCLUDING MORE THAN $300,000,000 TO ENHANCE SALARIES AND BENEFITS, DEVELOPMENT OF WORKPLACE FLEXIBILITY GUIDELINES, THE EXPANSION OF NURSING SCHOOLS, THE LAUNCH OF ITS OWN STAFFING AGENCY DESIGNED TO ATTRACT AND RETAIN NURSES AND SURGICAL TECHNICIANS ACROSS THE SYSTEM, AND TUITION LOAN FORGIVENESS PROGRAMS FOR NURSING STUDENTS.

FOUNDED IN 1893, UPMC PRESBYTERIAN SHADYSIDE IS AN ACUTE CARE MEDICAL-SURGICAL HOSPITAL AND LEVEL 1 TRAUMA CENTER, AND A SITE OF ONGOING RESEARCH AND GRADUATE PROGRAMS. THE HOSPITAL PROVIDES SPECIALIZED

MEDICAL CARE TO PATIENTS FROM THE TRI-STATE AREA AND THROUGHOUT THE WORLD. UPMC PRESBYTERIAN SHADYSIDE IS THE ACADEMIC HUB OF UPMC'S INPATIENT PROVIDER SERVICES AND 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 HEALTH SERVICES RESEARCH, AND TEACHING AND EDUCATION THAT WILL CONTRIBUTE TO THE PREVENTION, DIAGNOSIS, AND TREATMENT OF HUMAN DISEASE AND DISABILITY. 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 INCLUDING UPMC MONTEFIORE IS A 758-BED TEACHING HOSPITAL THAT HAS BEEN PROVIDING HEALTH CARE SINCE 1893. UPMC SHADYSIDE IS A 496-BED TERTIARY HOSPITAL THAT HAS BEEN SERVING THE RESIDENTS OF PITTSBURGH AND THE TRI-STATE AREA SINCE 1866. PRESBYTERIAN SHADYSIDE WAS HONORED TO ACHIEVE MAGNET STATUS, WHICH 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.

UPMC PRESBYTERIAN SHADYSIDE HAS LEADING PROGRAMS IN ORGAN TRANSPLANTATION, ONCOLOGY, CARDIOLOGY AND CARDIOTHORACIC SURGERY, CRITICAL CARE MEDICINE AND TRAUMA SERVICES, NEUROSURGERY, ORTHOPAEDICS, OPHTHALMOLOGY, AND BEHAVIORAL HEALTH, AS WELL AS OTHER MEDICAL SPECIALTIES.

IN 2019, UPMC ANNOUNCED ITS PLAN TO BUILD ANOTHER TOWER CONSISTING OF 17 STORIES, 900,000 SQUARE FEET AND 636 BEDS. THIS ADDITION WILL ENABLE UPMC PRESBYTERIAN TO INCREASE ITS NUMBER OF PRIVATE ROOMS AVAILABLE TO PATIENTS FROM 40% OF TOTAL ROOMS TO 100% TOTAL ROOMS. THE PATIENT CARE AREAS OF THE TOWER WILL OFFER PRIVATE ROOMS AND FLEXIBLE SPACES WITH NATURAL LIGHT THROUGHOUT THE GLASS EXTERIOR FAçADE. NEARLY ONE-FOURTH OF THE PATIENT ROOMS IN THE TOWER WILL BE INTENSIVE CARE UNIT ICU ROOMS OR INNOVATIVE ACUITY-ADAPTABLE ROOMS. THIS ALLOWS FOR CONTINUITY THROUGHOUT COMPLEX, CRITICAL CARE DELIVERY BY UPMC'S EXPERT PHYSICIANS AND CARE TEAMS - WITH THE PATIENT EXPERIENCE AND QUALITY OUTCOMES AS THE PRIMARY FOCUS. THE NEW FLOOR PLAN AND FLOW OF THE TOWER WILL ENHANCE THE PATIENT STAY, CONNECTING PATIENTS AND FAMILIES WITH THE SHARED RESOURCES AND EXPERTISE OF UPMC. THE UNIVERSAL PATIENT UNIT WILL SUPPORT ALL LEVELS OF ACUITY AND PROVIDE THE NECESSARY SERVICES TO SUPPORT PATIENTS THROUGHOUT THEIR STAY - FROM ARRIVAL TO ICU, TO UNITS OFFERING LESS INTENSIVE LEVELS OF CARE AS THE PATIENT RECOVERS, TO DISCHARGE - ALL WITHIN THE SAME FLOOR TREATING THOSE WITH SIMILAR CONDITIONS OR A DISEASE-SPECIFIC UNIT. THE CLINICAL INPATIENT ORGANIZATIONAL APPROACH WILL FOCUS ON CONDITION MANAGEMENT BY FLOOR. THROUGH PIONEERING ACUITY-ADAPTABLE FLOORS WHERE THE PATIENT WILL TRANSITION THROUGH THEIR CARE ON THE SAME UNIT, UPMC IS LIMITING THE NEED FOR PATIENTS TO TRANSFER FROM ONE UNIT AND CARE TEAM TO ANOTHER AS THEY PROGRESS TOWARD RECOVERY. THIS IS INTENDED TO IMPROVE OUTCOMES THROUGH MAINTAINING THE CONTINUITY OF CARE, AS PATIENTS SEE THE SAME STAFF AND PHYSICIANS FROM START TO FINISH. THIS SHIFT IN THE CARE

MODEL CAN REDUCE LENGTH OF STAY AND IMPROVE OUTCOMES, WHICH ULTIMATELY CAN REDUCE HEALTH CARE COSTS.

UPMC PRESBYTERIAN SHADYSIDE TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 40,319 PATIENTS, RENDERING 324,798 PATIENT DAYS. UPMC PRESBYTERIAN SHADYSIDE HAD 90,454 EMERGENCY ROOM VISITS, 601,933 OUTPATIENT VISITS AND PERFORMED 38,417 SURGERIES.

UPMC PRESBYTERIAN SHADYSIDE, INCLUSIVE OF ALL CAMPUSES, PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $398,750,000 DURING THE YEAR ENDED JUNE 30, 2022. UPMC 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 $186,700,000. UPMC PRESBYTERIAN SHADYSIDE ALSO FUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF $263,000,000.

UPMC PRESBYTERIAN SHADYSIDE WAS NAMED THE SECOND-BEST HOSPITAL IN PENNSYLVANIA IN US NEWS AND WORLD REPORT'S ANNUAL RANKINGS. PRESBYTERIAN WAS NATIONALLY RANKED FOR THE FOLLOWING SPECIALTIES: CANCER 16TH,

CARDIOLOGY 40TH, DIABETES/ENDOCRINOLOGY 25TH, EAR/NOSE/THROAT 25TH, GASTROENTEROLOGY AND SURGERY 17TH, GERIATRICS 20TH, NEUROLOGY/NEUROSURGERY 32ND, PULMONARY/LUNG SURGERY 29TH, AND 31ST IN UROLOGY. UPMC PRESBYTERIAN SHADYSIDE RANKED 122ND AS ONE OF THE WORLD'S BEST SMART HOSPITALS BY NEWSWEEK. SMART HOSPITALS ARE RECOGNIZED FOR THEIR USE OF STATE-OF-THE-ART TECHNOLOGY TO FUNDAMENTALLY TRANSFORM HOW CARE IS DELIVERED.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

SUPPORTING AND SERVING THE COMMUNITY HAS BEEN A HIGH PRIORITY FOR UPMC PRESBYTERIAN SHADYSIDE. UPMC CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENTS CHNAS, IN COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 501R GUIDELINES. INCORPORATING INPUT FROM COMMUNITY STAKEHOLDERS AND PUBLIC HEALTH EXPERTS, THESE ASSESSMENTS HELP IDENTIFY ACTIONS AND IMPLEMENTATION PLANS TO IMPROVE COMMUNITY HEALTH. PRESBYTERIAN/SHADYSIDE PROVIDED OUTREACH TO THE COMMUNITY THROUGH MANY EDUCATIONAL PRESENTATIONS, VIRTUAL CONFERENCES, HEALTH FAIRS AT SCHOOLS AND NEIGHBORHOOD CENTERS, FREE HEALTH SCREENINGS, AND COMMUNITY EVENTS INCLUDING BASIC LIFE SUPPORT FOR TEACHERS, HEALTHY CHOICES FOR STUDENTS, CPR FOR THIEL COACHES, CONCUSSION EDUCATIONAL SESSIONS, WALK TO SCHOOL DAY, KIDS SAFETY DAY, FIRST AID TRAINING FOR COACHES, ALLEGHENY CO. HEALTH AND SAFETY, FAMILY HOUSE HEALTHY BREAKFAST PROGRAM, SCOUTING FOR FOOD, AND THE MUNCH, MINGLE, MOVE COMMUNITY WELLNESS DAY. 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 UPMC

PRESBYTERIAN, UPMC SHADYSIDE, HILLMAN CANCER CENTER AND UPMC MONTEFIORE. UPMC PRESBYTERIAN SHADYSIDE PROVIDED MEDICATIONS TO PATIENTS BEING DISCHARGED WHO COULD NOT AFFORD THE COST OF THEIR PRESCRIPTIONS. ASSISTANCE WITH GUARDIANSHIP AND TRANSPORTATION SERVICES WAS PROVIDED TO PATIENTS AND THEIR FAMILIES WHO WERE EXPERIENCING FINANCIAL DIFFICULTY. BUS, WHEELCHAIR VAN, AND AMBULANCE TRANSPORTATION WERE PROVIDED TO PATIENTS IN NEED.

FOR MORE THAN 70 YEARS, UPMC WESTERN INSTITUTE AND CLINIC WPIC HAS BEEN A NATIONALLY RECOGNIZED LEADER IN MENTAL AND BEHAVIORAL HEALTH CLINICAL CARE, RESEARCH AND EDUCATION. WPIC, PART OF UPMC PRESBYTERIAN/SHADYSIDE, IS A 263-INPATIENT-BED FACILITY THAT IS A NATIONAL LEADER IN THE TREATMENT OF MENTAL HEALTH AND ADDICTIVE DISORDERS THROUGH ITS INPATIENT AND OUTPATIENT SERVICES. THEIR SERVICES INCLUDE UPMC WESTERN BEHAVIORAL HEALTH, A NETWORK OF NEARLY 60 BASED COMMUNITY-BASED PROGRAMS PROVIDING SPECIALIZED MENTAL HEALTH AND ADDICTION CARE THROUGHOUT WESTERN PENNSYLVANIA. WPIC TREATS MANY MENTAL HEALTH CONDITIONS SUCH AS ADDICTION, ATTENTION DEFICIT HYPERACTIVITY DISORDER ADHD, AUTISM SPECTRUM DISORDERS AND INTELLECTUAL DEVELOPMENTAL DISABILITIES, MOOD AND ANXIETY DISORDERS, PSYCHOSIS, EATING DISORDERS AND OBSESSIVE-COMPULSIVE DISORDERS. WPIC OFFERS ITS PATIENTS SUPPORT AND EXPERTISE AT EVERY STAGE OF THEIR CARE AND RECOVERY, INCLUDING ACUTE INPATIENT SERVICES, EMERGENCY AND CRISIS SERVICES, OUTPATIENT SERVICES AND TELEPSYCHIATRY SERVICES.

WPIC TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR

FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 4,928 PATIENTS, RENDERING 70,832 PATIENT DAYS. WPIC HAD 11,676 EMERGENCY ROOM VISITS AND 372,099 OUTPATIENT VISITS.

IN 2014, WPIC BECAME THE FIRST UPMC HOSPITAL DESIGNATED AS A LEADER IN THE HEALTHCARE EQUALITY INDEX FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER LGBTQ HEALTH CARE EQUITY BY THE HUMAN RIGHTS CAMPAIGN. WPIC HAS ALSO COLLABORATED WITH OTHER UPMC HOSPITALS THROUGHOUT THEIR HEALTHCARE EQUALITY INDEX JOURNEY. WPIC RECOGNIZES THE UNIQUE BEHAVIORAL HEALTH NEEDS OF THE LGBTQ+ COMMUNITY AND THE IMPORTANCE AFFIRMATION AND ACCEPTANCE PLAY IN BEHAVIORAL HEALTH. RESEARCH SHOWS THE LGBTQ+ COMMUNITY, PARTICULARLY TRANS AND NONBINARY PEOPLE, FACE GREATER BARRIERS TO QUALITY BEHAVIORAL HEALTHCARE AND INCREASED RISK OF BEHAVIORAL HEALTH CRISES. WPIC STRIVES TO ADHERE TO THE AMERICAN PSYCHOLOGICAL ASSOCIATION'S GUIDELINES FOR PSYCHOLOGICAL PRACTICE WITH TRANSGENDER AND GENDER NONCONFORMING PEOPLE AS WELL AS THE CORE VALUE OF TREATING EVERY PATIENT WITH DIGNITY AND RESPECT.

WPIC PROVIDED COMMUNITY OUTREACH THROUGH MANY EDUCATIONAL PRESENTATIONS, VIRTUAL CONFERENCES, HEALTH FAIRS AT SCHOOLS AND NEIGHBORHOOD CENTERS, FREE HEALTH SCREENINGS, AND COMMUNITY EVENTS INCLUDING - UNDERSTANDING MENTAL HEALTH AND WELLNESS PANELS; CRISIS SERVICES AND RESOLVE; ENDURANCE: CRISIS AND COPING; VIOLENCE AND THREAT MANAGEMENT; RABBIT HOLES, RED PILLS AND RADICALIZATION: PSYCHIATRIC ASPECTS OF EXTREMISM AND CONSPIRACY THEORISTS; FIREARMS AND SUICIDE; GUN VIOLENCE REDUCTION

VIRTUAL ROUNDTABLE; COPING WITH MASS CASUALTY EVENTS; SUICIDE RISK: SCREENING, UNDERSTANDING AND MITIGATION; THE GUN TALK: HOW TO HAVE MEANINGFUL CONVERSATIONS WITH FAMILIES ABOUT FIREARMS; FROM RAGE TO RECOVERY: MANAGEMENT OF VIOLENCE RISK IN THE PATIENT WITH BORDERLINE PERSONALITY DISORDER; AND VIOLENCE 301: HOW ANTIRACISM AND DIVERSITY HELP US MANAGE VIOLENT RISK.

RENOWNED FOR ITS OUTSTANDING CLINICAL SERVICES, RESEARCH PROGRAMS AND MEDICAL EDUCATION, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH HAS HELPED TO ESTABLISH STANDARDS OF EXCELLENCE IN PEDIATRIC CARE. CHILDREN'S CONTINUES TO HOLD THE PRESTIGIOUS MAGNET 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 IS DEDICATED TO IMPROVING THE HEALTH AN WELL-BEING OF CHILDREN, TEENAGERS, AND YOUNG ADULTS THROUGH EXCELLENCE IN PATIENT CARE, TEACHING, RESEARCH AND ADVOCACY.

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH RECOGNIZES THAT THE NEED FOR EXCELLENT PATIENT CARE DOES NOT ONLY EXIST WITHIN ITS OWN LOCAL COMMUNITY, BUT ALSO EXISTS THROUGHOUT THE UNITED STATES AND GLOBALLY. CHILDREN'S IS A 313-BED HOSPITAL THAT PROVIDES THE FULL SPECTRUM OF PEDIATRIC 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. CHILDREN'S IS A LEADER IN LIVER TRANSPLANTATION AND CARDIOTHORACIC SERVICES. TO INCREASE ACCESS TO CARE OF PATIENTS THROUGHOUT THE STATES 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.

UPMC CHILDREN'S TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 13,475 PATIENTS, RENDERING 83,495 PATIENT DAYS. CHILDREN'S HAD 83,098 EMERGENCY ROOM VISITS, 343,026 OUTPATIENT VISITS AND PERFORMED 18,167 SURGERIES.

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH 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. IT WAS RANKED 237TH OUT OF 300 IN THE WORLD'S BEST SMART HOSPITALS BY NEWSWEEK. 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 SEVENTH YEAR, AND IN 2020, PARENTS MAGAZINE NAMED THE HOSPITAL AS ONE OF THE TOP 20 MOST INNOVATIVE CHILDREN'S HOSPITALS BASED ON RESULTS OF A SURVEY SENT TO 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 CONTINUES TO BE RECOGNIZED AS ONE OF THE PREMIER PEDIATRIC HOSPITALS IN THE COUNTRY, EARNING THE SIXTH POSITION ON THE 2022-2023 U.S. NEWS AND WORLD REPORT HONOR ROLL OF AMERICA'S BEST CHILDREN'S HOSPITALS.

CHILDREN'S RANKED FOR EXCELLENCE IN ALL 10 PEDIATRIC SPECIALTY AREAS AND IS AMONG THE TOP TEN IN SIX SPECIALTIES: CARDIOLOGY AND HEART SURGERY THIRD, NEONATOLOGY FOURTH, DIABETES AND ENDOCRINOLOGY SIXTH, UROLOGY EIGHTH, PULMONOLOGY EIGHTH, NEUROLOGY AND NEUROSURGERY TENTH. OVERALL, UPMC CHILDREN'S RANKED IN ALL TEN SPECIALTIES, WITH NINE SPECIALTIES PLACING IN THE TOP 20.

CHILDREN'S PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICARE AND MEDICAID SHORTFALLS, AT A COST OF OVER $26,989,000 DURING FISCAL YEAR 2022. 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 $15,100,000. CHILDREN'S SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF $53,500,000 DURING FISCAL YEAR 2022.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

ONE OF THE MANY 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 CONSULTATION, REFERRAL, AND LINKAGES TO A VAST NUMBER OF COMMUNITY AGENCIES, AS WELL AS 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 AS WELL AS FREE DENTAL SCREENINGS TO THE COMMUNITY. CHILDREN'S 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 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. PROGRAMS OFFERED HAVE INCLUDED CHILD PASSENGER SAFETY, SAFER FIREARM STORAGE, ATV SAFETY

AND LAWNMOWER SAFETY. CHILDREN'S 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 389-BED, FULL-SERVICE ACUTE CARE, RESEARCH AND TEACHING HOSPITAL. 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 PROVIDES AN EXPANDED RANGE OF SERVICES TO PATIENTS INCLUDING DIAGNOSTIC IMAGING, INCLUDING CT AND MRI, A HEART CENTER, BARIATRIC SURGERY, ORTHOPAEDICS, DIGESTIVE DISORDER TREATMENT, PULMONOLOGY, PLASTIC SURGERY, VASCULAR SURGERY, CANCER TREATMENT, AND UROLOGY.

MAGEE TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 18,754 PATIENTS, RENDERING 90,224 PATIENT DAYS. MAGEE HAD 27,531 EMERGENCY ROOM VISITS, 605,553 OUTPATIENT VISITS AND PERFORMED 17,282 SURGERIES.

MAGEE HAS ACHIEVED MAGNET DESIGNATION AS A RESULT OF ITS NURSING QUALITY, PROFESSIONALISM AND PATIENT CARE TEAMWORK. WITH THIS CREDENTIAL, MAGEE JOINS THE GLOBAL COMMUNITY OF MAGNET-RECOGNIZED ORGANIZATIONS. FEWER THAN 10% OF HOSPITALS NATIONWIDE ARE DESIGNATED MAGNET, ONE OF THE HIGHEST

ACHIEVEMENTS IN PROFESSIONAL NURSING.

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. MEMBERS OF THE MEDICAL STAFF HOLD ACADEMIC APPOINTMENTS AT THE UNIVERSITY AND ARE ACTIVELY INVOLVED IN EDUCATION AND RESEARCH, AS WELL AS PATIENT CARE. MAGEE IS ALSO THE REGIONAL REFERRAL CENTER FOR HIGH-RISK MATERNAL CARE. THE HOSPITAL'S NEONATAL INTENSIVE CARE UNIT IS ONE OF THE LARGEST IN PENNSYLVANIA, TREATING 1,878 INFANTS IN THE UNIT.

MAGEE, A GLOBAL LEADER IN WOMEN'S HEALTH CARE AND RESEARCH, HAS BEEN RECOGNIZED AS A 2022/2023 HIGH PERFORMING HOSPITAL FOR MATERNITY CARE UNCOMPLICATED PREGNANCY BY US NEWS AND WORLD REPORT. US NEWS EVALUATED NEARLY 650 HOSPITALS THAT PROVIDE HIGH-QUALITY LABOR AND DELIVERY SERVICES FOR UNCOMPLICATED PREGNANCIES. FEWER THAN HALF OF ALL HOSPITALS THAT OFFER MATERNITY CARE THAT PARTICIPATED IN THE SURVEY RECEIVED A HIGH PERFORMING DESIGNATION. TO BE RECOGNIZED AMONG THE BEST HOSPITALS FOR MATERNITY, HOSPITALS HAD TO EXCEL ON MULTIPLE QUALITY METRICS THAT MATTER TO EXPECTANT FAMILIES - C-SECTION RATES IN LOWER RISK PREGNANCIES, NEWBORN COMPLICATION RATES, EXCLUSIVE BREAST MILK FEEDING RATES, EARLY ELECTIVE DELIVERY RATES AND VAGINAL BIRTH AFTER CESAREAN RATES, AMONG OTHER MEASURES.

MAGEE WAS RECOGNIZED BY PRACTICE GREENHEALTH AS A PARTNER FOR CHANGE. THE AWARD IS PRESENTED IN RECOGNITION OF 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 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 IS ACTIVELY INVOLVED IN THE COMMUNITY, SERVING INFANTS, TEENS, WOMEN, MEN, AND THEIR FAMILIES. DURING THE FISCAL YEAR ENDED JUNE 30, 2022, MAGEE PROVIDED CHARITABLE CONTRIBUTIONS AND COMMUNITY SERVICE PROGRAMS AND SIMILAR FUNDING OF APPROXIMATELY $5,000,000. MAGEE PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF OVER $21,900,000. MAGEE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $196,500,000.

MAGEE PROVIDED OUTREACH TO THE COMMUNITY THROUGH MANY EDUCATIONAL PRESENTATIONS, HEALTH FAIRS, FREE HEALTH SCREENINGS, AND COMMUNITY EVENTS INCLUDING INFANT AND CHILD HEARTSAVER CPR AND FIRST AID; SAFE SLEEP FOR BABIES; SIDS AWARENESS; MOMMY AND BABY CONFERENCE; BIRTHING WHILE BLACK; PREGNANCY LEARNING SERIES AND THE BLACK BREASTFEEDING WEEK SYMPOSIUM.

VIRTUAL EDUCATIONAL SERIES INCLUDED: VAGINAL BIRTH AFTER CAESAREAN; PREPARING FOR CHILDBIRTH; AND DOGS AND TODDLERS. MAGEE PARTICIPATED IN A LITANY OF EVENTS INCLUDING WILKINSBURG HEALTHY LIVING FAIR; LATINO HEALTHY LIVING FAIR; HEINZ FIELD HEALTH FAIR AND CRANBERRY COMMUNITY DAYS. BREAST CANCER AWARENESS SYMPOSIUMS WERE OFFERED, AS WELL AS EDUCATION ABOUT THE ISSUES CANCER SURVIVORS FACE. MAGEE HOSTED A SERIES OF WALK-IN SCREENING MAMMOGRAPHY AT NO CHARGE TO COMMUNITY MEMBERS WITHOUT HEALTH INSURANCE.

UPMC MERCY, ESTABLISHED IN 1847 BY THE SISTERS OF MERCY, WAS THE FIRST HOSPITAL IN PITTSBURGH AND THE FIRST MERCY HOSPITAL IN THE UNITED STATES. 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.

MERCY HAS 424 LICENSED BEDS AND IS PITTSBURGH'S FIRST AND ONLY CATHOLIC HOSPITAL WITH SPECIALIZED SERVICES, INCLUDING THE NEUROSCIENCES, LEVEL 1 TRAUMA AND BURN SERVICES, WOMEN'S HEALTH, ORTHOPAEDICS, AND PHYSICAL MEDICINE AND REHABILITATION. MERCY CARRIES OUT ITS MISSION THROUGH ITS CORE VALUES WITH A COMMITMENT TO BEING A TRANSFORMING, HEALING PRESENCE WITHIN THE COMMUNITIES IT SERVES.

MERCY TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 13,377 PATIENTS, RENDERING 106,276 PATIENT DAYS. MERCY HAD 50,122 EMERGENCY ROOM VISITS, 141,169 OUTPATIENT VISITS AND PERFORMED 14,554 SURGERIES.

MERCY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $105,600,000 IN THE FISCAL YEAR ENDED JUNE 30, 2022. MERCY ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH VARIOUS OUTREACH AND OTHER COMMUNITY SERVICES PROGRAMS AT A COST OF OVER $8,000,000 AND PROVIDED FUNDING OF OVER $17,500,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION. MERCY PROVIDES JOB SHADOWING AND MENTORING EXPERIENCES FOR NURSING STUDENTS AND MENTORS OTHER STUDENTS FROM VARIOUS HEALTH CARE RELATED DISCIPLINES.

STAFF FROM 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 ALZHEIMER'S, SPINAL CORD INJURY, BRAIN INJURY, STROKE, AND AMPUTEES ARE OFFERED BY MERCY. THE HOSPITAL ALSO PROVIDED SPIRITUAL CARE AND HEALTH CARE TO THE HOMELESS. MERCY PROVIDED CAB SERVICE VOUCHERS TO PATIENTS IN NEED AND MADE CONTRIBUTIONS TO SUPPORT AREA HEALTH AND WELFARE PROGRAMS AND CHARITIES. THE HOSPITAL 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, TRANSPORTATION VOUCHERS AND FREE AND DISCOUNTED MEAL TICKET VOUCHERS TO FAMILIES AND VOLUNTEERS.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

UPMC BROKE GROUND IN 2019 ON THE NEW UPMC MERCY PAVILION, 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, SLATED TO OPEN IN 2023, IS PART OF UPMC'S $2 BILLION INVESTMENT IN SPECIALTY CARE AND WILL POSITION UPMC AT THE GLOBAL FOREFRONT OF REHABILITATION AND OPHTHALMIC RESEARCH AND CARE. THE STATE-OF-THE-ART FACILITY 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, THE FACILITY WILL OFFER 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 THAT HAS RECEIVED ITS 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.

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. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 8,297 PATIENTS, RENDERING 46,545 PATIENT DAYS. ST. MARGARET HAD 30,619 EMERGENCY ROOM VISITS, 150,935 OUTPATIENT VISITS AND PERFORMED 13,378 SURGERIES. IT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $43,900,000. 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 $1,290,000 IN THE FISCAL YEAR ENDED JUNE 30, 2022. UPMC ST. MARGARET ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF OVER $9,900,000 IN FISCAL YEAR 2022.

ST. MARGARET OFFERED FREE HEALTH SCREENINGS AND EDUCATION TO THE COMMUNITY THAT INCLUDED: SCREENINGS FOR BLOOD PRESSURE, CHOLESTEROL, BLOOD SUGAR, BONE DENSITY AND DIABETES. ST. MARGARET HOSTED A FREE COMMUNITY HEALTH AND WELLNESS FAIR WHERE COMMUNITY MEMBERS COULD OBTAIN FREE SERVICES, SCREENINGS AND INTERACT WITH BOTH PHYSICIANS AND PHARMACISTS. ST. MARGARET OFFERED A FREE PUBLIC SEMINAR ENTITLED EATING HEALTHY FOR DIABETES MANAGEMENT. THIS SEMINAR WAS DESIGNED TO AID THE DIABETIC COMMUNITY LEARN HOW TO BETTER UNDERSTAND THEIR DISEASE AND HOW TO BETTER MANAGE THEIR EATING HABITS. OTHER SEMINARS INCLUDED COPD AND

SMOKING CESSATION AND STROKE EDUCATION. ST. MARGARET HOSTED A FREE, VIRTUAL ALIVE AND WELL EVENT TO PROVIDE AN OVERVIEW OF BOWEL DISEASES AND TREATMENTS - INCLUDING DIVERTICULITIS, IRRITABLE BOWEL DISEASES AND COLON CANCER. ATTENDEES WERE ELIGIBLE TO RECEIVE A FREE CANCER SCREENING FIT KIT. OTHER COMMUNITY EDUCATION OPPORTUNITIES INCLUDED MANAGING YOUR MEDICATION AND FALL PREVENTION AND OSTEOPOROSIS.

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, AND OUTPATIENT CARE. 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. AS UPMC'S TERTIARY CARE CENTER NORTH OF PITTSBURGH, THIS STATE-OF-THE-ART HOSPITAL 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. PASSAVANT HAS RECEIVED A MAGNET DESIGNATION, THE HIGHEST INTERNATIONAL RECOGNITION OF

NURSING EXCELLENCE AND LEADERSHIP, FOR THE THIRD TIME.

PASSAVANT TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 13,382 PATIENTS, RENDERING 82,231 PATIENT DAYS. PASSAVANT HAD 50,030 EMERGENCY ROOM VISITS, 284,968 OUTPATIENT VISITS AND PERFORMED 15,701 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC PASSAVANT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER $82,300,000.
PASSAVANT PROVIDED MANY SUPPORT PROGRAMS AND COMMUNITY OUTREACH IN FISCAL YEAR 2022 THAT INCLUDED HEALTH FAIRS, HEALTH SCREENINGS, EDUCATIONAL/COUNSELING PROGRAMS, IMMUNIZATIONS, SUPPORT GROUPS, AND OTHER PROGRAMS. 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 30, 2022. PASSAVANT ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2022 AT A COST OF OVER $5,900,000.

THE COMMUNITY BENEFITS FROM THE MANY HEALTH FAIRS THAT UPMC PASSAVANT SPONSORED AND PARTICIPATED IN. INFORMATION WAS OFFERED ON POISON PREVENTION, CANCER, STROKE, AND SMOKING CESSATION. SCREENINGS FOR FOOT CARE, BONE DENSITY, AND HIGH BLOOD PRESSURE WERE ALSO PROVIDED. PASSAVANT OFFERS A FREE VALET SERVICE TO ALL CANCER CENTER PATIENTS. PASSAVANT

UNDERSTANDS THE CHALLENGES ITS 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 THE 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. PASSAVANT HOSTED A FREE HEALTHY LIVING FAIR FREE TO THE PUBLIC, WHICH OFFERED BLOOD PRESSURE SCREENINGS, WALK-IN-MAMMOGRAMS, GIVEAWAYS, FOOD AND REFRESHMENTS, EDUCATION ON BONE AND JOINT HEALTH, AND BIKE SAFETY INCLUDING FREE BIKE HELMETS. PASSAVANT HOSTED A FREE LIVE, VIRTUAL EVENT WHERE PARTICIPANTS HEARD ABOUT THE LATEST ADVANCEMENTS AND OPTIONS IN CARDIOVASCULAR SURGERY, INCLUDING OPEN HEART SURGERY, MINIMALLY INVASIVE HEART VALVE REPAIR/REPLACEMENT AND MORE.

IN 2020, PASSAVANT WAS A MAJOR SPONSOR OF THE 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 HELPS TO REDUCE AND PREVENT CHRONIC DISEASES. CHRONIC DISEASE MANAGEMENT, SPECIFICALLY 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 IS AN IMPORTANT MEASURE IN PREVENTATIVE HEALTH CARE FOR CONDITIONS LIKE

DIABETES, CARDIOVASCULAR DISEASE AND ARTHRITIS.

PASSAVANT LAUNCHED A UNIQUE, ADVANCED RESPONSE UNIT ARU TO ASSIST LOCAL EMERGENCY MEDICAL SERVICES EMS PERSONNEL THROUGHOUT THE SURROUNDING COMMUNITIES. THE ARU IS A SPORT-UTILITY VEHICLE EQUIPPED WITH EMERGENCY MEDICAL EQUIPMENT AND STAFFED WITH CERTIFIED ADVANCED CARE PROVIDERS TRAINED TO RESPOND IN VARIOUS MUTUAL-AID SITUATIONS REQUIRING EXTRA PERSONNEL. UNLIKE SIMILAR PROGRAMS IN THE REGION, THE ARU WILL BE STAFFED BY SEVERAL TYPES OF ADVANCED CARE PROVIDERS, INCLUDING HIGHLY TRAINED AND EXPERIENCED PARAMEDICS, PRE-HOSPITAL REGISTERED NURSES WITH INTENSIVE CARE AND EMERGENCY EXPERIENCE, AND STAT MEDEVAC FLIGHT NURSES AND PARAMEDICS. THE ARU WILL SERVICE THE COMMUNITIES OF CRANBERRY, MCCANDLESS, SEVEN FIELDS, MARS, ZELIENOPLE, JACKSON TOWNSHIP AND HARMONY, AS WELL AS EASTERN BEAVER AND NORTHERN ALLEGHENY COUNTIES, AND WILL BE STATIONED IN CRANBERRY.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

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. IN 2019, UPMC HEART AND VASCULAR INSTITUTE AT UPMC PASSAVANT ADDED WATCHMAN, 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 116-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 COST-EFFECTIVE MANNER, ADHERING TO THE VALUES OF EXCELLENCE, COMPASSION, AND THE RESPECT FOR HUMAN DIGNITY. 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.

HORIZON TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 3,432 PATIENTS, RENDERING 12,315 PATIENT DAYS. HORIZON HAD 28,530 EMERGENCY ROOM VISITS, 225,335 OUTPATIENT VISITS AND PERFORMED 4,257 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, HORIZON PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF $34,800,000. THE COMMUNITIES SERVED BY HORIZON ARE IN AN ECONOMICALLY DISTRESSED AND MEDICALLY UNDERSERVED AREA. IN THE YEAR ENDED JUNE 30, 2022, UPMC HORIZON PROVIDED COMMUNITY SERVICE

PROGRAMS AND OTHER FUNDING AT A COST OF OVER $3,100,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY $3,200,000.

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. HORIZON OFFERED CLASSES TO THE PUBLIC ON PRENATAL CHILDBIRTH, BREASTFEEDING, AND INSULIN PEN EDUCATION AT A LOCAL RETIREMENT HOME.

UPMC NORTHWEST, FOUNDED IN 1899, SERVES THE RESIDENTS OF THE FRANKLIN, OIL CITY AND SURROUNDING PENNSYLVANIA COMMUNITIES. NORTHWEST IS A STATE-OF-THE-ART MEDICAL FACILITY, WITH 167-LICENSED BEDS, WHICH PROVIDES ACUTE INPATIENT, OUTPATIENT, BEHAVIORAL HEALTH, REHABILITATION, SKILLED NURSING, AND SUPPORT AND EDUCATION SERVICES. SEVENTY PERCENT OF NORTHWEST'S FISCAL YEAR 2022 PATIENTS WERE MEDICARE OR STATE MEDICAID PATIENTS.

UPMC NORTHWEST TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 5,182 PATIENTS, RENDERING 33,401 PATIENT DAYS. NORTHWEST HAD 25,017 EMERGENCY ROOM VISITS, 148,060 OUTPATIENT VISITS AND PERFORMED 4,451 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, NORTHWEST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE

SHORTFALLS, AT A COST IN EXCESS OF $32,900,000. THE HOSPITAL PROVIDED FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF $3,200,000 THROUGH COMMUNITY OUTREACH PROGRAMS TARGETED AT PATIENTS, THEIR FAMILIES, AND THE COMMUNITY, AS WELL AS DONATIONS AND VOLUNTEER SERVICES. NORTHWEST ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2022 AT A COST OF OVER $570,000.

FAMILIES BENEFITED FROM UPMC NORTHWEST'S PREPARED CHILDBIRTH CLASSES, WHICH READIED PARTICIPANTS FOR THEIR CHILDBIRTH EXPERIENCES. NORTHWEST ALSO OFFERED INFANT CARE CLASSES WHICH PROVIDED INFORMATION TO PARENTS ON HOW TO CARE FOR NEWBORNS, BREASTFEEDING CLASSES, AND SIBLING CLASSES WHICH PREPARED CHILDREN TO BECOME BIG BROTHERS OR BIG SISTERS. NORTHWEST'S ESPECIALLY FOR WOMEN PROGRAM PROVIDED INFORMATION AND SCREENINGS FOR WOMEN'S HEALTH, AND ITS ESPECIALLY FOR MEN PROGRAM EDUCATED MEN ON THE MOST COMMON HEALTH CONCERNS AFFECTING THEM. THROUGH HEALTH FAIRS AND EDUCATIONAL PROGRAMS, THE ORGANIZATION PROVIDED SCREENINGS FOR OSTEOPOROSIS, PROSTATE HEALTH, STROKES, AND EDUCATIONAL INFORMATION ON SMOKING CESSATION, NUTRITION, STROKES, AND CPR. NORTHWEST PROVIDED TRANSPORTATION TO PATIENTS WHO WERE IN NEED UPON DISCHARGE FROM THE HOSPITAL AND PROVIDED COMPLEMENTARY ROOM USAGE TO VARIOUS COMMUNITY ORGANIZATIONS.

FOUNDED IN 1894, UPMC MCKEESPORT IS A 205-BED, NONPROFIT ACUTE CARE COMMUNITY HOSPITAL THAT PRIMARILY SERVES THE RESIDENTS OF MCKEESPORT, PENNSYLVANIA, AND THE SURROUNDING AREA. 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. MCKEESPORT IS LOCATED 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 BY 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, REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY, THE FOLLOWING WERE PROVIDED: SUBSIDIZED AND/OR FREE CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 4,907 PATIENTS, RENDERING 38,627 PATIENT DAYS. MCKEESPORT HAD 24,088 EMERGENCY ROOM VISITS, 97,201 OUTPATIENT VISITS AND PERFORMED 1,391 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC MCKEESPORT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF $40,300,000. THE HOSPITAL ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES, AND FUNDING OF SCHOOLS FOR HEALTH PROFESSIONS WITH THE VALUE TO THE COMMUNITY OF APPROXIMATELY $1,900,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF

APPROXIMATELY $6,600,000.

UPMC MCKEESPORT WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AND THE AMERICAN STROKE ASSOCIATION WITH A GOLD PLUS QUALITY ACHIEVEMENT AWARD, WHICH HONORS THE HOSPITAL FOR UTILIZING THE MOST UP-TO-DATE TREATMENT GUIDELINES TO IMPROVE PATIENT CARE AND OUTCOMES OVER A PERIOD OF 24 MONTHS. UPMC MCKEESPORT IS AN ADVANCED PRIMARY STROKE CENTER CERTIFIED BY THE JOINT COMMISSION. OPERATING 24/7, THE PROGRAM INCLUDES A TEAM OF DOCTORS, NURSES AND OTHER STAFF WITH EXPERIENCE IN DIAGNOSING AND TREATING STROKES.

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 OFFERED FACILITY 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. MCKEESPORT ALSO PROVIDED TRANSPORTATION FOR PATIENTS AS WELL AS HOSTING FREE, LIVE, VIRTUAL EVENTS TO EDUCATE THE PUBLIC ABOUT OVERDOSE PREVENTION AND PARTICIPATED IN AN STD PREVENTION RESOURCE FAIR.

UPMC BEDFORD IS A 40-BED, ACUTE CARE GENERAL HOSPITAL, LOCATED IN EVERETT, PENNSYLVANIA, WITH UNITS FOR MEDICAL CARE, SURGICAL CARE, OBSTETRICAL CARE, INTENSIVE CARE, AND TELEMETRY SERVICES, WHICH SERVES AS AN OBSERVATION TOOL THAT ALLOWS MEDICAL STAFF TO MONITOR BLOOD PRESSURE,

BODY TEMPERATURE, HEART RATE, MUSCLE FUNCTION AND MORE. 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 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. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 1,395 PATIENTS, RENDERING 5,640 PATIENT DAYS. BEDFORD HAD 17,639 EMERGENCY ROOM VISITS, 93,596 OUTPATIENT VISITS AND PERFORMED 2,917 SURGERIES.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC BEDFORD PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $2,400,000. THE HOSPITAL ALSO PROVIDED SERVICES, WITH AN AGGREGATE VALUE OF OVER $1,300,000, TO THE GENERAL POPULATION THROUGH OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY, AND PROVIDED FUNDING OF OVER $20,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION.

FAMILIES BENEFITED FROM BEDFORD'S BREASTFEEDING AND 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. MEDICAL STAFF PARTICIPATED IN MANY

HEALTH FAIRS AND PROVIDED EDUCATION ABOUT DIET, EXERCISE, WOUND CARE, AND SCREENINGS SUCH AS SUGAR TESTING, EYE EXAMS, BLOOD PRESSURE, DIABETES, VISION, FOOT EXAMS, AND BONE DENSITY. EARLY DETECTION PLAYS AN IMPORT ROLE IN THE FIGHT AGAINST BREAST CANCER. BEDFORD HOSTED THEIR THIRD ANNUAL WALK-IN MAMMOGRAPHY SCREENINGS TO PROVIDE WOMEN WITH AN UP-TO-DATE ANNUAL SCREENING. PARTICIPANTS WITHOUT HEALTH INSURANCE RECEIVED THEIR SCREENING FREE OF CHARGE.

UPMC EAST IS A FULL-SERVICE ACUTE CARE COMMUNITY HOSPITAL WITH 155-BEDS WHICH PROVIDES PATIENT-CENTERED CARE. LOCATED IN MONROEVILLE, PENNSYLVANIA, EAST SERVES PATIENTS USING ADVANCED TECHNOLOGIES AND WAS BUILT USING ENVIRONMENTALLY EFFICIENT CONSTRUCTION PRACTICES. IN 2020, UPMC EAST ADDED 30,000 SQUARE FEET OF SPACE TO THEIR ER DEPARTMENT - DOUBLING ITS CAPACITY. IT 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 HAVE ALSO 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

WOMEN'S HEALTH SERVICES.

THE HOSPITAL IS COMMITTED TO PROVIDING SERVICES TO ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 7,013 PATIENTS, RENDERING 46,711 PATIENT DAYS. UPMC EAST HAD 33,724 EMERGENCY ROOM VISITS, 80,261 OUTPATIENT VISITS AND PERFORMED 7,646 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, EAST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $30,980,000. THE HOSPITAL ALSO PROVIDED SERVICES WITH AN AGGREGATE VALUE OF OVER $900,000 FOR OUTREACH PROGRAMS AND DONATIONS AND PROVIDED FUNDING OF OVER $2,400,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION.

UPMC EAST STAFF PARTICIPATED IN VARIOUS AREA HEALTH FAIRS AND PRESENTED EDUCATIONAL SEMINARS TO THE COMMUNITY. TOPICS COVERED INCLUDED CANCER, BAD HIPS AND KNEES, SKIN CANCER, STROKE, AND BLOOD PRESSURE. FREE EDUCATION AND SUPPORT PROGRAMS WERE OFFERED TO THOSE DIRECTLY OR INDIRECTLY AFFECTED BY ADDICTION.

UPMC HAMOT IS A 458-BED TERTIARY MEDICAL CENTER WITH SPECIALTIES THAT INCLUDE CARDIOLOGY, NEUROSCIENCE, CRITICAL CARE, ORTHOPAEDICS, AND WOMEN'S HEALTH SERVICES. THE MEDICAL CENTER REACHES OUT TO MORE THAN ONE MILLION PEOPLE IN NORTHWESTERN PENNSYLVANIA, WESTERN NEW YORK, AND

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 TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 18,188 PATIENTS, RENDERING 109,343 PATIENT DAYS. HAMOT HAD 61,377 EMERGENCY ROOM VISITS, 227,897 OUTPATIENT VISITS AND PERFORMED 12,905 SURGERIES.

HAMOT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $63,000,000 DURING FISCAL YEAR 2022. SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH DONATIONS, OUTREACH PROGRAMS, SCREENINGS, AND EDUCATIONAL CLASSES AT A COST OF $8,700,000. HAMOT SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF $5,100,000 DURING FISCAL YEAR 2022.

HAMOT HAS BEEN RECOGNIZED AS A MAGNET 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 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 BREAST CANCER AND COVID; CONQUERING COLON CANCER; COPD EDUCATION, NUTRITION, END OF LIFE ISSUES AND ADVANCE DIRECTIVES, AND EARLY DETECTION AND PREVENTION OF CARDIAC AND RESPIRATORY DISEASE. EDUCATIONAL MATERIAL ON NUTRITION, SUBSTANCE ABUSE, HEART HEALTH, SMOKING CESSATION, INFANT AND PRENATAL CARE AND LACTATION WERE PROVIDED TO THE COMMUNITY AT HEALTH FAIRS. SCREENINGS WERE OFFERED FOR COLON CANCER, CHOLESTEROL, BLOOD PRESSURE, AND GLUCOSE, AND AUDIOLOGY AND SPEECH SERVICES WERE PROVIDED TO CLEFT PALATE CLINIC PATIENTS.

FOR OVER 15 YEARS, UPMC HAMOT'S MAMMO-MARATHON PROGRAM HAS SOUGHT TO MAKE SCREENING FOR BREAST CANCER LESS INTIMIDATING. THE EVENT OFFERED FREE BREAST SCREENING FOR WOMEN OVER 40 AND WAS DESIGNED TO MAKE THE PROCESS LESS INTIMIDATING BY ENCOURAGING WOMEN TO ATTEND TOGETHER. FREE SNACKS, REFRESHMENTS AND CHAIR MASSAGES WERE PROVIDED.

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 35-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.

UPMC ALTOONA IS COMMITTED TO ITS MISSION OF PROVIDING EXCEPTIONAL HEALTH CARE TO ALL IN NEED, REGARDLESS OF ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 15,816 PATIENTS, RENDERING 92,756 PATIENT DAYS. ALTOONA HAD 46,497 EMERGENCY ROOM VISITS, 357,212 OUTPATIENT VISITS AND PERFORMED 12,892 SURGERIES.

UPMC ALTOONA PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER $71,400,000 IN THE FISCAL YEAR ENDED JUNE 30, 2022. 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 COSTS TO THE HOSPITAL OF APPROXIMATELY $12,700,000 IN THE FISCAL YEAR ENDED JUNE 30, 2022. UPMC ALTOONA ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS

WELL AS MEDICAL RESEARCH AT A COMBINED COST OF $11,500,000 IN FISCAL YEAR 2022.

UPMC ALTOONA EARNED THE THROMBECTOMY-CAPABLE STROKE CENTER CERTIFICATION FROM THE JOINT COMMISSION AND AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION. THE TCS CENTER DESIGNATION IS THE SECOND HIGHEST LEVEL OF EXCELLENCE RECOGNIZED BY THE JOINT COMM, REQUIRING A RIGOROUS PROCESS BASED ON STANDARD OF QUALITY MEASURES AND EVIDENCE-BASED PRACTICE DATA PERFORMANCE.

UPMC ALTOONA PROVIDED 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.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

THE HOSPITAL PROMOTED HEALTH BY PERFORMING FREE SCREENINGS AND PROVIDING INFORMATION AT THEIR HEALTH AND WELLNESS FAIRS. FISCAL YEAR 2022 EVENTS INCLUDED: ATRIAL FIBRILLATION HEART MONTH VIRTUAL PROGRAM; IS MY ANKLE SPRAINED OR IS IT BROKEN; STOP THE BLEED; PHYSICAL REHAB BENEFITS FOR CANCER SURVIVORS AND PATIENTS VIRTUAL PROGRAM; DIABETES EDUCATION: PREDIABETES TO DIABETES VIRTUAL PROGRAM; UPMC HEALTHY YOU BLOCK PARTY WELLNESS EVENT; COMMUNITY PARTNERSHIP FAIR AND MAMMOGRAM SCREENINGS.

FREE MEDICATIONS WERE 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 PARKING AND FREE TRANSPORTATION FOR INDIGENT PATIENTS, AS WELL AS TRANSPORT FOR UNINSURED OR UNDERINSURED PATIENTS WHO REQUIRED A HIGHER LEVEL OF CARE.

LOCATED IN NEW CASTLE, PENNSYLVANIA, UPMC JAMESON IS A FULL-SERVICE, 146-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.

UPMC JAMESON TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 4,610 PATIENTS, RENDERING 24,169 PATIENT DAYS. JAMESON HAD 27,156 EMERGENCY ROOM VISITS, 136,359 OUTPATIENT VISITS AND PERFORMED 4,959 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC JAMESON PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF $17,700,000. UPMC JAMESON PROVIDED COMMUNITY SERVICE PROGRAMS AND OTHER FUNDING AT A COST OF OVER $8,500,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY $206,000.

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 IS A 31-BED, ACUTE CARE HOSPITAL WITH AN ICU LICENSED BY THE COMMONWEALTH OF PENNSYLVANIA SERVING COMMUNITY MEMBERS MAINLY FROM THE THREE-COUNTY REGION OF MCKEAN, ELK AND WARREN. KANE'S ACTIVE AND 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, A 24 HOUR EMERGENCY ROOM, CENTER FOR ORTHO, REHAB, PAIN WITH COMPLETE ORTHOPAEDICS, THE FULL RANGE OF REHABILITATION SERVICES PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES AND PAIN MANAGEMENT; KANE CARDIAC REHAB, CARDIOLOGY AND GASTROENTEROLOGY DIGESTIVE HEALTH CLINICS IN COOPERATION WITH UPMC HAMOT; UROLOGY CLINIC; EYE CATARACT SURGERY, CHEMOTHERAPY, AND GYNECOLOGY. UPMC CREATED A FIRST-OF-ITS KIND TELEHEALTH EMERGENCY DEPARTMENT IN PENNSYLVANIA RURAL HEALTH CARE AT UPMC KANE. THIS APPROACH ELIMINATED SOME OF THE NEED TO SEND PATIENTS TO A BIGGER HOSPITAL USUALLY AT A FURTHER DISTANCE BY ALLOWING PATIENTS ACCESS TO EXCELLENT EMERGENCY MEDICAL CARE AT KANE.

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. FOR THE

FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 353 PATIENTS, RENDERING 1,491 PATIENT DAYS. KANE HAD 6,758 EMERGENCY ROOM VISITS, 65,205 OUTPATIENT VISITS AND PERFORMED 1,320 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC KANE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF $4,500,000. THE HOSPITAL PROVIDED FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF $512,000 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 SPORTS PHYSICALS WERE CONDUCTED FOR ATHLETES IN A LOCAL SCHOOL DISTRICT. KANE HOSTED AN ANNUAL LADIES NIGHT OUT EVENT FOCUSED ON WOMEN'S HEALTH AND BREAST CANCER AWARENESS. THEY SUPPORTED COMMUNITY BLOOD BANK DRIVES ANNUALLY AND HOSTED COMMUNITY FAIRS AND EXPOS COVERING TOPICS SUCH AS CHILD ABUSE PREVENTION AND EASING VACCINATION FEAR FOR CHILDREN.

UPMC LOCK HAVEN HOSPITAL IS A 115-BED FACILITY WITH COMPLETE INPATIENT AND OUTPATIENT CARE, INCLUDING EMERGENCY, MEDICAL, AND SURGICAL CARE. A

JOINT COMMISSION-ACCREDITED FACILITY, IT ALSO INCLUDES A 90-BED SKILLED NURSING FACILITY, HAVEN PLACE WITH A 34-BED DEMENTIA UNIT.

UPMC LOCK HAVEN HOSPITAL TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 739 PATIENTS, RENDERING 3,403 PATIENT DAYS. LOCK HAVEN HOSPITAL HAD 10,667 EMERGENCY ROOM VISITS, 33,837 OUTPATIENT VISITS AND PERFORMED 839 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, LOCK HAVEN HOSPITAL PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER $10,500,000. LOCK HAVEN HOSPITAL PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS IN FISCAL YEAR 2022. THE VALUE OF THESE PROGRAMS TO THE COMMUNITY WAS APPROXIMATELY $206,000.

UPMC LOCK HAVEN WAS RECOGNIZED BY THE JOINT COMMISSION, IN CONJUNCTION WITH THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, AS A LEADER IN STROKE CARE, BY RECEIVING THE GOLD SEAL OF APPROVAL AND THE HEART-CHECK MARK.

UPMC MUNCY IS A 20 BED, CRITICAL ACCESS HOSPITAL, PRIMARILY SERVING LYCOMING AND SURROUNDING COUNTIES. MUNCY PROVIDES A FULL RANGE OF OUTPATIENT AND EMERGENCY SERVICES AS WELL AS 158 LONG TERM CARE BEDS. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 655 PATIENTS,

RENDERING 3,545 PATIENT DAYS. MUNCY HAD 12,115 EMERGENCY ROOM VISITS, 38,899 OUTPATIENT VISITS AND PERFORMED 2,790 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC MUNCY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER $10,200,000. MUNCY PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND EDUCATIONAL SUPPORT IN FISCAL YEAR 2022. THE VALUE OF THESE PROGRAMS TO THE COMMUNITY WAS APPROXIMATELY $230,000. MUNCY TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY.

UPMC MUNCY WAS RECOGNIZED BY THE JOINT COMMISSION AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION WITH THEIR GOLD SEAL QUALITY AWARD AND A HEART CHECK MARK FOR ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTERS.

UPMC MUNCY OFFERED FREE TRAININGS ABOUT NARCAN, AN EMERGENCY NASAL SPRAY MEDICATION THAT REVERSES OPIOID EFFECTS AND NARCAN KITS, AT NO COST TO COMMUNITY MEMBERS. OTHER HEALTH EDUCATION AND PRESENTATIONS INCLUDED: SENIOR HEALTH AND FITNESS DAY, SILVER SNEAKERS EVENT AND GRIEF SUPPORT.

UPMC WELLSBORO IS A 39-BED CRITICAL ACCESS HOSPITAL LOCATED IN WELLSBORO, PA. IT HAS A STATE-OF-THE-ART EMERGENCY DEPARTMENT, OUTPATIENT SURGERY CENTER, REHABILITATION SERVICES, OPHTHALMOLOGY, MATERNITY CARE, CARDIOVASCULAR SERVICES, LABORATORY, IMAGING SERVICES AND A SLEEP CENTER.

UPMC WELLSBORO TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 1,472 PATIENTS, RENDERING 7,995 PATIENT DAYS. UPMC WELLSBORO HAD 11,857 EMERGENCY ROOM VISITS, 60,092 OUTPATIENT VISITS AND PERFORMED 1,358 SURGERIES. UPMC WELLSBORO TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC WELLSBORO PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE AT A COST OF OVER $1,700,000. UPMC WELLSBORO PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS IN FISCAL YEAR 2022 VALUED AT APPROXIMATELY $195,000.

UPMC WELLSBORO WAS GIVEN A FIVE-STAR RATING BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. IT IS ONE OF 455 U.S. HOSPITALS TO BE GIVEN THAT HONOR IN THE LATEST OVERALL HOSPITAL QUALITY STAR RATING.

THE COMMUNITY BENEFITED FROM A VARIETY OF PROGRAMS OFFERED BY WELLSBORO, INCLUDING LOW-COST BLOOD SCREENING; SKIN CANCER SCREENING; CHILDREN'S HEALTH FAIR; SENIOR EXPO; BACK TO SCHOOL BASH; HEARTSAVER CPR AND STOP THE BLEED.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

INSTEAD OF TRAVELING TO BRADFORD, COUDERSPORT OR WILLIAMSPORT, PATIENTS IN NEED OF EAR, NOSE AND THROAT CARE ARE NOW ABLE TO SEEK TREATMENT AT

THE NEW UPMC ENT CLINIC IN WELLSBORO. UPMC ENT SPECIALISTS OFFER TREATMENT FOR CONDITIONS AFFECTING THE EARS, NOSE, THROAT AND RESPIRATORY SYSTEMS SUCH AS: SINONASAL DISORDERS CANCER IN NASAL CAVITY OR SINUSES, VOICE AND SWALLOWING CONDITIONS, NASAL AND SINUS OBSTRUCTION, SLEEP APNEA, EAR INFECTIONS AND TONSIL AND TONGUE TIE REMOVALS.

UPMC WILLIAMSPORT IS A 255-BED ACUTE CARE COMMUNITY HOSPITAL PRIMARILY SERVING LYCOMING AND SURROUNDING COUNTIES. SERVICES PROVIDED INCLUDE ACUTE AND INTENSIVE CARE, SURGICAL SERVICES, HEART AND LUNG SERVICES, REHABILITATION SERVICES, DIALYSIS, LABORATORY, RADIOLOGY, PSYCHOLOGY, AND EMERGENCY ROOM SERVICES. UPMC WILLIAMSPORT ALSO OPERATES A 31-BED SPECIALTY HOSPITAL SITE, THE DIVINE PROVIDENCE SITE, WHICH OFFERS INPATIENT PSYCHIATRIC SERVICES, HOME HEALTH SERVICES AND A WIDE ARRAY OF OUTPATIENT HOSPITAL SERVICES, PRIMARILY SERVING LYCOMING AND SURROUNDING COUNTIES.

UPMC WILLIAMSPORT TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, THE HOSPITAL ADMITTED 10,415 PATIENTS, RENDERING 66,720 PATIENT DAYS. UPMC WILLIAMSPORT HAD 38,655 EMERGENCY ROOM VISITS, 322,485 OUTPATIENT VISITS AND PERFORMED 10,080 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC WILLIAMSPORT, INCLUSIVE OF BOTH SITES, PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER

$105,000,000. UPMC WILLIAMSPORT PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND EDUCATIONAL SUPPORT IN FISCAL YEAR 2022 WITH THE VALUE TO THE COMMUNITY OF APPROXIMATELY $3,000,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY $3,400,000.

UPMC WILLIAMSPORT WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AND THE AMERICAN STROKE ASSOCIATION WITH A GOLD PLUS QUALITY ACHIEVEMENT AWARD, WHICH HONORS THE HOSPITAL FOR UTILIZING THE MOST UP-TO-DATE TREATMENT GUIDELINES TO IMPROVE PATIENT CARE AND OUTCOMES. UPMC WILLIAMSPORT IS AN ADVANCED PRIMARY STROKE CENTER CERTIFIED BY THE JOINT COMMISSION. OPERATING 24/7, THE PROGRAM INCLUDES A TEAM OF DOCTORS, NURSES, AND OTHER STAFF WITH EXPERIENCE IN DIAGNOSING AND TREATING STROKES.

UPMC WILLIAMSPORT HAS BEEN GRANTED LEVEL II TRAUMA CENTER ACCREDITATION BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION PTSF RECOGNIZING A HIGHER LEVEL OF CARE AND SERVICES PROVIDED IN NORTH CENTRAL PENNSYLVANIA. PROVIDING HIGH-LEVEL TRAUMA CARE REQUIRES A TEAM APPROACH INVOLVING DEPARTMENTS THROUGHOUT THE HOSPITAL OFFERING 24-HOUR SERVICES TO SEVERELY INJURED PATIENTS. TRAUMA SURGEONS, NEUROSURGEONS, ORTHOPAEDIC SURGEONS, CARDIAC SURGEONS, RADIOLOGISTS, NURSES AND SUPPORT STAFF ALL HAVE SPECIALIZED TRAINING AND EXPERTISE IN TREATING TRAUMATIC INJURIES. IN ADDITION TO A TRAUMA SURGEON IN THE HOSPITAL 24 HOURS A DAY, AN OPERATING ROOM OR READINESS TEAM IS ON STANDBY AROUND THE CLOCK. UPMC WILLIAMSPORT'S TRAUMA OR IS DEDICATED SOLELY TO TRAUMA PATIENTS AND IS

EQUIPPED WITH THE MOST ADVANCED TOOLS FOR DELIVERING HIGH-QUALITY EMERGENCY CARE.

UPMC WILLIAMSPORT RECENTLY EARNED THE JOINT COMMISSION'S GOLD SEAL QUALITY AWARD FOR ADVANCED TOTAL HIP AND KNEE REPLACEMENT RE-CERTIFICATION BY DEMONSTRATING CONTINUOUS COMPLIANCE WITH ITS PERFORMANCE STANDARDS. THE GOLD SEAL IS A SYMBOL OF QUALITY THAT REFLECTS A HEALTH CARE ORGANIZATION'S COMMITMENT TO PROVIDING SAFE AND QUALITY PATIENT CARE. UPMC WILLIAMSPORT UNDERWENT A RIGOROUS, UNANNOUNCED VIRTUAL REVIEW, DURING WHICH A JOINT COMMISSION REVIEWER EVALUATED COMPLIANCE WITH RELATED CERTIFICATION STANDARDS INCLUDING PROGRAM MANAGEMENT, SUPPORTING SELF-MANAGEMENT, AND DELIVERING AND FACILITATING CLINICAL CARE. JOINT COMMISSION STANDARDS ARE DEVELOPED IN CONSULTATION WITH HEALTH CARE EXPERTS AND PROVIDERS, MEASUREMENT EXPERTS AND PATIENTS. THE REVIEWER ALSO CONDUCTED ONSITE OBSERVATIONS AND INTERVIEWS. UPMC WILLIAMSPORT WAS RECOGNIZED BY US NEWS AND WORLD REPORT AS A 2022/2023 HIGH PERFORMING HOSPITAL FOR MATERNITY CARE IN THE UNCOMPLICATED PREGNANCY CATEGORY.

WILLIAMSPORT PROVIDED SCREENING EVENTS WITH NO OR LITTLE COST TO THE COMMUNITY INCLUDING BLOOD SCREENING; OVERALL HEALTH SCREENING; SENIOR HEALTH AND WELLNESS; SKIN CANCER; SCOLIOSIS AND DIABETIC EYE EXAMS. SUPPORT GROUPS HAVE INCLUDED SUPPORT FOR STROKE AND BRAIN INJURY SURVIVORS; SENSORY AND AUTISM SPECTRUM SUPPORT FOR YOUTH; GRIEF, CAREGIVER AND BREAST CANCER GROUPS.

THERE ARE FOURTEEN 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., UPMC OB/GYN JOINT VENTURE, INC., ERIE PHYSICIAN NETWORK-UPMC, INC., UPMC MEDICAL EDUCATION, JAMESON MEDICAL CARE, INC., UPMC LOCUM CLINICIANS; TIOGA HEALTH CARE PROVIDERS, SUSQUEHANNA PHYSICIAN SERVICES, AND UPMC ADVANCED PRACTICE PROVIDERS. THESE PHYSICIAN SERVICE ENTITIES INCLUDE OVER 8,300 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 PROGRAMS 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.

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 163,000 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 NETWORK COVERS A GEOGRAPHIC AREA OF MORE THAN 200 MILES AROUND GREATER PITTSBURGH AND IS COMPRISED OF OVER 220 AFFILIATED ONCOLOGISTS AT MORE THAN 70 LOCATIONS, INCLUDING FOUR LOCATIONS OVERSEAS. 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.

THE UPMC HILLMAN CANCER CENTER IS HOME TO INTERNATIONALLY RENOWNED SURGICAL, MEDICAL, AND 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 TRUEBEAM

AND EDGE, ACCURAY CYBERKNIFE, POSITRON-EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY PET-CT, AND MAGNETIC-RESONANCE IMAGING MRI TO 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.

THE UPMC 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 RESEARCH CLINICAL TRIALS.

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.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

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 2022, UPMC HILLMAN CANCER CENTER FUNDED MANY COMMUNITY BENEFITS PROGRAMS, CHARITABLE DONATIONS, AND EDUCATION AND RESEARCH COSTING OVER $16,000,000.

THE COMMUNITY BENEFITED FROM A VARIETY OF PROGRAMS AND EDUCATIONAL SERIES OFFERED BY HILLMAN, INCLUDING CARCINOGENESIS, SKIN CANCER AND SUNSCREEN SAFETY, COLORECTAL CANCER SCREENING, BREAST CANCER AWARENESS AND SCREENING, MELANOMA AND COLON CANCER.

UNIVERSITY OF PITTSBURGH PHYSICIANS 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, 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.

UPP INCLUDES 3,884 ACADEMIC PHYSICIANS AND ALLIED HEALTH CARE PROVIDERS

AT OVER 600 CLINICAL LOCATIONS. 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 PURPOSES 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 $15,200,000 IN THE FISCAL YEAR ENDED JUNE 30, 2022. 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 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 $2,100,000 AND FUNDED OVER $80,500,000 IN MEDICAL EDUCATION AND RESEARCH IN THE FISCAL YEAR ENDED JUNE 30, 2022.

IT IS THE MISSION OF UPMC COMMUNITY MEDICINE, INC. 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 696 PHYSICIANS AND PHYSICIAN EXTENDERS AT 217 CLINICAL LOCATIONS.

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 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 $2,800,000 IN THE FISCAL YEAR ENDED JUNE 30, 2022. 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 $80,000,000.

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 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 OTHERWISE HAVE NO OTHER PHYSICIAN PRESENCE.

REGIONAL HEALTH SERVICES, INC. OFFERS PHYSICIAN SERVICES SERVING MAINLY ERIE COUNTY AND SURROUNDING COMMUNITIES. 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 HAS 387 PHYSICIANS AND PHYSICIAN EXTENDERS. THEY HAVE 68 CLINICAL LOCATIONS AND HAD 585,000 PATIENT VISITS IN FISCAL YEAR 2022. RHS PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, AT A COST OF APPROXIMATELY $4,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2022, AS WELL AS $7,700,000 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 200 STAFF MEMBERS, INCLUDING 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 $246,000 WAS PROVIDED FOR CHARITY CARE AND UNCOMPENSATED CARE IN THE FISCAL YEAR ENDED JUNE 30, 2022. PHYSICIANS AND ADVANCED PRACTICE PROVIDERS PERFORMED 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.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

UPMC MEDICAL EDUCATION PRIMARY PURPOSE IS TO PROVIDE LEADERSHIP AND MANAGEMENT AND OVERSIGHT TO UPMC'S OVER 185 GRADUATE MEDICAL EDUCATION PROGRAMS.

UPMC MEDICAL EDUCATION DEVELOPS, FOCUSES, FACILITATES, AND IMPLEMENTS THE RELATIONSHIPS WITH THE UNIVERSITY OF PITTSBURGH AND MORE PARTICULARLY WITH THE SCHOOLS OF MEDICINE AND HEALTH SCIENCES. UPMC MEDICAL EDUCATION TRAINS APPROXIMATELY 2,000 RESIDENTS AND FELLOWS IN A MODEL OF PATIENT-CENTERED CARE TO BUILD A FOUNDATION OF SCIENTIFIC KNOWLEDGE, DESIRABLE OUTCOMES, AND HIGH-VALUE CARE. OUR ACCREDITED TRAINING PROGRAMS OFFER OPPORTUNITIES TO UPMC'S RESIDENTS AND FELLOWS, AS WELL AS OVER 350 RESIDENTS AND FELLOWS FROM NON-UPMC HOSPITALS, IN 23 CLINICAL DEPARTMENTS AFFILIATED WITH THE UNIVERSITY OF PITTSBURGH SCHOOL OF

MEDICINE, THE UNIVERSITY OF PITTSBURGH DENTAL SCHOOL, THE UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY AND THE VA PITTSBURGH HEALTHCARE SYSTEM TO SERVE OUR DIVERSE COMMUNITIES.

SUSQUEHANNA PHYSICIAN SERVICES IS COMPRISED OF A GROUP OF PRIMARY CARE AND SPECIALTY PHYSICIANS THAT PRIMARILY SERVE LYCOMING AND SURROUNDING COUNTIES. SUSQUEHANNA PHYSICIAN SERVICES HAS 517 PHYSICIAN AND PHYSICIAN EXTENDERS, ENCOMPASSES 3 MEDICAL GROUPS AT 35 CLINICAL LOCATIONS AND HAD OVER 432,000 PATIENT VISITS DURING FISCAL YEAR 2022. SUSQUEHANNA PHYSICIAN SERVICES TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. DURING THE YEAR THEY PROVIDED COMMUNITY SERVICES INCLUDING FREE CARE AND COMMUNITY PROGRAMS AND SUBSIDIZED SERVICES AT A COST OF OVER $6,900,000.

ERIE PHYSICIAN NETWORK-UPMC IS COMPRISED OF A GROUP OF PRIMARY CARE PHYSICIANS THAT PRIMARILY SERVE ERIE AND SURROUNDING AREAS. ERIE PHYSICIAN NETWORK HAS 13 PHYSICIAN AND PHYSICIAN EXTENDERS, AT 5 CLINICAL LOCATIONS AND HAD OVER 26,203 PATIENT VISITS DURING FISCAL YEAR 2022. ERIE PHYSICIAN NETWORK TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. DURING THE YEAR THEY PROVIDED COMMUNITY SERVICES INCLUDING FREE CARE AND COMMUNITY PROGRAMS AND SUBSIDIZED SERVICES AT A COST OF OVER $103,000.

UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA IS A GROUP OF 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 600,000 HOME VISITS PER YEAR. UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA IS RANKED BY THE NATIONAL ASSOCIATION OF HOME CARE PROVIDERS AS THE LARGEST 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 $1,200,000 DURING THE FISCAL YEAR.

UPMC HOME HEALTHCARE OF 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. THEY HAVE PROVIDED OVER 400,000 HOME VISITS PER YEAR.

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. UPMC HOME HEALTHCARE OF CENTRAL PA OFFERED SEVERAL SUPPORT GROUPS SUCH AS, SUPPORT AND EDUCATION FOR GRIEVING CHILDREN, NAVIGATING LOSS AND GRIEF. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA PROVIDED TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFIT PROGRAMS TOTALING APPROXIMATELY $1,200,000.

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.

HOME NURSING AGENCY FOUNDATION BENEFITS AND SUPPORTS UPMC HOME HEALTHCARE OF AND ITS RELATED PROGRAMS AND SERVICES. THE FOUNDATION CONTRIBUTED TO UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA TO SUPPORT VARIOUS HOME HEALTH AND HOSPICE CHARITABLE CENTRAL PENNSYLVANIA NEEDS AND PROVIDED GRANTS AND CONTRIBUTIONS TO 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.

**SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| UPMC GROUP | 20-8295721 |

THE MISSION OF THE UPMC HORIZON COMMUNITY HEALTH 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 ITS COMMUNITY BY FUNDING BOTH COMMUNITY PROGRAMS AND ITS OWN PROJECTS. IT PROVIDES GRANTS TO COMMUNITY PARTNERS WHO SHARE IN ITS 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 BEHAVIORAL HEALTH OF THE ALLEGHENIES PROVIDES BEHAVIORAL HEALTH, COMMUNITY HEALTH, AND WELLNESS SERVICES TO CLIENTS IN THE SOUTHERN CENTRAL PENNSYLVANIA AREA. THEY PROVIDE ADULT DAY CARE SERVICES TO CLIENTS IN CAMBRIA AND BEDFORD COUNTIES WITH SUPPORTIVE DAY CARE. UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES ALSO PROVIDES PRIVATE DUTY SERVICES, INCLUDING LIVING ASSISTANCE AND SUPPORTIVE SERVICES. UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES OFFERED COMMUNITY PROGRAMS COVERING SUCH TOPICS AS: SUICIDE AWARENESS, SUICIDE PREVENTION, SCHOOL VIOLENCE AND GENDER

DIVERSITY.

UPMC HOME CARE MANAGEMENT SERVICES OPERATES INNOVATIVE POST-ACUTE AND COMMUNITY-BASED PROGRAMS THAT PROVIDE HIGH-VALUE CARE WHILE IMPROVING THE 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 DENTAL CARE TO THE MEDICAL ASSISTANCE AND MEDICARE POPULATION. THE ORGANIZATION ALSO PROVIDES FREE AND REDUCED DENTAL CARE TO THE LOW-INCOME, UNINSURED DENTAL COMMUNITY IN BLAIR COUNTY AND SURROUNDING REGION.

THE PROGRAMS CURRENTLY TREATS 3,772 ACTIVE DENTAL PATIENTS, COMPRISING OF 80% MEDICAL ASSISTANCE PATIENTS, 18% MEDICARE PATIENTS, AND 2% UNINSURED PATIENTS.

UPMC ALTOONA FOUNDATION PROVIDES A COMPREHENSIVE FUND AND GRANT DEVELOPMENT PROGRAM TO SUPPORT THE EXEMPT MISSION OF UPMC ALTOONA. THE FOUNDATION IS COMMITTED TO THE HEALTH AND WELL-BEING OF ITS COMMUNITIES. THE FOUNDATION HAS HOSTED ITS FIFTH ANNUAL WINTER SPLENDOR TO RAISE FUNDS TO SUPPORT NURSING SCHOLARSHIPS FOR LOCAL STUDENTS PURSUING UNDERGRADUATE

AND GRADUATE LEVEL NURSING EDUCATION. 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 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.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

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 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 OVER $1,250,000 IN SUPPORT FOR COMMUNITY BENEFIT PROGRAMS IN THE FISCAL YEAR ENDED JUNE 30, 2022.

UPMC COMMUNITY PROVIDER SERVICES LIVING-AT-HOME PROGRAM PROVIDES CARE COORDINATION FOR ONGOING IN-HOME CARE FOR OLDER ADULTS. THE PROGRAM MAKES REFERRALS FOR A RANGE OF SERVICES, TO HELP OLDER ADULTS LIVE INDEPENDENTLY FOR AS LONG AS POSSIBLE, SUCH AS: HOME DELIVERED MEALS, GROCERY SHOPPING, HOUSEKEEPING AND YARD WORK.

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION IS A BEHAVIORAL HEALTH MANAGED CARE ORGANIZATION BH-MCO WHICH EITHER MANAGES BEHAVIORAL HEALTH SERVICES OR PROVIDES NETWORK SUPPORT FOR APPROXIMATELY 2.3 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, AS WELL AS TREATMENT FOR DRUG AND ALCOHOL ABUSE TO MEDICAL ASSISTANCE ENROLLEES UNDER CONTRACTS WITH 41 PENNSYLVANIA COUNTIES. AT THE END OF CALENDAR YEAR 2022, THERE WERE APPROXIMATELY 1.5 MILLION HEALTHCHOICES MEMBERS.

WITH A NETWORK OF APPROXIMATELY 7,600 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 2022, THERE WERE APPROXIMATELY 785,000 COMMERCIAL AND MEDICARE MEMBERS.

COMMUNITY CARE ALSO HAS A REINSURANCE ASSUMPTION AGREEMENT WITH UPMC HEALTH PLAN TO MANAGE THE UPMC FOR KIDS BUSINESS. UPMC FOR KIDS IS PENNSYLVANIA'S LARGEST AND FASTEST GROWING CHILDREN'S HEALTH INSURANCE PROGRAM CHIP PLAN. 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 2022, UPMC FOR KIDS HAD APPROXIMATELY 28,000 MEMBERS IN 65 COUNTIES THROUGHOUT PENNSYLVANIA.

UPMC FOR YOU IS A MANAGED CARE ORGANIZATION 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 717,000 MEDICAL ASSISTANCE MEMBERS DURING FISCAL YEAR 2022. UPMC FOR YOU SERVES THOSE MEMBERS THAT MEET CERTAIN FEDERAL POVERTY GUIDELINES, INCLUDING THE AGED, BLIND, AND DISABLED, AND HAS BEEN VERY SUCCESSFUL IN MEETING THE NEEDS OF THIS

UNIQUE POPULATION. UPMC FOR YOU ASSISTED THE COMMUNITY WITH OVER $5,800,000 IN CHARITABLE DONATIONS IN FISCAL YEAR 2022.

UPMC FOR YOU HAS CONTINUALLY BEEN RANKED AS ONE OF THE TOP MEDICAID PLANS IN PA FOR THE PAST 12 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 2019-2020.

THE CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA 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 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 2022, THE CENTER FOR EMERGENCY MEDICINE PROVIDED UNCOMPENSATED CARE AT A COST OF OVER $2,200,000.

SINCE 1993, SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT 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.

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 AN INDIVIDUAL AND HIS OR HER RECOVERY FROM A VARIETY OF MENTAL HEALTH CONCERNS SUCH AS: ANXIETY, DEPRESSION, ANGER MANAGEMENT, ATTENTION DEFICIT DISORDER ADD, ADHD, BEHAVIOR DISORDERS, BIPOLAR DISORDER, GRIEF AND 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.

SAFE HARBOR OFFERED EDUCATIONAL MATERIALS AND PRESENTATIONS INCLUDING MENTAL HEALTH AWARENESS; YOUTH MENTAL HEALTH AND SUICIDE; SUICIDE PREVENTION GATEKEEPER TRAINING, BLACK AND BROWN COMMUNITIES ON MENTAL HEALTH AND WELLNESS AND THE PSYCHOLOGY OF ADDICTION. THEY ALSO FEATURED HOW TO TALK TO YOUR KIDS SERIES, WHICH INCLUDED INFORMATION ON DEADLY SCHOOL SHOOTINGS AND ABOUT THE WAR IN UKRAINE.

**PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED**

SINCE 1969, MON YOUGH COMMUNITY SERVICES, INC. MYCS HAS SERVED THE MEN, WOMEN, AND CHILDREN OF THE MCKEESPORT AND MON VALLEY AREAS. IT CONTINUES 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 A MENTAL HEALTH OUTPATIENT FACILITY WITH THREE EMPLOYEES, MYCS HAS SUCCESSFULLY GROWN AND ADAPTED TO MEET THE GROWING NEEDS OF A CHANGING COMMUNITY. TODAY, IT HAS A STAFF OF OVER 300 FULL-TIME EMPLOYEES AND IS 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 IT SERVES. MYCS PROVIDES EXPERT COUNSELING AND RECOVERY-BASED PROGRAMS IN BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND ADDICTION TREATMENT AND INTERVENTION AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

MON YOUGH COMMUNITY SERVICES EMPLOYEES INTERACT WITH AND SERVE NEARLY 4,000 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. ITS 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. IT WORKS WITH PEOPLE WHERE THEY ARE, GEOGRAPHICALLY AND EMOTIONALLY.

THE SUSQUEHANNA HEALTH FOUNDATION IS ORGANIZED AND OPERATED TO ASSIST ITS RELATED EXEMPT ORGANIZATION TO CARRY OUT THEIR CHARITABLE HEALTH CARE MISSION. THESE RELATED EXEMPT ORGANIZATIONS WHICH INCLUDE UPMC WILLIAMSPORT, UPMC MUNCY, UPMC WELLSBORO, THE GREEN HOME, UPMC LOCK HAVEN, UPMC SUNBURY, AND SUSQUEHANNA PHYSICIAN SERVICES.

| Name of the organization | Employer identification number |
|---|---|
| UPMC GROUP | 20-8295721 |

UPMC SUSQUEHANNA IS ORGANIZED AND OPERATED TO COORDINATE THE ACTIVITIES OF EXEMPT 501C3 SUPPORTED ORGANIZATIONS AS THEY PURSUE THEIR CHARITABLE, EDUCATIONAL, BENEVOLENT, AND OTHER PURPOSES RELATED TO HEALTH CARE, HEALTH EDUCATION AND TRAINING, HEALTH FACILITIES, AND SCIENTIFIC RESEARCH AND HEALTH. THE SUPPORTED ORGANIZATIONS INCLUDE UPMC WILLIAMSPORT, UPMC MUNCY, SUSQUEHANNA PHYSICIAN SERVICES, AND UPMC WELLSBORO.

UPMC SUSQUEHANNA IS ALSO OPERATED TO ESTABLISH, SPONSOR, AND DEVELOP, DIRECTLY OR INDIRECTLY, FACILITIES AND PROGRAMS FOR THE ACCOMMODATION, CARE AND TREATMENT OF INDIVIDUALS SUFFERING FROM ILLNESS, INJURY, DISEASE, DISABILITY OR INFIRMITY, INCLUDING BUT NOT LIMITED TO HOSPITALS, NURSING HOMES, RESIDENTIAL FACILITIES FOR THE ELDERLY, LIFE CARE CENTERS, AMBULATORY MEDICAL TREATMENT FACILITIES, CLINICS, REHABILITATION CENTERS, ALCOHOLISM TREATMENT CENTERS, HOME HEALTH PROGRAMS, MENTAL HEALTH CENTERS, HOSPICE PROGRAMS, PHARMACIES, LABORATORIES, AND TRAINING AND RESEARCH FACILITIES.

CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY CAC IS A MULTI-PURPOSE, KID- AND FAMILY- FRIENDLY, PRIVATE NONPROFIT AGENCY. ITS MISSION IS TO STRENGTHEN FAMILIES AND EMPOWER CHILDREN BY PARTNERING WITH PARENTS AND COMMUNITIES THAT CARE. CAC WAS CREATED IN 1989 BY A GROUP OF PEOPLE THAT WERE CONCERNED ABOUT THE WELFARE OF ABUSED CHILDREN. IN 1996, IT PARTNERED WITH UPMC JAMESON. CAC OFFERS PROGRAMS IN NEW CASTLE, ELLWOOD CITY AND SHARON. THE CENTER'S FOUR MAIN PRINCIPLES ARE PREVENTION,

INTERVENTION, EDUCATION, AND OUTREACH. CAC IS FULLY ACCREDITED THROUGH THE NATIONAL CHILDREN'S ALLIANCE AND IS A PROUD MEMBER OF THE UNITED WAY OF LAWRENCE COUNTY.

THE CAC HAS BEEN AWARDED RE-ACCREDITATION BY THE NATIONAL CHILDREN'S ALLIANCE FOR ITS ONGOING DELIVERY OF HIGH QUALITY AND EFFECTIVE SERVICES TO CHILD ABUSE VICTIMS. NATIONAL CHILDREN'S ALLIANCE AWARDS VARIOUS LEVELS OF ACCREDITATION AND MEMBERSHIP TO CENTERS RESPONDING TO ALLEGATIONS OF CHILD ABUSE IN WAYS THAT ARE EFFECTIVE AND EFFICIENT, AND PUT THE NEEDS OF CHILD VICTIMS OF ABUSE FIRST. FOLLOWING AN EXTENSIVE APPLICATION AND SITE REVIEW PROCESS, ACCREDITATION IS THE HIGHEST LEVEL OF MEMBERSHIP AND DENOTES EXCELLENCE IN SERVICE PROVISION. THE CAC HAS BEEN PROVIDING CHILD ABUSE INTERVENTION AND PREVENTION SERVICES TO CHILDREN AND FAMILIES FOR MORE THAN 30 YEARS. LAST YEAR, 146 CHILDREN VISITED THE CAC FOR A CHILD ABUSE FORENSIC INTERVIEW. IN ADDITION, THE MULTIDISCIPLINARY TEAM REVIEWED 369 CHILDLINE CASES AND MORE THAN 128 CHILDREN RECEIVED THERAPEUTIC SERVICES AT THE CENTER.

THE JAMESON HEALTHCARE FOUNDATION, IS A 501C3 NONPROFIT ORGANIZATION THAT RAISES, MANAGES, AND ALLOTS ENDOWMENT FUNDS FOR UPMC JAMESON'S AFFILIATES. THE JAMESON HEALTHCARE FOUNDATION HAS RAISED MORE THAN $2 MILLION FROM THEIR ANNUAL JAMESON CARE CLASSIC, WHICH BEGAN IN 1993, TO RAISE FUNDS FOR VARIOUS HEALTH PROJECTS. THE LATEST EVENT'S PROCEEDS WENT TO THE NEWLY RENOVATED EMERGENCY AND SURGICAL DEPARTMENTS AT UPMC JAMESON TO BUY FURNISHINGS, TECHNOLOGY, AND EQUIPMENT. THE JAMESON HEALTHCARE

FOUNDATION HAS CREATED VARIOUS FUNDS TO SUPPORT THE LOCAL HEALTH CARE SERVICES IN THEIR REGION. THE COMMUNITY CARE FUND GIVING PROGRAM HELPS THOSE THAT DO NOT HAVE HEALTH INSURANCE OR THOSE THAT DO HAVE A HEALTH PLAN BUT STRUGGLE WITH HIGH OUT-OF-POCKET COSTS. THE UPMC JAMESON JUNIOR GUILD - THE HOSPITAL AUXILIARY - PROVIDES SERVICES TO PATIENTS AND RAISES FUNDS TO IMPROVE HEALTH SERVICES TO THE PUBLIC. SINCE 1935, THE GUILD HAS GIVEN MORE THAN $6 MILLION TO UPDATE BUILDINGS AND EQUIPMENT.

TWIN LAKES PROVIDES TREATMENT FOR INDIVIDUALS, GROUPS AND FAMILIES WHO ARE SUFFERING FROM THE DISEASE OF SUBSTANCE ABUSE, PROVIDING THE REGION WITH EDUCATION/INFORMATION AND PREVENTION ACTIVITIES REGARDING SUBSTANCE ABUSE PROBLEMS.

SINCE 1983, TWIN LAKES HAS PROVIDED A WIDE RANGE OF DRUG AND ALCOHOL REHAB SERVICES. IT OFFERS ADDICTION TREATMENT IN SOMERSET, CAMBRIA AND BEFORD COUNTIES. TWIN LAKES SERVED 1,500 INDIVIDUALS DURING FISCAL YEAR 2022 AND EMPLOYS 75 FULL TIME EMPLOYEES.

THE THREE MEMBERS OF THE UPMC GROUP THAT INCLUDE SKILLED NURSING FACILITIES ARE SUGAR CREEK STATION, CRANBERRY PLACE, AND THE HERITAGE SHADYSIDE.

SUGARCREEK STATION 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, 2022, SUGARCREEK PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF OVER $2,800,000. 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 HEALTH SCREENINGS AND HEALTH EDUCATION.

CRANBERRY PLACE IS LICENSED AS A CONTINUING CARE RETIREMENT COMMUNITY. 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 LONG-TERM CARE, AND HOSPICE CARE FOR THE TERMINALLY ILL AND HAS AN ON-SITE DIALYSIS CENTER. THIS FACILITY IS DUALLY 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, 2022, CRANBERRY PLACE PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL

OF APPROXIMATELY $4,600,000 AND PROVIDED FUNDING FOR COMMUNITY PROGRAMMING AT A COST OF APPROXIMATELY $9,860.

CRANBERRY PLACE WAS RANKED 23RD OUT OF 450 IN AMERICA'S BEST NURSING HOMES 2022. NEWSWEEK'S RANKING IDENTIFIES THE NATION'S TOP NURSING HOMES BASED ON THREE CRITICAL CRITERIA: OVERALL PERFORMANCE DATA, PEER RECOMMENDATIONS AND EACH FACILITY'S HANDLING OF COVID-19.

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, 2022, THE HERITAGE SHADYSIDE PROVIDED FREE OR UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY $4,500,000.

**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.

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 2022 990 IS A CALENDAR YEAR AUDIT, INCLUSIVE OF THE PERIOD 1/1/21-12/31/21.

**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, 2022. 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 THE UPMC PARENT BOARD. THE UPMC PARENT BOARD HAS A MAJORITY OF MEMBERS THAT ARE INDEPENDENT (66.67%). 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)/IS/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

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.

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 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 KEY EMPLOYEES 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 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, 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 MAY BE SUPPLIED UPON SPECIFIC REQUEST FOR DATA NOT POSTED TO THE WEBSITE.

**PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPL**

PART VII SECTION A

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| UPMC GROUP | 20-8295721 |

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 66 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'S 990.

| | CODE | LEGAL ENTITY |
|---|---|---|
| 1 | ALF | UPMC ALTOONA FOUNDATION |
| 2 | ALT | UPMC ALTOONA |
| 3 | APH | UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY |
| 4 | APP | UPMC ADVANCED PRACTICE PROVIDERS |
| 5 | AUE | AUUE INC |
| 6 | BDF | UPMC BEDFORD |
| 7 | BHA | UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES |
| 8 | BHM | BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JV INC |
| 9 | BHO | UPMC OB/GYN JOINT VENTURE INC |
| 10 | CAC | CHILDRENS ADVOCACY CENTER OF LAWRENCE COUNTY |
| 11 | CCB | COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION |
| 12 | CEM | CENTER FOR EMERGENCY MEDICINE OF WESTERN PA |
| 13 | CHP | UPMC CHILDREN'S HOSPITAL OF PITTSBURGH |
| 14 | CHS | UPMC CHAUTAUQUA SERVICES INC |
| 15 | CMI | UPMC COMMUNITY MEDICINE INC |
| 16 | CPF | CENTRAL PENNSYLVANIA MEDICAL FOUNDATION INC |

| | | |
|---|---|---|
| 17 | CPS | UPMC COMMUNITY PROVIDER SERVICES |
| 18 | CRP | CRANBERRY PLACE |
| 19 | DVP | DIVINE PROVIDENCE HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY |
| 20 | EAS | UPMC EAST |
| 21 | EMI | UPMC EMERGENCY MEDICINE INC |
| 22 | EPN | ERIE PHYSICIANS NETWORK - UPMC INC |
| 23 | FYO | UPMC FOR YOU |
| 24 | HCM | UPMC HOME CARE MANAGEMENT SERVICES |
| 25 | HHC | UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA |
| 26 | HMT | UPMC HAMOT |
| 27 | HNA | HOME NURSING AGENCY AFFILIATES |
| 28 | HNF | HOME NURSING AGENCY FOUNDATION |
| 29 | HNV | UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA |
| 30 | HRF | UPMC HORIZON COMMUNITY HEALTH FOUNDATION |
| 31 | HRZ | UPMC HORIZON |
| 32 | IHI | UPMC INTERNATIONAL HOLDINGS INC |
| 33 | JAM | UPMC JAMESON |
| 34 | JHF | JAMESON HEALTHCARE FOUNDATION |
| 35 | JMC | JAMESON MEDICAL CARE INC |
| 36 | KAN | UPMC KANE |
| 37 | LHS | LAUREL HEALTH SYSTEM |
| 38 | LOC | UPMC LOCUM CLINICIANS |
| 39 | MAG | UPMC MAGEE - WOMENS HOSPITAL |
| 40 | MCK | UPMC MCKEESPORT |

| | | |
|---|---|---|
| 41 | MER | UPMC MERCY |
| 42 | MUN | UPMC MUNCY |
| 43 | MYC | MON YOUGH COMMUNITY SERVICE INC |
| 44 | NWH | UPMC NORTHWEST |
| 45 | OVI | UPMC OVERSEAS INC |
| 46 | PRY | UPMC PRESBYTERIAN SHADYSIDE |
| 47 | PSV | UPMC PASSAVANT |
| 48 | RHS | REGIONAL HEALTH SERVICES INC |
| 49 | SCS | SUGAR CREEK STATION |
| 50 | SHB | SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT |
| 51 | SHF | SUSQUEHANNA HEALTH FOUNDATION |
| 52 | SHS | SUSQUEHANNA HEALTH SYSTEM INNOVATION CENTER INC |
| 53 | SMH | UPMC ST MARGARET |
| 54 | SPS | SUSQUEHANNA PHYSICIAN SERVICES |
| 55 | SUN | UPMC SUNBURY |
| 56 | SUS | UPMC SUSQUEHANNA |
| 57 | THC | TIOGA HEALTH CARE PROVIDERS |
| 58 | THS | THE HERITAGE SHADYSIDE |
| 59 | TLC | TWIN LAKES CENTER INC |
| 60 | UHC | UPMC MEDICAL EDUCATION |
| 61 | ULH | UPMC LOCK HAVEN |
| 62 | UPC | UNIVERSITY OF PGH CANCER INSTITUTE CANCER SRVS |
| 63 | UPM | UPMC |
| 64 | UPP | UNIVERSITY OF PITTSBURGH PHYSICIANS |
| 65 | UTS | UPMC TRAVEL STAFFING |

66 WEL UPMC WELLSBORO

67 WIL UPMC WILLIAMSPORT

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 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 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**

| | |
|---|---|
| OTHER INCREASES/DECREASES IN FUND BALANCE | 39,006,981 |
| NET TRANSFERS TO EXEMPT AFFILIATE | 8,109,008 |
| ADDITION OF GROUP MEMBERS | 2,130,129 |
| NET RESTRICTED SPF/ACTIVITY | 1,369,628 |
| CURRENCY ADJUSTMENT | (2,134,576) |
| PARTNERSHIP/JV INVESTMENTS | (9,301,176) |
| CHANGE IN BENEFICIAL INTEREST | (35,228,486) |
| NET TRANSFERS TO EXEMPT PARENT | (88,666,241) |
| TOTAL | (84,714,733) |

**PART XII FINANCIAL STATEMENTS AND REPORTING**

QUESTION 2B

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| UPMC GROUP | 20-8295721 |

AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, 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 31,2021.

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.

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ITALY
CHINA
IRELAND
CAYMAN ISLANDS

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

FORM 990,PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|---|---|
| MASCARO BARTON MALOW A JOINT VENTURE<br>601 TECHNOLOGY DRIVE<br>CANONSBURG, PA 15317 | CONST CONTRACTOR | 125,475,458. |
| AEC GROUP LLC<br>3000 MONTOUR CHURCH ROAD<br>OAKDALE, PA 15071 | IT SERVICES | 40,685,091. |
| RYCON CONSTRUCTION, INC.<br>2501 SMALLMAN STREET<br>PITTSBURGH, PA 15222 | CONST CONTRACTOR | 30,385,551. |
| QUEST DIAGNOSTICS VENTURE LLC<br>875 GREENTREE ROAD 4 PARKWAY CENTER<br>PITTSBURGH, PA 15220 | LABORATORY SERVICES | 25,960,795. |
| CENTER FOR ORGAN RECOVERY AND EDUCATION<br>RIDC PARK 204 SIGMA DRIVE<br>PITTSBURGH, PA 15238 | TRANSPLANT SERVICES | 18,441,394. |

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | ENDING BOOK VALUE | COST OR FMV |
|---|---|---|
| PUBLICLY TRADED | 221,026,003. | FMV |
| TOTALS | 221,026,003. | |

**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

**2021**

**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) SEE SUPPLEMENTAL PAGE | | | | | |
| (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 activty | (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 |
| SEE SUPPLEMENTAL PAGE (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

**Schedule R (Form 990) 2021**

JSA

1E1307 1.000

**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? Yes | (h) No | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) SEE SUPPLEMENTAL PAGE | | | | | | | | | | | | |
| (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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) SEE SUPPLEMENTAL PAGE | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

| (A) NAME/ADDRESS/EIN | B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) PREDOMINANT INCOME | (F) SHARE OF TOT INCOME | (G) SHARE EOY | (H) DISPROPORTIONATE YES | (H) DISPROPORTIONATE NO | (I) CODE V-UBI | (J) PARTNER YES | (J) PARTNER NO | (K) % OWNERSHIP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SENECA HILLS ASSISTED LIVING L<br>600 GRANT STREET PITTSBURGH, P | ASSISTED LIVI | PA | N/A | RELATED | 126,321. | 7,363,223. | | X | | X | | 100.0000 |
| ST. MARGARET MEDICAL ARTS ASSO<br>600 GRANT STREET PITTSBURGH, P | MED OFFICE BL | PA | N/A | RELATED | 241,530. | 4,497,649. | | X | | X | | 100.0000 |
| SHADYSIDE MEDICAL CENTER ASSOC<br>600 GRANT STREET PITTSBURGH, P | MED OFFICE BL | PA | N/A | RELATED | 1,377,115. | 24,324,319. | | X | | X | | 100.0000 |
| CHARTWELL PA LP 25-1729714<br>600 GRANT STREET PITTSBURGH, P | HOMEHEALTH | PA | UPMC COMM PROV | RELATED | 49,149,115. | 159,342,902. | | X | | X | | 87.4200 |
| LIFE CARE HOME SRV OF NW PA 25<br>1647 SASSAFRAS STREET ERIE, PA | HOME HEALTH S | PA | UPMC HAMOT | RELATED | 6,997,033. | 22,706,556. | | X | | X | | 100.0000 |
| HAMOT-KCH REAL ESTATE VENTURE<br>300 STATE STREET ERIE, PA 1650 | MEDICAL OFFIC | PA | UPMC HAMOT | RELATED | -11,102. | 369,141. | | X | | X | | 100.0000 |
| UPMC HAMOT SURGERY CENTER LLC<br>200 STATE STREET ERIE, PA 1650 | AMBULATORY SU | PA | UPMC HAMOT | RELATED | 507,017. | 7,727,508. | | X | | X | | 51.8291 |
| EPN-HAMOT URGENT CARE LLC 27-2<br>600 GRANT STREET PITTSBURGH, P | URGENT CARE | PA | VARIOUS | RELATED | -154,433. | 3,454,598. | | X | | X | | 100.0000 |
| *MEDCARE SUSQUEHANNA VALLEY LL<br>409 SOUTH SECOND STREET HARRIS | DME | PA | PINNACLE HEALTH | RELATED | 265,331. | 2,178,137. | | X | | | X | 75.0000 |
| OMICELO RE I, LP 47-5603393<br>2525 LIBERTY AVENUE PITTSBURGH | REAL ESTATE D | DE | UPMC FOR YOU | UNRELATED | -1,267,796. | 10,686,803. | | X | | | X | 97.6801 |

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

| (A) NAME/ADDRESS/EIN | B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) PREDOMINANT INCOME | (F) SHARE OF TOT INCOME | (G) SHARE EOY | (H) DISPROPORTIONATE YES | (H) DISPROPORTIONATE NO | (I) CODE V-UBI | (J) PARTNER YES | (J) PARTNER NO | (K) % OWNERSHIP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *UPMC LEADER SURGERY CENTER LL<br>1703 INNOVATION DRIVE YORK, PA | SURGERY CENT | PA | UPMC MEMORIAL | RELATED | -148,070. | 9,115,994. | | X | | | X | 66.6700 |
| BAYFRONT PROFESSIONAL BUILDING<br>3645 WEST LAKE ROAD ERIE, PA 1 | REAL ESTATE | PA | UPMC HAMOT | RELATED | 27,822. | 902,728. | | X | | | X | 50.7177 |
| CHAUTAUQUA INTEGRATED DELIVERY<br>200 HARRISON STREET, 2ND FLOOR | INTEGRATED DE | NY | UPMC CHAUTAUQUA | RELATED | 2,007,838. | 1,966,965. | | X | | | X | 51.3638 |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|---|
| H.C.PHARMACY CENTRAL INC.<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1364192 | PHARMACY CO-O | PA | VARIOUS | C | 4,532,021. | 186,754. | 87.5000 | X | |
| CHILDREN'S COMMUNITY CARE<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1781887 | PHYSICIAN SRV | PA | N/A | C | | | | | |
| UPMC PHYSICIAN SERVICES HOLDING COMPANY<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1877017 | HOLDING CO | PA | N/A | C | | | | | |
| HEMATOLOGY ONCOLOGY ASSOCIATION INC.<br>600 GRANT STREET PITTSBURGH, PA 15219 | 42-1648357 | PHYSICIAN SRV | PA | N/A | C | | | | | |
| ONCOLOGY HEMATOLOGY ASSOCATION INC.<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1762980 | PHYSICIAN SRV | PA | N/A | C | | | | | |
| TRI-STATE NEUROSURGICAL ASSOCIATES UPMC<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1458655 | PHYSICIAN SRV | PA | N/A | C | | | | | |
| RENAISSANCE FAMILY PRACTICE - UPMC INC.<br>600 GRANT STREET PITTSBURGH, PA 15219 | 26-2942406 | PHYSICIAN SRV | PA | N/A | C | | | | | |
| UPMC HOLDING COMPANY INC.<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1777713 | HOLDING CO | PA | N/A | C | | | | | |
| UPMC COVERAGE PRODUCTS INC.<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1777710 | HOLDING CO | PA | N/A | C | | | | | |
| FREEDOM INSURANCE COMPANY<br>600 GRANT STREET PITTSBURGH, PA 15219 | 03-0308944 | INSURANCE | VT | N/A | C | | | | | |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| TRI-CENTURY INSURANCE CO 25-1500739<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | N/A | C | | | | | |
| UPMC DNA INC. 25-1883237<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | N/A | C | | | | | |
| UPMC HEALTH BENEFITS INC. 25-1844144<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTH INSUR | PA | N/A | C | | | | | |
| UPMC HEALTH NETWORK INC. 72-1527566<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTH INSUR | PA | N/A | C | | | | | |
| UPMC HEALTH PLAN INC. 23-2813536<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTH INSUR | PA | N/A | C | | | | | |
| UPMC BENEFIT MANAGEMENT SERVICES INC. 25-1769564<br>600 GRANT STREET PITTSBURGH, PA 15219 | WORKERS' COMP | PA | N/A | C | | | | | |
| UPMC DIVERSIFIED SERVICES INC. 25-1778454<br>600 GRANT STREET PITTSBURGH, PA 15219 | HOLDING CO | PA | N/A | C | | | | | |
| MONROEVILLE SPECIALTY CLINIC 25-1666087<br>600 GRANT STREET PITTSBURGH, PA 15219 | AMB SURG | PA | N/A | C | | | | | |
| MEDICAL ARCHIVAL SYSTEMS INC. 23-2912501<br>600 GRANT STREET PITTSBURGH, PA 15219 | SOFTWARE DEVE | DE | N/A | C | | | | | |
| RX PARTNERS INC. 25-1801966<br>600 GRANT STREET PITTSBURGH, PA 15219 | PHARMACY | PA | N/A | C | | | | | |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| BIOTRONICS INC. 25-1843500<br>600 GRANT STREET PITTSBURGH, PA 15219 | EQUIP MAINTEN | PA | N/A | C | | | | | |
| MEDICAL CENTER PROPERTIES INC. 25-1796940<br>600 GRANT STREET PITTSBURGH, PA 15219 | REAL ESTATE | PA | N/A | C | | | | | |
| ASKESIS DEVELOPMENT GROUP INC. 54-1625585<br>600 GRANT STREET PITTSBURGH, PA 15219 | SOFTWARE DEVE | DE | N/A | C | | | | | |
| BAYFRONT REGIONAL DEVELOPMENT CORP 25-1401388<br>300 STATE STREET ERIE, PA 16507 | RE HOLDING CO | PA | N/A | C | | | | | |
| BAYSIDE DEVELOPMENT CORP 25-1401386<br>300 STATE STREET ERIE, PA 16507 | REAL ESTATE | PA | N/A | C | | | | | |
| UPMC WORK ALLIANCE INC. 45-2825053<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | N/A | C | | | | | |
| UPMC HEALTH COVERAGE INC. 46-2824537<br>600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219 | INSURANCE | PA | N/A | C | | | | | |
| UPMC HEALTH OPTIONS INC. 46-2824626<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | N/A | C | | | | | |
| UPMC COMPLETE CARE INC. 46-3605753<br>5215 CENTRE AVENUE PITTSBURGH, PA 15232 | PHYSICIAN SRV | PA | N/A | C | | | | | |
| AMERICAN HOME HEALTH SERVICES 31-1521422<br>868 CORPORATE WAY WESTLAKE, OH 44145 | HOME HEALTH C | OH | QUALITY FIRST | C | NONE | NONE | 100.0000 | X | |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| HEALTH FIDELITY INC. 45-2538963<br>210 S. B STREET SAN MATEC, CA 94401 | TECHNOLOGY SV | CA | N/A | C | | | | | |
| PENSIAMO INC. 81-2069236<br>600 GRANT STREET, 59TH FL PITTSBURGH, PA 15219 | SUPPLY CHAIN | DE | N/A | C | | | | | |
| ALTOONA FAMILY INC. 25-1444935<br>620 HOWARD AVE ALTOONA, PA 16601 | MGMT SVCS | PA | UPMC ALTOONA | C | NONE | -1,868. | 100.0000 | X | |
| LEXINGTON HOLDINGS INC. 25-1794386<br>620 HOWARD AVE ALTOONA, PA 16601 | HOLDING CO | PA | CTRL PA MED FND | C | NONE | 212,063,008. | 100.0000 | X | |
| LEXINGTON ONE INC. 25-1468889<br>620 HOWARD AVE ALTOONA, PA 16601 | RENTAL | PA | LEXINGTON HOLD | C | 2,000,822. | 8,987,092. | 100.0000 | X | |
| LEXINGTON TWO INC. 25-1555689<br>HOWARD AVE & 7TH ST ALTOCNA, PA 16601 | DME | PA | LEXINGTON HOLD | C | NONE | NONE | 100.0000 | X | |
| LEXINGTON FOUR INC. 25-1793736<br>620 HOWARD AVE ALTOONA, PA 16601 | HOLDING CO | DE | LEXINGTON HOLD | C | 4,500,000. | NONE | 100.0000 | X | |
| UPMC ALTOONA REGIONAL HEALTH SERVICES 25-1219302<br>1414 9TH AVENUE ALTOONA, PA 16602 | PHYSICIAN SRV | PA | LEXINGTON FOUR | C | 74,957,512. | 16,317,085. | 100.0000 | X | |
| LEXINGTON ANESTHESIA ASSCCIATES INC. 25-1897765<br>620 HOWARD AVE ALTOONA, PA 16601 | PHYSICIAN SRV | PA | LEXINGTON FOUR | C | 2,466,769. | NONE | 100.0000 | X | |
| UPMC EXCESS PL TRUST 82-6254351<br>600 GRANT STREET PITTSBURGH, PA 15219 | TRUST | PA | N/A | TRUST | | | | | |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| EXANTE INC. 45-4040219<br>511 CONGRESS STREET #803 PORTLAND, ME 04101 | MEDICATION MG | DE | N/A | C | | | | | |
| SUSQUEHANNA VENTURES INC. 23-2470623<br>1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 | PHARMACY | PA | N/A | C | | | | | |
| W.C.A. SERVICE CORPORATICN INC. 16-1151438<br>207 FOOTE AVENUE JAMESTOWN, NY 14701 | SUPPORT | NY | CHAUT AT WCA | C | 5,932,247. | 4,358,690. | 100.0000 | X | |
| *PINNACLE HEALTH CARDIOVASCULAR INSTITUT 32-0321362<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | PHYSICIAN SRV | PA | N/A | C | | | | | |
| *HANOVER HEALTH CORPORATION 90-0498067<br>300 HIGHLAND AVENUE HANOVER, PA 17331 | HOLDING CO | PA | N/A | C | | | | | |
| *HANOVER APOTHECARY INC. 03-0594526<br>310 STOCK STREET SUITE 1 HANOVER, PA 17331 | PHARMACY | PA | N/A | C | | | | | |
| *UNITED CENTRAL PA RECIPROCAL RISK RETEN 13-4224033<br>76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401 | INSURANCE | VT | N/A | C | | | | | |
| *PINNACLE HEALTH VENTURES INC. 61-1677624<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | HOLDING CO | PA | N/A | C | | | | | |
| *PINNACLE HEALTH IMAGING INC. 23-1718571<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | IMAGING SVC | PA | N/A | C | | | | | |
| COLE CARE INC. 25-1497347<br>1001 EAST 2ND STREET COUDERSPORT, PA 16915 | DME | PA | N/A | C | | | | | |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512 (B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| UPMC ITALY HEALTH SERVICES S.R.L<br>VIA DISCESA DEI GIUDICI, 4 PALERMO, IT 90133 | HEALTH SVC | IT | UPMC ITALY SRL | C | 266,577. | 745,077. | 100.0000 | X | |
| UPMC INVESTMENTS LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI | HOLDING CO | EI | UPMC IRELAND LT | C | NONE | 66,438,783. | 100.0000 | X | |
| UPMC PROPERTY LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI | PROPERTY | EI | UPMC INVEST LTD | C | NONE | 18,606,350. | 100.0000 | X | |
| EURO CARE INFRASTRUCTURE LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI | PROPERTY MGMT | EI | UPMC INVEST LTD | C | 962,258. | NONE | 100.0000 | X | |
| EURO CARE PROPERTY MANAGEMENT LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI | PROPERTY MGMT | EI | UPMC INVEST LTD | C | NONE | 4,693. | 100.0000 | X | |
| UPMC WHITFIELD HOSPITAL LTD<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI | HOSPITAL | EI | UPMC INVEST LTD | C | 66,454,023. | 47,104,813. | 100.0000 | X | |
| UPMC GLOBAL OPERATIONS CENTER LTD<br>6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18 | CANCER TREATM | EI | UPMC IRELAND LT | C | NONE | 4,514,688. | 100.0000 | X | |
| PANTHER REINSURANCE COMPANY LTD. 98-1402742<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ | INSURANCE | CJ | N/A | C | | | | | |
| FORBES REINSURANCE COMPANY LTD. 98-1400710<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ | INSURANCE | CJ | N/A | C | | | | | |
| CATHEDRAL (RE) INSURANCE CO 98-1400837<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ | INSURANCE | CJ | N/A | C | | | | | |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512 (B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| UPMC IRELAND LIMITED<br>6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18 | HEALTHCARE SU | EI | UPMC INT'L HOLD | C | 2,462,839. | 35,748,924. | 100.0000 | X | |
| UPMC CANADA TECHNOLOGIES LIMITED<br>600 GRANT STREET PITTSBURGH, PA 15219 | SOFTWARE | CA | UPMC INT'L HOLD | C | NONE | NONE | 100.0000 | X | |
| BLUESPHERE BIO 82-4979766<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 | IMMUNOTHERAPY | DE | N/A | C | | | | | |
| INFECTIOUS DISEASE CONNECT, INC. 83-3311071<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 | TELEMEDICINE | DE | N/A | C | | | | | |
| NOVASENTA, INC. 82-5443222<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 | IMMUNOTHERAPY | DE | N/A | C | | | | | |
| *UPMC HILLMAN CANCER CENTER - PINNACLE 83-3640945<br>101 ERFORD ROAD CAMP HILL, PA 17701 | CANCER TREATM | PA | N/A | C | | | | | |
| SHANGHAI UPMC CO., LTD<br>288 SHIMEN 1ST ROAD JING'AN DISTRIC SHANGHAI, CH 200041 | HEALTHCARE MG | CH | UPMC INT'L HOLD | C | 19,911,856. | 16,880,638. | 100.0000 | X | |
| SALVATOR MUNDI INTERNATIONAL HOSPITAL<br>ROMA VIALE DELLE MURA GIANICOLENSI 67/77, IT CAP 00152 | HOSPITAL | IT | UPMC ITALY SRL | C | 21,377,487. | 31,684,719. | 100.0000 | X | |
| SOMERSET ANESTHESIA, INC. 45-5135437<br>600 GRANT STREET PITTSBURGH, PA 15219 | PHYSICIAN SRV | PA | N/A | C | | | | | |
| SOMERSET MANAGEMENT SERVICES, INC. 25-1512960<br>600 GRANT STREET PITTSBURGH, PA 15219 | MOB OWNERSHIP | PA | N/A | C | | | | | |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| GENERIAN PHARMACEUTICALS, INC. 83-3340453<br>2425 SIDNEY STREET PITTSBURGH, PA 15203 | PHARMACY | DE | N/A | C | | | | | |
| WORK PARTNERS NATIONAL INC 84-3141950<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | N/A | C | | | | | |
| ASTRATA INC 84-4804493<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 | SOFTWARE | DE | N/A | C | | | | | |
| VEGAVECT 84-4280784<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 | GENE THERAPY | DE | N/A | C | | | | | |
| NOVIMAB 85-1494905<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 | CLINICAL RESE | DE | N/A | C | | | | | |
| REALYZE INTELLEGENCE, INC. 85-0873923<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 | SOFTWARE | DE | N/A | C | | | | | |
| *HAYSTACK CONSOLIDATED SERVICES, INC. 52-1335895<br>12500 WILLOWBROOK ROAD CUMBERLAND, MD 21502 | INACTIVE | PA | N/A | C | | | | | |
| *WESTERN MARYLAND INSURANCE COMPANY LTD<br>P.O. BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS CJ | INSURANCE | CJ | N/A | C | | | | | |
| GENERIAN PHARMACEUTICALS AUSTRALIA PTY L<br>LEVEL 5, 63 PIRIE STREET ADELAIDE, AU 5001 | PHARMACY | AU | GENERIAN PHARM | C | | | | | |
| *WILLOWBROOK HEALTHCARE CONDO 37-1538510<br>12401 WILLOWBROOK ROAD CUMBERLAND, MD 21502 | REAL ESTATE | DE | N/A | C | | | | | |

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| EXANTE PHARMACY SERVICES, INC. 83-3402761<br>511 CONGRESS STREET #803 PORTLAND, ME 04101 | PHARMACY | DE | N/A | C | | | | | |
| CLANE HOSPITAL DEVELOPMENT ASSOCIATES, L<br>C/O UPMC WHITFIELD, CORK ROAD BUTLERSTOWN NORTH, WATERFOR | MANAGEMENT | EI | UPMC IRELAND LT | C | NONE | 10,834,855. | 75.0000 | X | |
| UPMC KILDARE HOSPITAL LTD<br>PROSPEROUS ROAD CLANE, COUNTY KILDARE, CLANE EI W91 W535 | HOSPITAL | EI | CLANE HOSPITAL | C | 12,544,765. | 8,451,056. | 75.0000 | X | |
| UPMC AUT EVEN HOSPITAL LTD<br>FRESHFORD ROAD COUNTY KILKENNY, EI R95 D3760 | HOSPITAL | EI | UPMC INVEST LTD | C | 26,552,272. | 30,981,802. | 100.0000 | X | |
| AVISTA THERAPEUTICS, INC. 85-3454001<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 | GENE THERAPY | PA | 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.

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | X | |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | X | |
| e | Loans or loan guarantees by related organization(s) | 1e | | X |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| h | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | X | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | X | |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| o | Sharing of paid employees with related organization(s) | 1o | | X |
| p | Reimbursement paid to related organization(s) for expenses | 1p | X | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | X | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| s | Other transfer of cash or property from related organization(s) | 1s | | 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 | 50,462,694. | COST |
| (2) | CHILDREN'S COMMUNITY CARE | Q | 153,141. | COST |
| (3) | CHILDREN'S COMMUNITY CARE | P | 1,550,087. | COST |
| (4) | ASBURY HEIGHTS OF UPMC | Q | 245,508. | COST |
| (5) | CANTERBURY PLACE | Q | 105,442. | COST |
| (6) | CENTER FOR EMERGENCY MEDICINE OF W PA | Q | 452,378. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | Q | 1,173,486. | COST |
| (2) | COMMUNITY CARE BEHAVIORAL HEALTH ORG | Q | 8,555,280. | COST |
| (3) | CRANBERRY PLACE | Q | 196,326. | COST |
| (4) | ERIE PHYSICIANS NETWORK-UPMC INC. | Q | 59,660. | COST |
| (5) | FORBES REINSURANCE COMPANY LTD | Q | 701,673. | COST |
| (6) | HCMS GROUP LLC | Q | 342,652. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 ASSOCIATION | Q | 994,541. | COST |
| (2) | JAMESON CARE CENTER | Q | 105,442. | COST |
| (3) | MAGEE-WOMENS HOSPITAL OF UPMC | Q | 123,648,898. | COST |
| (4) | ONCOLOGY HEMATOLOGY ASSOCIATION | Q | 5,681,125. | COST |
| (5) | PANTHER REINSURANCE COMPANY LTD | Q | 148,804. | COST |
| (6) | RENAISSANCE FAMILY PRACTICE-UPMC, INC. | Q | 1,666,434. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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) | SENECA PLACE | Q | 193,584. | COST |
| (2) | SOUTH C ALPHA HOUSING AND HEALTHCARE INC. | Q | 105,896. | COST |
| (3) | SOUTH W ALPHA HOUSING AND HEALTHCARE INC. | Q | 105,896. | COST |
| (4) | STRATEGIC BUSINESS INITIATIVES LLC | Q | 2,136,863. | COST |
| (5) | SUGARCREEK STATION | Q | 105,896. | COST |
| (6) | TRI-CENTURY INSURANCE COMPANY | Q | 250,243. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | 129,308. | COST |
| (2) | UNIVERSITY OF PGH CANCER INST CANCER SERVICES | Q | 7,062,197. | COST |
| (3) | UNIVERSITY OF PITTSBURGH PHYSICIANS | Q | 118,862,145. | COST |
| (4) | UPMC ALTOONA | Q | 82,793,578. | COST |
| (5) | UPMC BEDFORD | Q | 6,608,849. | COST |
| (6) | UPMC BENEFIT MANAGEMENT SERVICES INC. | Q | 8,846,545. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 CHAUTAUQUA AT WCA | Q | 17,030,974. | COST |
| (2) | UPMC CHILDREN'S HOSPITAL OF PGH | Q | 102,096,121. | COST |
| (3) | UPMC COLE | Q | 6,090,749. | COST |
| (4) | UPMC COMMUNITY MEDICINE INC. | Q | 22,150,891. | COST |
| (5) | UPMC COMMUNITY PROVIDER SERVICES | Q | 25,103,242. | COST |
| (6) | UPMC EAST | Q | 23,292,334. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 EXCESS PL TRUST | Q | 1,003,884. | COST |
| (2) | UPMC FOR YOU, INC. | Q | 52,340,891. | COST |
| (3) | UPMC HAMOT | Q | 82,363,457. | COST |
| (4) | UPMC HEALTH BENEFITS INC. | Q | 525,138. | COST |
| (5) | UPMC HEALTH COVERAGE INC. | Q | 534,390. | COST |
| (6) | UPMC HEALTH NETWORK INC. | Q | 748,952. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 HEALTH OPTIONS INC. | Q | 14,915,795. | COST |
| (2) | UPMC HEALTH PLAN INC. | Q | 14,249,137. | COST |
| (3) | UPMC HORIZON | Q | 18,297,031. | COST |
| (4) | UPMC JAMESON | Q | 14,293,470. | COST |
| (5) | UPMC MCKEESPORT | Q | 17,987,751. | COST |
| (6) | UPMC MERCY | Q | 54,435,113. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 MULTISPECIALTY GROUP, INC. | Q | 718,602. | COST |
| (2) | UPMC NORTHWEST | Q | 16,624,972. | COST |
| (3) | UPMC OVERSEAS | Q | 1,902,069. | COST |
| (4) | UPMC PASSAVANT | Q | 53,615,528. | COST |
| (5) | UPMC SENIOR COMMUNITIES, INC. | Q | 224,706. | COST |
| (6) | UPMC SHADYSIDE HERITAGE | Q | 105,896. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 SOMERSET | Q | 1,269,036. | COST |
| (2) | UPMC ST. MARGARET | Q | 32,936,643. | COST |
| (3) | UPMC WILLIAMSPORT | Q | 42,018,023. | COST |
| (4) | UPMC WORK ALLIANCE | Q | 77,928. | COST |
| (5) | WASHINGTON SENIOR CARE CORP | Q | 90,431. | COST |
| (6) | UPMC PRESBYTERIAN SHADYSIDE | P | 988,321,800. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | 258,495. | COST |
| (2) | UPMC HORIZON COMMUNITY HEALTH FOUNDATION | P | 258,495. | COST |
| (3) | UPMC COMMUNITY PROVIDER SERVICES | K | 1,306,619. | COST |
| (4) | COMMUNITY CARE BEHAVIORAL HEALTH ORG | K | 213,187. | COST |
| (5) | DIVINE PROVIDENCE | K | 1,557,521. | COST |
| (6) | ERIE PHYSICIANS NETWORK-UPMC INC. | K | 81,801. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 AFFILIATES | K | 888,480. | COST |
| (2) | JAMESON HEALTHCARE FOUNDATION | K | 65,345. | COST |
| (3) | MAGEE-WOMENS HOSPITAL OF UPMC | K | 3,942,608. | COST |
| (4) | REGIONAL HEALTH SERVICES INC | K | 980,040. | COST |
| (5) | SUSQUEHANNA HEALTH INNOV. CTR, INC. | K | 600,004. | COST |
| (6) | SUSQUEHANNA PHYSICIAN SERVICES | K | 261,470. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | K | 83,244. | COST |
| (2) | UNIVERSITY OF PITTSBURGH PHYSICIANS | K | 870,012. | COST |
| (3) | UPMC ALTOONA | K | 1,613,122. | COST |
| (4) | UPMC BEDFORD | K | 231,030. | COST |
| (5) | UPMC CHILDREN'S HOSPITAL OF PGH | K | 9,112,152. | COST |
| (6) | UPMC COMMUNITY MEDICINE INC. | K | 3,060,960. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
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| 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 | | |

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| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | UPMC EAST | K | 279,335. | COST |
| (2) | UPMC FOR YOU, INC. | K | 88,894. | COST |
| (3) | UPMC HAMOT | K | 4,070,417. | COST |
| (4) | UPMC HORIZON | K | 867,871. | COST |
| (5) | UPMC LOCK HAVEN | K | 108,656. | COST |
| (6) | UPMC MCKEESPORT | K | 662,012. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
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| 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 MERCY | K | 1,169,882. | COST |
| (2) | UPMC NORTHWEST | K | 179,994. | COST |
| (3) | UPMC PASSAVANT | K | 6,353,330. | COST |
| (4) | UPMC PRESBYTERIAN SHADYSIDE | K | 20,681,676. | COST |
| (5) | UPMC ST. MARGARET | K | 1,851,609. | COST |
| (6) | UPMC WELLSBORO | K | 368,934. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 WILLIAMSPORT | K | 2,878,204. | COST |
| (2) | BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JV | J | 310,116. | COST |
| (3) | CENTER FOR EMERGENCY MEDICINE OF W PA | J | 148,010. | COST |
| (4) | CHARTWELL PA LLP | J | 1,856,937. | COST |
| (5) | CHILDREN'S COMMUNITY CARE | J | 713,990. | COST |
| (6) | COMMUNITY CARE BEHAVIORAL HEALTH ORG | J | 178,453. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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) | CORE NETWORK LLC | J | 2,123,603. | COST |
| (2) | CRANBERRY PLACE | J | 2,182,848. | COST |
| (3) | MAGEE-WOMENS HOSPITAL OF UPMC | J | 5,191,810. | COST |
| (4) | REGIONAL HEALTH SERVICES INC | J | 1,710,160. | COST |
| (5) | RENAISSANCE FAMILY PRACTICE-UPMC, INC. | J | 219,286. | COST |
| (6) | RX PARTNERS, INC | J | 68,702. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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) | SENECA PLACE | J | 222,184. | COST |
| (2) | SHADYSIDE MEDICAL CENTER ASSOCIATES, I | J | 124,800. | COST |
| (3) | SUSQUEHANNA PHYSICIAN SERVICES | J | 4,287,585. | COST |
| (4) | SUSQUEHANNA VENTURES | J | 114,524. | COST |
| (5) | TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC. | J | 221,376. | COST |
| (6) | UNIVERSITY OF PGH CANCER INST CANCER SERVICES | J | 576,187. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
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| 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 | J | 24,453,292. | COST |
| (2) | UPMC ADVANCE PRACTICE PROVIDERS | J | 61,586. | COST |
| (3) | UPMC ALTOONA REGIONAL HEALTH SERVICES, INC. | J | 1,289,895. | COST |
| (4) | UPMC BEDFORD | J | 83,244. | COST |
| (5) | UPMC CHILDREN'S HOSPITAL OF PGH | J | 367,121. | COST |
| (6) | UPMC COMMUNITY MEDICINE INC. | J | 6,965,463. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
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| 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 | J | 611,897. | COST |
| (2) | UPMC HAMOT | J | 232,368. | COST |
| (3) | UPMC HEALTH PLAN INC. | J | 1,764,263. | COST |
| (4) | UPMC HOME CARE MANAGEMENT SERVICES | J | 80,411. | COST |
| (5) | UPMC HOME HEALTHCARE OF CENTRAL PA | J | 1,194,208. | COST |
| (6) | UPMC HORIZON | J | 71,035. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
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| 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 | | |

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| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | UPMC MERCY | J | 87,000. | COST |
| (2) | UPMC PASSAVANT | J | 305,848. | COST |
| (3) | UPMC PRESBYTERIAN SHADYSIDE | J | 5,396,026. | COST |
| (4) | UPMC ST. MARGARET | J | 73,027. | COST |
| (5) | UPMC WILLIAMSPORT | J | 990,547. | COST |
| (6) | WILLIAMSPORT AREA AMBULANCE SERVICE | J | 70,269. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
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| 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 | | |
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| | (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 | Q | 936,834. | COST |
| (2) | UPMC FOR YOU, INC. | Q | 1,714,725. | COST |
| (3) | LEXINGTON HOLDINGS INC. | B | 17,000,000. | COST |
| (4) | UPMC PRESBYTERIAN SHADYSIDE | P | 5,312,905. | COST |
| (5) | REGIONAL HEALTH SERVICES INC | Q | 5,312,905. | COST |
| (6) | HC PHARMACY CENTRAL INC. | P | 436,977,010. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
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| 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 | | |
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| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | UNIVERSITY OF PITTSBURGH PHYSICIANS | P | 549,728,624. | COST |
| (2) | UPMC BEDFORD | Q | 240,643. | COST |
| (3) | CENTER FOR EMERGENCY MEDICINE OF W PA | Q | 2,082,318. | COST |
| (4) | UPMC CHILDREN'S HOSPITAL OF PGH | Q | 86,226,949. | COST |
| (5) | UPMC EAST | Q | 12,629,743. | COST |
| (6) | UPMC COMMUNITY PROVIDER SERVICES | Q | 372,849. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
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| 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 | | |
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| 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 | | |
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| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | UPMC HORIZON | Q | 16,965,046. | COST |
| (2) | MAGEE-WOMENS HOSPITAL OF UPMC | Q | 49,032,115. | COST |
| (3) | UPMC MCKEESPORT | Q | 7,085,944. | COST |
| (4) | UPMC MERCY | Q | 40,491,132. | COST |
| (5) | UPMC PASSAVANT | Q | 23,968,233. | COST |
| (6) | UPMC NORTHWEST | Q | 4,136,905. | COST |

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

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|---|---|---|---|---|
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| p | Reimbursement paid to related organization(s) for expenses | 1p | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | |
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| | (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 | Q | 165,063. | COST |
| (2) | UPMC OVERSEAS | Q | 95,000. | COST |
| (3) | UPMC PRESBYTERIAN SHADYSIDE | Q | 256,004,925. | COST |
| (4) | UPMC HAMOT | Q | 10,206,021. | COST |
| (5) | UPMC FOR YOU, INC. | Q | 735,015. | COST |
| (6) | UPMC ST. MARGARET | Q | 11,709,393. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
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| 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 HEALTH PLAN INC. | Q | 1,129,495. | COST |
| (2) | STRATEGIC BUSINESS INITIATIVES, LLC | Q | 341,297. | COST |
| (3) | ONCOLOGY HEMATOLOGY ASSOCIATION | Q | 188,389. | COST |
| (4) | UPMC ALTOONA | Q | 16,000,774. | COST |
| (5) | UPMC ALTOONA REGIONAL HEALTH SERVICES, INC. | Q | 4,137,725. | COST |
| (6) | UPMC JAMESON | Q | 5,783,651. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 MEDICINE INC. | P | 142,585,707. | COST |
| (2) | UPMC BEDFORD | Q | 3,117,896. | COST |
| (3) | UPMC EAST | Q | 8,746,784. | COST |
| (4) | UPMC HORIZON | Q | 11,060,279. | COST |
| (5) | MAGEE-WOMENS HOSPITAL OF UPMC | Q | 4,356,592. | COST |
| (6) | UPMC MCKEESPORT | Q | 8,077,078. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 MERCY | Q | 9,028,577. | COST |
| (2) | UPMC PASSAVANT | Q | 50,452,308. | COST |
| (3) | UPMC NORTHWEST | Q | 7,378,664. | COST |
| (4) | UPMC ST. MARGARET | Q | 34,586,287. | COST |
| (5) | UPMC JAMESON | Q | 5,781,242. | COST |
| (6) | ERIE PHYSICIANS NETWORK-UPMC INC. | P | 2,095,675. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | 2,095,675. | COST |
| (2) | REGIONAL HEALTH SERVICES INC | K | 3,503,745. | COST |
| (3) | UPMC NORTHWEST | P | 127,000. | COST |
| (4) | UPMC HAMOT | Q | 3,376,745. | COST |
| (5) | UPMC OVERSEAS | P | 2,854,683. | COST |
| (6) | UPMC ITALY S.R.L. | Q | 2,868,583. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | 7,150,112. | COST |
| (2) | UPMC CHILDREN'S HOSPITAL OF PGH | Q | 235,173. | COST |
| (3) | UPMC EAST | Q | 422,241. | COST |
| (4) | MAGEE-WOMENS HOSPITAL OF UPMC | Q | 1,066,830. | COST |
| (5) | UPMC MCKEESPORT | Q | 112,245. | COST |
| (6) | UPMC PASSAVANT | Q | 627,128. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | 3,801,213. | COST |
| (2) | UPMC ST. MARGARET | Q | 470,346. | COST |
| (3) | UPMC NORTHWEST | Q | 313,564. | COST |
| (4) | UPMC MERCY | Q | 101,373. | COST |
| (5) | MAGEE-WOMENS HOSPITAL OF UPMC | Q | 61,238,766. | COST |
| (6) | UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P | 61,238,766. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | | |

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| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | UPMC COMMUNITY PROVIDER SERVICES | P | 1,814,380. | COST |
| (2) | UPMC SENIOR COMMUNITIES, INC. | Q | 112,534. | COST |
| (3) | CHARTWELL PA LLP | Q | 60,631. | COST |
| (4) | UPMC HOME CARE MANAGEMENT SERVICES | Q | 604,361. | COST |
| (5) | UPMC HOME HEALTHCARE OF WESTERN PA | Q | 249,423. | COST |
| (6) | UPMC PRESBYTERIAN SHADYSIDE | Q | 787,431. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
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| 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 | | |

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| | (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 | 1,304,676. | COST |
| (2) | UPMC NORTHWEST | Q | 1,304,676. | COST |
| (3) | REGIONAL HEALTH SERVICES INC | P | 11,548,643. | COST |
| (4) | UPMC NORTHWEST | Q | 9,573,599. | COST |
| (5) | UPMC KANE | Q | 1,588,302. | COST |
| (6) | UPMC HAMOT | Q | 386,742. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
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| 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 | | |

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| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | UPMC ST. MARGARET | P | 169,692. | COST |
| (2) | UPMC COMMUNITY MEDICINE INC. | Q | 169,692. | COST |
| (3) | UPMC ST. MARGARET | Q | 352,510. | COST |
| (4) | UPMC PRESBYTERIAN SHADYSIDE | P | 352,510. | COST |
| (5) | UPMC PASSAVANT | Q | 427,750. | COST |
| (6) | UPMC PRESBYTERIAN SHADYSIDE | P | 427,750. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
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| 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 | | |

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| | (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 | 165,000. | COST |
| (2) | UPMC COMMUNITY MEDICINE INC. | P | 165,000. | COST |
| (3) | UPMC MCKEESPORT | Q | 113,775. | COST |
| (4) | UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P | 113,775. | 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.

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | 3,299,915. | COST |
| (4) | UPMC COMMUNITY PROVIDER SERVICES | Q | 179,245. | COST |
| (5) | UPMC MCKEESPORT | Q | 157,992. | COST |
| (6) | UPMC PRESBYTERIAN SHADYSIDE | Q | 747,598. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | 154,500. | COST |
| (2) | UPMC MERCY | Q | 1,418,105. | COST |
| (3) | UPMC NORTHWEST | Q | 642,476. | COST |
| (4) | UPMC ALTOONA | Q | 2,344,441. | COST |
| (5) | UPMC CHILDREN'S HOSPITAL OF PGH | Q | 23,577,718. | COST |
| (6) | UPMC EAST | Q | 781,043. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | 3,975,888. | COST |
| (2) | UPMC HORIZON | Q | 1,073,431. | COST |
| (3) | UPMC JAMESON | Q | 463,986. | COST |
| (4) | MAGEE-WOMENS HOSPITAL OF UPMC | Q | 9,465,751. | COST |
| (5) | UPMC MCKEESPORT | Q | 3,982,282. | COST |
| (6) | UPMC MERCY | Q | 13,462,004. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | Q | 2,196,134. | COST |
| (2) | UPMC PRESBYTERIAN SHADYSIDE | Q | 78,715,690. | COST |
| (3) | UPMC ST. MARGARET | Q | 5,782,442. | COST |
| (4) | UPMC WILLIAMSPORT | Q | 1,710,672. | COST |
| (5) | UNIVERSITY OF PITTSBURGH PHYSICIANS | Q | 212,558. | COST |
| (6) | UPMC MEDICAL EDUCATION | P | 147,744,040. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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-CENTURY INSURANCE COMPANY | P | 2,286,014. | COST |
| (2) | FREEDOM INSURANCE COMPANY | P | 3,901,841. | COST |
| (3) | RX PARTNERS, INC | P | 2,149,336. | COST |
| (4) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 288,499. | COST |
| (5) | HOME NURSING AGENCY FOUNDATION | P | 288,499. | COST |
| (6) | UPMC HOME HEALTHCARE OF CENTRAL PA | C | 134,076. | 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) | SUSQUEHANNA HEALTH FOUNDATION | B | 134,076. | COST |
| (2) | HOME NURSING AGENCY FOUNDATION | C | 263,630. | COST |
| (3) | UPMC HOME HEALTHCARE OF CENTRAL PA | B | 263,630. | COST |
| (4) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 125,955. | COST |
| (5) | CHARTWELL PA LLP | P | 125,955. | COST |
| (6) | UPMC HOME HEALTHCARE OF CENTRAL PA | J | 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.

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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) | CANTERBURY PLACE | K | 230,755. | COST |
| (2) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 106,081. | COST |
| (3) | CANTERBURY PLACE | P | 106,081. | COST |
| (4) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 93,667. | COST |
| (5) | UPMC ALTOONA | P | 93,667. | COST |
| (6) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 50,308. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | P | 50,308. | COST |
| (2) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 313,828. | COST |
| (3) | UPMC PRESBYTERIAN SHADYSIDE | P | 313,828. | COST |
| (4) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 176,607. | COST |
| (5) | UPMC EAST | P | 176,607. | COST |
| (6) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 81,362. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 JAMESON | P | 81,362. | COST |
| (2) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 123,871. | COST |
| (3) | UPMC MERCY | P | 123,871. | COST |
| (4) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 160,460. | COST |
| (5) | UPMC PASSAVANT | P | 160,460. | COST |
| (6) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 66,398. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | P | 66,398. | COST |
| (2) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 60,401. | COST |
| (3) | CHARTWELL PA LLP | P | 60,401. | COST |
| (4) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 106,081. | COST |
| (5) | CANTERBURY PLACE | P | 106,081. | COST |
| (6) | UPMC HOME HEALTHCARE OF CENTRAL PA | Q | 107,592. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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) | SUSQUEHANNA PHYSICIAN SERVICES | P | 107,592. | COST |
| (2) | ASKESIS | P | 1,105,750. | COST |
| (3) | UPMC FOR YOU, INC. | Q | 247,800. | COST |
| (4) | UPMC HOME HEALTHCARE OF WESTERN PA | P | 247,800. | COST |
| (5) | UPMC FOR YOU, INC. | Q | 152,241. | COST |
| (6) | UNIVERSITY OF PITTSBURGH PHYSICIANS | P | 152,241. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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) | CHARTWELL PA LLP | P | 439,759. | COST |
| (2) | CHARTWELL PA LLP | P | 61,835. | COST |
| (3) | MAGEE-WOMENS HOSPITAL OF UPMC | P | 389,262. | COST |
| (4) | UPMC HOMECARE MANAGEMENT SERVICES | Q | 389,262. | COST |
| (5) | UNIVERSITY OF PITTSBURGH PHYSICIANS | P | 1,597,045. | COST |
| (6) | UPMC HOMECARE MANAGEMENT SERVICES | Q | 1,597,045. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 | P | 463,809. | COST |
| (2) | INFECTIOUS DISEASE CONNECT, INC | Q | 58,074. | COST |
| (3) | NOVASENTA, INC | Q | 84,304. | COST |
| (4) | UNIVERSITY OF PITTSBURGH PHYSICIANS | Q | 321,431. | COST |
| (5) | UPMC PRESBYTERIAN SHADYSIDE | P | 3,389,606. | COST |
| (6) | STRATEGIC BUSINESS INITIATIVES, LLC | Q | 3,389,606. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 ONE, INC. | Q | 446,842. | COST |
| (2) | CANTERBURY PLACE | Q | 230,755. | COST |
| (3) | SHADYSIDE MEDICAL CENTER ASSOCIATES, I | Q | 1,627,215. | COST |
| (4) | BAYFRONT REGIONAL DEVELOPMENT | Q | 144,183. | COST |
| (5) | ST. MARGARET MEDICAL ARTS ASSOCIATES | Q | 708,659. | COST |
| (6) | SHADYSIDE MEDICAL CENTER ASSOCIATES, I | Q | 1,781,429. | COST |

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

| | | | Yes | No |
|---|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 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 IRELAND LTD | B | 3,000,000. | COST |
| (4) | UPMC INTERNATIONAL HOLDINGS, INC. | A | 207,901. | COST |
| (5) | UPMC INTERNATIONAL HOLDINGS, INC. | D | 3,343,881. | COST |
| (6) | UPMC INTERNATIONAL HOLDINGS, INC. | M | 16,543,204. | 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 INTERNATIONAL HOLDINGS, INC. | M | 917,921. | COST |
| (2) | | | | |
| (3) | | | | |
| (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? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

**Part VII** **Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS

THE FOLLOWING IS A LIST OF RELATED ORGANIZATIONS THAT ARE PART OF THE UPMC GROUP EXEMPTION:

AUUE INC.

BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC.

CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA

CENTRAL PENNSYLVANIA MEDICAL FOUNDATION, INC.

CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION

CRANBERRY PLACE

DIVINE PROVIDENCE HOSPITAL OF THE SISTERS OF CHRISTIAN CHARITY

ERIE PHYSICIANS NETWORK-UPMC, INC.

HOME NURSING AGENCY AFFILIATES

HOME NURSING AGENCY FOUNDATION

JAMESON HEALTHCARE FOUNDATION

JAMESON MEDICAL CARE, INC.

LAUREL HEALTH SYSTEM

MAGEE-WOMEN'S HOSPITAL OF UPMC

MON YOUGH COMMUNITY SERVICES, INC.

REGIONAL HEALTH SERVICES INC.

SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT

SUGARCREEK STATION

SUSQUEHANNA HEALTH FOUNDATION

**Part VII** **Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

SUSQUEHANNA HEALTH SYSTEM INNOVATION CENTER, INC.

SUSQUEHANNA PHYSICIAN SERVICES

THE HERITAGE SHADYSIDE

TIOGA HEALTH CARE PROVIDERS

TWIN LAKES CENTER, INC.

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES

UNIVERSITY OF PITTSBURGH PHYSICIANS

UPMC ADVANCED PRACTICE PROVIDERS

UPMC ALTOONA

UPMC ALTOONA FOUNDATION

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY

UPMC BEDFORD

UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES

UPMC CHAUTAUQUA SERVICES INC.

UPMC COMMUNITY MEDICINE, INC.

UPMC COMMUNITY PROVIDER SERVICES

UPMC EAST

UPMC EMERGENCY MEDICINE, INC.

UPMC FOR YOU, INC.

UPMC HAMOT

UPMC HOME CARE MANAGEMENT SERVICES

UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA

UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA

UPMC HORIZON

UPMC HORIZON COMMUNITY HEALTH FOUNDATION

UPMC INTERNATIONAL HOLDINGS, INC.

UPMC JAMESON

**Part VII** **Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

UPMC KANE

UPMC LOCK HAVEN

UPMC LOCUM CLINICIANS

UPMC MCKEESPORT

UPMC MEDICAL EDUCATION

UPMC MERCY

UPMC MUNCY

UPMC NORTHWEST

UPMC OB/GYN JOINT VENTURE INC.

UPMC OVERSEAS, INC.

UPMC PASSAVANT

UPMC PRESBYTERIAN SHADYSIDE

UPMC ST. MARGARET

UPMC SUNBURY

UPMC SUSQUEHANNA

UPMC TRAVEL STAFFING

UPMC WELLSBORO

UPMC WILLIAMSPORT

ENTITIES REPORTED IN PARTS I THROUGH IV THAT ARE MARKED WITH AN * ARE NOT TECHNICALLY RELATED ORGANIZATIONS, AS DEFINED IN THE FORM 990 INSTRUCTIONS OF UPMC AS THE REQUISITE CONTROL FOR A PARENT, SUBSIDIARY, BROTHER/SISTER RELATIONSHIP DID NOT EXIST DURING THE FISCAL YEAR ENDED JUNE 30, 2022. HOWEVER, BECAUSE THESE ENTITIES ARE AFFILIATED WITH UPMC AND THE UPMC PARENT ORGANIZATION HOLDS CERTAIN POWERS WITH RESPECT TO SUCH ENTITIES, UPMC IS ELECTING TO DISCLOSE THE ENTITIES AS RELATED ORGANIZATIONS IN SCHEDULE R IN THE INTEREST OF TRANSPARENCY.

**Part VII** **Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

PART V TRANSACTIONS WITH RELATED ORGANIZATIONS

IN GENERAL THE CASH MANAGEMENT POLICY OF UPMC IS TO TEMPORARILY TRANSFER ALL EXCESS FUNDS AVAILABLE FROM EXEMPT SUBSIDIARIES TO UPMC, THE PARENT ENTITY. THESE ARE NOT CONSIDERED A TRANSFER OF NET ASSETS FOR WHICH DISCLOSURE IS REQUIRED IF 25% OR MORE OF NET ASSETS ARE TRANSFERRED.

**Part VII** **Supplemental Information**

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

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) TOTAL INCOME | (E) EOY ASSETS | (F) DIRECT CONTROL |
|---|---|---|---|---|---|
| UPMC ITALY S.R.L | | PIAZZA SETT ANGELI 1090134 | PALERMO, IT | | |
| | HEALTHCARE | IT | 56,928,017. | 72,601,421. | UPMC OVERSEA |
| UPMC PHYS OPERATIONS & PROF SVCS LLC 47-2803100 | | 600 GRANT STREET | PITTSBURGH, PA 15219 | | |
| | PHYSICIAN SVC | PA | 52,974,803. | 123754714. | UOP PHYS |
| UPMC ONCOLOGY TREATMENT PLANNING LLC 46-4936164 | | 600 GRANT STREET | PITTSBURGH, PA 15219 | | |
| | ONCOLOGY | PA | NONE | 7,764,725. | UOP CN SRV |
| QUALITY FIRST HEALTHCARE LLC 46-0812493 | | 600 GRANT STREET | PITTSBURGH, PA 15219 | | |
| | INACTIVE | PA | NONE | NONE | HNA AFFILIAT |
| COMMUNITY CARE IPA LLC 83-1646473 | | 600 GRANT STREET | PITTSBURGH, PA 15219 | | |
| | PHYS NETWORK | NY | NONE | NONE | COMM CARE BE |
| PENNSYLVANIA PEDIATRIC HEALTH NWK LLC 83-0773278 | | 600 GRANT STREET | PITTSBURGH, PA 15219 | | |
| | PHYS NETWORK | PA | NONE | NONE | CHILDREN'S H |
| CORE NETWORK LLC 25-1786209 | | 600 GRANT STREET | PITTSBURGH, PA 15219 | | |
| | HEALTHCARE | PA | 113137222. | 22,810,540. | UPMC COMM PR |

**Part VII Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

| (A) NAME\ADDRESS\EIN | (B) ACTIVITY | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT CONTROLLING | (G) SEC 512 YES | (G) SEC 512 NO |
|---|---|---|---|---|---|---|---|
| UPMC SENIOR COMMUNITIES INC. 25-1574736<br>600 GRANT STREET PITTSBURGH, PA 15219 | SR LIVING | PA | 501(C)(3) | 10 | UPMC | X | |
| PITTSBURGH LIFETIME CARE COMMUNITY 25-1335247<br>600 GRANT STREET PITTSBURGH, PA 15219 | CCRC | PA | 501(C)(3) | 10 | UPMC SR COMM | X | |
| CANTERBURY PLACE 25-0965334<br>600 GRANT STREET PITTSBURGH, PA 15219 | SR LIVING | PA | 501(C)(3) | 10 | UPMC SR COMM | X | |
| SENECA PLACE 72-1562844<br>600 GRANT STREET PITTSBURGH, PA 15219 | SR LIVING | PA | 501(C)(3) | 10 | UPMC SR COMM | X | |
| SHADYSIDE HOSPITAL SUPPORTING FOUNDATION 26-0303394<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION | PA | 501(C)(3) | 12(A) I | UPMC | X | |
| UPMC LEE 25-0613830<br>600 GRANT STREET PITTSBURGH, PA 15219 | INACTIVE | PA | 501(C)(3) | 3 | UPMC | X | |
| PITTSBURGH CARE PARTNERSHIP INC. 25-1753852<br>600 GRANT STREET PITTSBURGH, PA 15219 | SR CARE MGMT | PA | 501(C)(3) | 10 | UPMC | X | |
| UPMC CENTER FOR HIGH VALUE HEALTHCARE 45-2178782<br>600 GRANT STREET PITTSBURGH, PA 15219 | RESEARCH | PA | 501(C)(3) | 7 | UPMC | X | |
| SHADYSIDE HOSPITAL FOUNDATION 25-1290546<br>532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232 | FOUNDATION | PA | 501(C)(3) | 12(C)III | UPMC PRESBY | X | |
| PASSAVANT HOSPITAL FOUNDATION 25-1407815<br>9100 BABCOCK BLVD PITTSBURGH, PA 15237 | FOUNDATION | PA | 501(C)(3) | 12(B)II | UPMC PASS | X | |

**Part VII Supplemental Information**

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|---|---|---|---|---|---|---|---|
| NORTHWEST HOSPITAL FOUNDATION 25-1483624<br>100 FARFIELD DRIVE SENECA, PA 16346 | FOUNDATION | PA | 501(C)(3) | 12(D)III | UPMC NORTHWE | X | |
| ST. MARGARET FOUNDATION 25-1520340<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION | PA | 501(C)(3) | 7 | UPMC ST MARG | X | |
| CHILDREN'S HOSPITAL OF PITTSBURGH FND 25-1865744<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION | PA | 501(C)(3) | 7 | UPMC CHP | X | |
| MAGEE-WOMEN RES INST AND FOUNDATION 25-1462312<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION | PA | 501(C)(3) | 7 | N/A | | X |
| GREAT LAKES PHYSICIAN PRACTICE P.C. 46-4186362<br>600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219 | PHYSICIAN SRV | NY | 501(C)(3) | 3 | REGNL HEALTH | X | |
| HAMOT HEALTH FOUNDATION 25-1400999<br>302 FRENCH STREET ERIE, PA 16507 | FOUNDATION | PA | 501(C)(3) | 12(B)II | UPMC HAMOT | X | |
| UPMC/JAMESON CANCER CENTER 20-1459415<br>600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219 | ONCOLOGY SVC | PA | 501(C)(3) | 10 | UPMC JAMESON | X | |
| JAMESON CARE CENTER INC. 23-2871396<br>1211 WILMINGTON AVE NEW CASTLE, PA 16105 | SR SERVICES | PA | 501(C)(3) | 10 | UPMC SR COMM | X | |
| LAUREL REALTY INC. 23-1403678<br>32-36 CENTRAL AVENUE WELLSBORO, PA 16901 | REAL ESTATE | PA | 501(C)(2) | N/A | UPMC SUSQUEH | X | |
| THE GREEN HOME 24-0804365<br>37 CENTRAL AVENUE WELLSBORO, PA 16901 | SKILLED NURSI | PA | 501(C)(3) | 10 | UPMC SUSQUEH | X | |

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|---|---|---|---|---|---|---|---|
| WILLIAMSPORT AREA AMB SERVICE COOP 23-2416166<br>700 HIGH STREET WILLIAMSPORT, PA 17701 | AMBULANCE SVC | PA | 501(C)(3) | 10 | UPMC WILLIAM | X | |
| UPMC CHAUTAUQUA AT WCA 16-0743226<br>207 FOOTE AVENUE JAMESTOWN, NY 14701 | HOSPITAL | NY | 501(C)(3) | 3 | UPMC CHAUTAU | X | |
| W.C.A. GROUP INC. 22-2392582<br>207 FOOTE AVENUE JAMESTOWN, NY 14701 | HOLDING CO | NY | 501(C)(3) | 12 (B)(II) | CHAUT AT WCA | X | |
| STARFLIGHT INC. 16-1557878<br>135 ALLEN STREET JAMESTOWN, NY 14701 | AIR AMBULANCE | NY | 501(C)(3) | 7 | CHAUT AT WCA | X | |
| SOUTH CENTRAL ALPHA HOUSING & HEALTH 25-1701701<br>3410 W PITTSBURG ROAD NEW CASTLE, PA 16101 | SNF & AL | PA | 501(C)(3) | 10 | UPMC SR COMM | X | |
| SOUTH WESTERN ALPHA HOUSING & HEALTH 25-1701700<br>745 GREENVILLE ROAD MERCER, PA 16137 | SNF & IL | PA | 501(C)(3) | 10 | UPMC SR COMM | X | |
| *KANE COMMUNITY HOSPITAL FOUNDATION 26-3906925<br>4372 ROUTE 6 KANE, PA 16735 | FOUNDATION | PA | 501(C)(3) | 12 (B)(II) | N/A | | X |
| JUNIOR GUILD OF THE JAMESON MEMORIAL HOS 25-6005313<br>1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 | SUPPORT | PA | 501(C)(3) | 12(D)III | N/A | | X |
| *LAUREL HEALTH FOUNDATION 25-1810488<br>32-36 CENTRAL AVENUE WELLSBORO, PA 16901 | FOUNDATION | PA | 501(C)(3) | 12(B)II | N/A | | X |
| W.C.A. FOUNDATION INC. 22-2393584<br>300 FOOTE AVENUE; P.O. BOX 840 JAMESTOWN, NY 14702 | FOUNDATION | PA | 501(C)(3) | 12(C)III | N/A | | X |

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|---|---|---|---|---|---|---|---|
| VENANGO V.N.A. FOUNDATION 25-1472179<br>491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323 | FOUNDATION | PA | 501(C)(3) | 12(D) III | N/A | | X |
| *UPMC PINNACLE 25-1778658<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | SUPPORTING OR | PA | 501(C)(3) | 12(B)II | UPMC | X | |
| *UPMC CARLISLE 82-0880337<br>361 ALEXANDER SPRING ROAD CARLISLE, PA 17105 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| *UPMC PINNACLE LANCASTER 82-0896436<br>250 COLLEGE AVENUE LANCASTER, PA 17603 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| *UPMC LITITZ 82-0844453<br>1500 HIGHLANDS AVENUE LITITZ, PA 17543 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| *UPMC MEMORIAL 82-0912090<br>325 SOUTH BELMONT STREET YORK, PA 17405 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| *PINNACLE HEALTH REGIONAL PHYSICIANS 82-0947698<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | PHYSICIAN SRV | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| *UPMC PINNACLE FOUNDATION 22-2691718<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | FOUNDATION | PA | 501(C)(3) | 12(B)II | UPMC PINNACL | X | |
| *COMMUNITY LIFE TEAM, INC. 23-1890444<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | MED TRANSPORT | PA | 501(C)(3) | 7 | UPMC PINNACL | X | |
| *HANOVER HEALTHCARE PLUS, INC. 22-2658574<br>300 HIGHLAND AVENUE HANOVER, PA 17331 | SUPPORTING OR | PA | 501(C)(3) | 12(A)(I) | UPMC PINNACL | X | |

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|---|---|---|---|---|---|---|---|
| *UPMC HANOVER<br>300 HIGHLAND AVENUE | 23-1360851<br>HANOVER, PA 17331<br>HOSPITAL | PA | 501(C)(3) | 3 | HANNOVER HEA | X | |
| *UPMC PINNACLE HOSPITALS<br>409 SOUTH SECOND STREET | 25-1778644<br>HARRISBURG, PA 17104<br>HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| *PINNACLE HEALTH MEDICAL SERVICES<br>409 SOUTH SECOND STREET | 25-1709054<br>HARRISBURG, PA 17104<br>PHYSICIAN SRV | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| CHARLES E. COLE MEMORIAL HOSPITAL<br>1001 EAST SECOND STREET | 24-0802108<br>COUDERSPORT, PA 16915<br>HOSPITAL | PA | 501(C)(3) | 3 | UPMC | X | |
| COLE FOUNDATION, INC.<br>1001 EAST SECOND STREET | 45-5417308<br>COUDERSPORT, PA 16915<br>FOUNDATION | PA | 501(C)(3) | 12(A)(I) | C COLE MEM H | X | |
| HAMOT COLE VENTURES<br>1001 EAST SECOND STREET | 27-3172100<br>COUDERSPORT, PA 16915<br>CLINIC SITES | PA | 501(C)(3) | 12(A)(I) | C COLE MEM H | X | |
| HENDORN INC.<br>1001 EAST SECOND STREET | 23-1972659<br>COUDERSPORT, PA 16915<br>RES. CARE | PA | 501(C)(3) | 12(A)(I) | C COLE MEM H | X | |
| ASBURY HEIGHTS OF UPMC<br>600 GRANT STREET | 25-1555687<br>PITTSBURGH, PA 15219<br>SUPPORTING OR | PA | 501(C)(3) | 12(B)(II) | UPMC SR COMM | X | |
| ASBURY HEALTH CENTER<br>600 GRANT STREET | 25-0969472<br>PITTSBURGH, PA 15219<br>CCRC | PA | 501(C)(3) | 10 | ASBURY HEIGH | X | |
| ASBURY VILLAS<br>600 GRANT STREET | 25-1819952<br>PITTSBURGH, PA 15219<br>PERSONAL CARE | PA | 501(C)(3) | 10 | ASBURY HEIGH | X | |

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|---|---|---|---|---|---|---|---|
| ASBURY PLACE 25-1729266<br>600 GRANT STREET PITTSBURGH, PA 15219 | PERSONAL CARE | PA | 501(C)(3) | 10 | ASBURY HEIGH | X | |
| WESLEY HILLS 25-1507472<br>600 GRANT STREET PITTSBURGH, PA 15219 | INDEP LIVING | PA | 501(C)(3) | N/A | ASBURY HEIGH | X | |
| ASBURY FOUNDATION 25-1555688<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION | PA | 501(C)(3) | 7 | ASBURY HEIGH | X | |
| UPMC SOMERSET 25-0965570<br>225 SOUTH CENTER AVENUE SOMERSET, PA 15501 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC | X | |
| SOMERSET COMMUNITY HOSPITAL FOUNDATION 25-1441863<br>225 SOUTH CENTER AVENUE SOMERSET, PA 15501 | FOUNDATION | PA | 501(C)(3) | 12(C)III | UPMC SOMERSE | X | |
| SOMERSET HEALTH SERVICES, INC. 25-1441920<br>225 SOUTH CENTER AVENUE SOMERSET, PA 15501 | PHYSICIAN SRV | PA | 501(C)(3) | 3 | UPMC SOMERSE | X | |
| *UPMC WESTERN MARYLAND CORPORATION 52-0591531<br>PO BOX 539 CUMBERLAND, MD 21501 | HOSPITAL | MD | 501(C)(3) | 3 | UPMC | X | |
| *WESTERN MARYLAND HEALTH SYSTEM FND 35-2289841<br>PO BOX 539 CUMBERLAND, MD 21501 | FOUNDATION | MD | 501(C)(3) | 12(C)III | UPMC WESTERN | X | |
| *HANOVER HOSPITAL FOUNDATION 82-2553293<br>300 HIGHLAND AVENUE HANOVER, PA 17331 | FOUNDATION | PA | 501(C)(3) | 12(C)III | UPMC PINNACL | X | |
| RUSH TO CRUSH CANCER 87-4771624<br>200 LOTHROP STREET PITTSBURGH, PA 15213 | FOUNDATION | PA | 501(C)(3) | 7 | UOFP CANCER | X | |