

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------|--------------------------------------------------|----------------------------------------|---------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------|--|---------------------|-----------------------------------------|--|
| <b>A</b> For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| <b>B</b> Check if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization<br/>UPMC GROUP</td> <td><b>D</b> Employer identification number<br/>20-8295721</td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number<br/>(412) 647-2345</td> </tr> <tr> <td>Address change</td> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br/>600 GRANT ST, 58TH FLR, CORP TAX</td> <td rowspan="2"><b>G</b> Gross receipts \$<br/>23555022899.</td> </tr> <tr> <td>Name change</td> <td>City or town, state or province, country, and ZIP or foreign postal code<br/>PITTSBURGH, PA 15219</td> </tr> <tr> <td>Initial return</td> <td colspan="2"><b>F</b> Name and address of principal officer: FRED HARGETT<br/>600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219</td> </tr> <tr> <td>Final return/terminated</td> <td colspan="2"><b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Amended return</td> <td colspan="2"><b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Application pending</td> <td colspan="2"><b>H(c)</b> Group exemption number 9707</td> </tr> </table> | <b>C</b> Name of organization<br>UPMC GROUP           |                                        | <b>D</b> Employer identification number<br>20-8295721 | Doing business as                                |                                        | <b>E</b> Telephone number<br>(412) 647-2345 | Address change                 | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>600 GRANT ST, 58TH FLR, CORP TAX | <b>G</b> Gross receipts \$<br>23555022899. | Name change | City or town, state or province, country, and ZIP or foreign postal code<br>PITTSBURGH, PA 15219 | Initial return                                                                                                                                                                    | <b>F</b> Name and address of principal officer: FRED HARGETT<br>600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219 |  | Final return/terminated | <b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                      | Amended return | <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Application pending | <b>H(c)</b> Group exemption number 9707 |  |
| <b>C</b> Name of organization<br>UPMC GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>D</b> Employer identification number<br>20-8295721 |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| Doing business as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>E</b> Telephone number<br>(412) 647-2345           |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| Address change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>600 GRANT ST, 58TH FLR, CORP TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>G</b> Gross receipts \$<br>23555022899.            |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| Name change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City or town, state or province, country, and ZIP or foreign postal code<br>PITTSBURGH, PA 15219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| Initial return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>F</b> Name and address of principal officer: FRED HARGETT<br>600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| Final return/terminated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| Amended return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| Application pending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>H(c)</b> Group exemption number 9707                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>I</b> Tax-exempt status:</td> <td><input checked="" type="checkbox"/> 501(c)(3)</td> <td><input type="checkbox"/> 501(c) ( ) (insert no.)</td> <td><input type="checkbox"/> 4947(a)(1) or</td> <td><input type="checkbox"/> 527</td> </tr> <tr> <td colspan="5"><b>J</b> Website: WWW.UPMC.COM</td> </tr> <tr> <td colspan="4"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>L</b> Year of formation: 2006</td> </tr> <tr> <td colspan="4"><b>M</b> State of legal domicile: PA</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       | <b>I</b> Tax-exempt status:            | <input checked="" type="checkbox"/> 501(c)(3)         | <input type="checkbox"/> 501(c) ( ) (insert no.) | <input type="checkbox"/> 4947(a)(1) or | <input type="checkbox"/> 527                | <b>J</b> Website: WWW.UPMC.COM |                                                                                                                           |                                            |             |                                                                                                  | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other |                                                                                                                    |  |                         | <b>L</b> Year of formation: 2006                                                                                         | <b>M</b> State of legal domicile: PA |                |                                                                                                                |  |                     |                                         |  |
| <b>I</b> Tax-exempt status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> 501(c)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> 501(c) ( ) (insert no.)      | <input type="checkbox"/> 4947(a)(1) or | <input type="checkbox"/> 527                          |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| <b>J</b> Website: WWW.UPMC.COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                        | <b>L</b> Year of formation: 2006                      |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |
| <b>M</b> State of legal domicile: PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                        |                                                       |                                                  |                                        |                                             |                                |                                                                                                                           |                                            |             |                                                                                                  |                                                                                                                                                                                   |                                                                                                                    |  |                         |                                                                                                                          |                                      |                |                                                                                                                |  |                     |                                         |  |

**Part I Summary**

|                                                                                  |                                                                                                                                                  |                                                                                    |                                                                  |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Activities &amp; Governance</b>                                               | <b>1</b> Briefly describe the organization's mission or most significant activities: HEALTHCARE, EDUCATION, AND RESEARCH                         |                                                                                    |                                                                  |
|                                                                                  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                                                                    |                                                                  |
|                                                                                  | <b>3</b>                                                                                                                                         | Number of voting members of the governing body (Part VI, line 1a)                  | 45                                                               |
|                                                                                  | <b>4</b>                                                                                                                                         | Number of independent voting members of the governing body (Part VI, line 1b)      | 9                                                                |
|                                                                                  | <b>5</b>                                                                                                                                         | Total number of individuals employed in calendar year 2022 (Part V, line 2a)       | 77,356                                                           |
|                                                                                  | <b>6</b>                                                                                                                                         | Total number of volunteers (estimate if necessary)                                 | 4,130                                                            |
|                                                                                  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                   |                                                                                    |                                                                  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 |                                                                                                                                                  |                                                                                    |                                                                  |
| <b>Revenue</b>                                                                   | <b>8</b>                                                                                                                                         | Contributions and grants (Part VIII, line 1h)                                      | 169,279,700.                                                     |
|                                                                                  | <b>9</b>                                                                                                                                         | Program service revenue (Part VIII, line 2g)                                       | 20328434335.                                                     |
|                                                                                  | <b>10</b>                                                                                                                                        | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 23,278,710.                                                      |
|                                                                                  | <b>11</b>                                                                                                                                        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | -49,243.                                                         |
|                                                                                  | <b>12</b>                                                                                                                                        | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 20520943502.                                                     |
|                                                                                  | <b>Expenses</b>                                                                                                                                  | <b>13</b>                                                                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| <b>14</b>                                                                        |                                                                                                                                                  | Benefits paid to or for members (Part IX, column (A), line 4)                      | NONE                                                             |
| <b>15</b>                                                                        |                                                                                                                                                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 7,429,559,213.                                                   |
| <b>16a</b>                                                                       |                                                                                                                                                  | Professional fundraising fees (Part IX, column (A), line 11e)                      | NONE                                                             |
| <b>16b</b>                                                                       |                                                                                                                                                  | Total fundraising expenses (Part IX, column (D), line 25)                          | NONE                                                             |
| <b>17</b>                                                                        |                                                                                                                                                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 12504583926.                                                     |
| <b>18</b>                                                                        |                                                                                                                                                  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 20068751092.                                                     |
| <b>19</b>                                                                        |                                                                                                                                                  | Revenue less expenses. Subtract line 18 from line 12                               | 452,192,410.                                                     |
| <b>Net Assets or Fund Balances</b>                                               |                                                                                                                                                  | <b>20</b>                                                                          | Total assets (Part X, line 16)                                   |
|                                                                                  | <b>21</b>                                                                                                                                        | Total liabilities (Part X, line 26)                                                | 4,090,169,166.                                                   |
|                                                                                  | <b>22</b>                                                                                                                                        | Net assets or fund balances. Subtract line 21 from line 20                         | 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.

|                               |                                                           |                          |                           |                                                                 |
|-------------------------------|-----------------------------------------------------------|--------------------------|---------------------------|-----------------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer<br>FRED HARGETT                      |                          | Date<br>05/07/2024        |                                                                 |
|                               | Type or print name and title<br>EXECUTIVE VP & CFO        |                          |                           |                                                                 |
|                               |                                                           |                          |                           |                                                                 |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>ROBERT VUILLEMOT            | Preparer's signature     | Date                      | Check <input checked="" type="checkbox"/> if self-employed PTIN |
|                               | Firm's name<br>ERNST & YOUNG US, LLP                      | Firm's EIN<br>34-6565596 | Phone no.<br>412-644-7800 |                                                                 |
|                               | Firm's address<br>2100 ONE PPG PLACE PITTSBURGH, PA 15222 |                          |                           |                                                                 |

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 (2022)

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

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 20745145807. including grants of \$ 208,346,265. ) (Revenue \$ 22265649639. )

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 20745145807.



**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .                                                                                                                                                                                                           | <input checked="" type="checkbox"/> |                                     |
| <b>3</b> 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 . . . . .                                                                                                                      |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .                                                                                                       | <input checked="" type="checkbox"/> |                                     |
| <b>5</b> 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 . . . . .                                                                                      |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> 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 . . . . .                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>7</b> 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 . . . . .                                                                                            |                                     | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         |                                     | <input checked="" type="checkbox"/> |
| <b>9</b> 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 . . . . .            |                                     | <input checked="" type="checkbox"/> |
| <b>10</b> 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 . . . . .                                                                                                                               | <input checked="" type="checkbox"/> |                                     |
| <b>11</b> 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.                                                                                                                                                                   |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <input checked="" type="checkbox"/> |                                     |
| <b>b</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 . . . . .                                                                                                    | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> 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 . . . . .                                                                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>d</b> 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 . . . . .                                                                                                                     | <input checked="" type="checkbox"/> |                                     |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <input checked="" type="checkbox"/> |                                     |
| <b>f</b> 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 . . . . .                                                            | <input checked="" type="checkbox"/> |                                     |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        |                                     | <input checked="" type="checkbox"/> |
| <b>b</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 . . . . .                                                                           | <input checked="" type="checkbox"/> |                                     |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        |                                     | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <input checked="" type="checkbox"/> |                                     |
| <b>b</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 . . . . . | <input checked="" type="checkbox"/> |                                     |
| <b>15</b> 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 . . . . .                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>16</b> 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 . . . . .                                                                                                     |                                     | <input checked="" type="checkbox"/> |
| <b>17</b> 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 . . . . .                                                                                             |                                     | <input checked="" type="checkbox"/> |
| <b>18</b> 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 . . . . .                                                                                                                           | <input checked="" type="checkbox"/> |                                     |
| <b>19</b> 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 . . . . .                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <input checked="" type="checkbox"/> |                                     |
| <b>21</b> 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 . . . . .                                                                                            | <input checked="" type="checkbox"/> |                                     |

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☒

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



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

|                                                                                                                                                                                                                                                                      | Yes                                 | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 77356                                                     |                                     |                                     |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                              | <input checked="" type="checkbox"/> |                                     |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .                                                                                                                                       | <input checked="" type="checkbox"/> |                                     |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .             | <input checked="" type="checkbox"/> |                                     |
| <b>b</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).                                                                       |                                     |                                     |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                            |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                            |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                                 |                                     |                                     |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                          |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                     |                                     |                                     |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                               |                                     |                                     |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                                   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                              |                                     | <input checked="" type="checkbox"/> |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>                                                                                                                                                                       |                                     |                                     |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                             |                                     | <input checked="" type="checkbox"/> |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .                                                                                                                                        |                                     | <input checked="" type="checkbox"/> |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                            |                                     |                                     |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .                                                                                                                        |                                     |                                     |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                           |                                     |                                     |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                   |                                     |                                     |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                |                                     |                                     |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                 |                                     |                                     |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                    |                                     |                                     |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>                                                                                                                                                               |                                     |                                     |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>                                                                                                                                            |                                     |                                     |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                   |                                     |                                     |
| <b>a</b> Gross income from members or shareholders. . . . . <b>11a</b>                                                                                                                                                                                               |                                     |                                     |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>                                                                                                          |                                     |                                     |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                |                                     |                                     |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>                                                                                                                                                  |                                     |                                     |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                           |                                     |                                     |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b><br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                       |                                     |                                     |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>                                                                              |                                     |                                     |
| <b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>                                                                                                                                                                                                   |                                     |                                     |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                      |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .                                                                                                                                         |                                     |                                     |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>15</b><br>If "Yes," see the instructions and file Form 4720, Schedule N.           |                                     | <input checked="" type="checkbox"/> |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <b>16</b>                                                                                        |                                     | <input checked="" type="checkbox"/> |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . <b>17</b><br>If "Yes," complete Form 6069. |                                     |                                     |

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

|                                                                                                                                                                                                                               | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                              | 45 |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 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. . . . .                                                                                                                                 |    | 9  |   |   |   |   |   |    |    |    |    |   |     |    |
| 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? . . . . .                                             |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 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? . . . . . |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                  |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                        |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 6 Did the organization have members or stockholders? . . . . .                                                                                                                                                                |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 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? . . . . .                                                               |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                         |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                           |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| a The governing body? . . . . .                                                                                                                                                                                               |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| b Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                             |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 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. . . . .       |    |    |   |   |   |   |   |    |    |    |    |   |     |    |

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

|                                                                                                                                                                                                                                                                                                          | 10a | 10b | 11a | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 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? . . . . .                                                                   |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 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 . . . . .                                                                                                                                                                                                    |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .                                                                                                                                           |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 13 Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 14 Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 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 . . . . .                                                                                                                                                                                                                       |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| b Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 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? . . . . .                                                                                                                                      |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 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? . . . . . |     |     |     |     |     |     |    |    |     |     |     |     |     |    |

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

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

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

412-647-2345

Form 990 (2022)



**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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)<br>Name and title                                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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)<br>FORMER PRESIDENT & CEO            | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 17,867,039.                                                                     | NONE                                                                                 | 19,662.                                                                                       |
| (2) LESLIE C DAVIS (UPM)<br>PRESIDENT & CEO                     | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 10,739,639.                                                                     | NONE                                                                                 | 575,123.                                                                                      |
| (3) DIANE HOLDER (UPM)<br>EVP, PRES INS SVC & CEO UPMC H        | NONE<br>60.00                                                                              |                                                                                                              |                       |         | X            |                              |        | NONE                                                                            | 4,638,470.                                                                           | 264,924.                                                                                      |
| (4) STEVEN D SHAPIRO MD (UPM)<br>FORMER EVP & CHIEF MED & SCI O | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 4,041,420.                                                                      | NONE                                                                                 | NONE                                                                                          |
| (5) DAVID FARNER (UPM)<br>EVP & CHIEF OF STAFF                  | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 3,641,854.                                                                      | NONE                                                                                 | 220,873.                                                                                      |
| (6) STANLEY MARKS MD (UPC)<br>BOARD CHAIR                       | 20.00<br>20.00                                                                             | X                                                                                                            |                       | X       |              |                              |        | 1,629,669.                                                                      | 1,820,201.                                                                           | 305,585.                                                                                      |
| (7) FADI SWEISS MD<br>NEUROSURGEON                              | 40.00<br>NONE                                                                              |                                                                                                              |                       |         |              | X                            |        | 3,079,066.                                                                      | NONE                                                                                 | 49,488.                                                                                       |
| (8) ABHINAV HUMAR MD<br>TRANSPLANT SURGEON                      | 40.00<br>NONE                                                                              |                                                                                                              |                       |         |              | X                            |        | 2,802,870.                                                                      | NONE                                                                                 | 38,375.                                                                                       |
| (9) W THOMAS MCGOUGH ESQ (UPM)<br>EVP & CHIEF LEGAL OFFICER     | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 2,540,996.                                                                      | NONE                                                                                 | 184,006.                                                                                      |
| (10) CHARLES BOGOSTA (UPM)<br>EVP & PRES INT'L                  | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 2,485,205.                                                                      | 10,600.                                                                              | 194,240.                                                                                      |
| (11) CHRISTOPHER SCHMIDT MD<br>ORTHOPAEDIC SURGEON              | 40.00<br>NONE                                                                              |                                                                                                              |                       |         |              | X                            |        | 2,548,484.                                                                      | NONE                                                                                 | 51,773.                                                                                       |
| (12) VICTOR MORELL MD (UPP)<br>BOARD MEMBER                     | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 2,522,934.                                                                      | NONE                                                                                 | 41,049.                                                                                       |
| (13) JAMES D LUKETICH MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR   | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 2,465,920.                                                                      | NONE                                                                                 | 46,756.                                                                                       |
| (14) EDWARD T KARLOVICH (UPM)<br>EVP & CFO                      | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 2,209,334.                                                                      | NONE                                                                                 | 186,535.                                                                                      |

Form 990 (2022)

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

| (A)<br>Name and title                                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) MATTHEW EL-KADI MD (PSV)<br>BOARD MEMBER                     | 1.00<br>40.00                                                                              | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | 2,385,052.                                                                | 4,741.                                                                                        |
| (16) JAMES BRADLEY MD<br>ORTHOPAEDIC SURGEON                      | 40.00<br>NONE                                                                              |                                                                                                              |                       |         |              | X                            |        | 1,927,338.                                                           | NONE                                                                      | 63,425.                                                                                       |
| (17) ROBERT A DEMICHIEI (UPM)<br>FORMER EVP & CFO                 | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 1,834,603.                                                           | NONE                                                                      | 6,913.                                                                                        |
| (18) JEANNE CUNICELLI (UPM)<br>EVP & PRESIDENT ENTERPRISES        | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 1,648,630.                                                           | NONE                                                                      | 172,198.                                                                                      |
| (19) DEAN SOTEREANOS MD<br>ORTHOPAEDIC SURGEON                    | 40.00<br>NONE                                                                              |                                                                                                              |                       |         |              | X                            |        | 1,760,089.                                                           | NONE                                                                      | 58,664.                                                                                       |
| (20) JOON SUP LEE MD (UPM)<br>EVP & PRES PHYSICIAN SRV            | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 1,564,488.                                                           | NONE                                                                      | 206,939.                                                                                      |
| (21) MARK SEVCO (UPM)<br>EVP & PRESIDENT HSD                      | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 1,579,725.                                                           | NONE                                                                      | 190,313.                                                                                      |
| (22) PHILIP POLLICE (MER)<br>BOARD MEMBER                         | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 1,672,817.                                                           | NONE                                                                      | 62,630.                                                                                       |
| (23) ROBERT M FRIEDLANDER MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 1,655,772.                                                           | NONE                                                                      | 34,951.                                                                                       |
| (24) TIMOTHY BILLIAR MD (UPM)<br>EVP & CHIEF SCIENTIFIC OFFICER   | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 1,495,658.                                                           | NONE                                                                      | 184,008.                                                                                      |
| (25) MARSHALL WEBSTER MD (UPM)<br>SENIOR VP                       | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 1,540,938.                                                           | NONE                                                                      | 125,721.                                                                                      |
| <b>1b Sub-total</b>                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        | 75,254,488.                                                          | 8,854,323.                                                                | 3,288,892.                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b>    |                                                                                            |                                                                                                              |                       |         |              |                              |        | 103,797,771.                                                         | 11,548,688.                                                               | 11,415,180.                                                                                   |
| <b>d Total (add lines 1b and 1c)</b>                              |                                                                                            |                                                                                                              |                       |         |              |                              |        | 179,052,259.                                                         | 20,403,011.                                                               | 14,704,072.                                                                                   |

**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 **▶** 14802

|                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> 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                                              |     |    |
| <b>4</b> 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 |     |    |
| <b>5</b> 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                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 ) JOHN INNOCENTI (PRY)<br>PRESIDENT                                 | 40.00<br>NONE                                                                              |                                                                                                           |                       | X       |              |                              |        | 1,481,030.                                                           | NONE                                                                      | 167,804.                                                                                      |
| ( 27 ) AJAIPAL KANG MD (RHS)<br>BOARD MEMBER                             | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 1,585,352.                                                           | NONE                                                                      | 45,492.                                                                                       |
| ( 28 ) DONALD M YEALY MD (EMI)<br>BOARD MEMBER AND V PRESIDENT           | 40.00<br>NONE                                                                              | X                                                                                                         |                       | X       |              |                              |        | 1,472,355.                                                           | NONE                                                                      | 151,750.                                                                                      |
| ( 29 ) ARTHUR S LEVINE MD (UPM)<br>FORMER BOARD MEMBER                   | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | NONE                                                                 | 1,499,390.                                                                | 53,427.                                                                                       |
| ( 30 ) ANANTHA SHEKHAR MD (UPM)<br>BOARD MEMBER                          | 1.00<br>40.00                                                                              | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | 1,378,891.                                                                | 157,775.                                                                                      |
| ( 31 ) JOHN GALLEY (UPM)<br>SENIOR VP & CHIEF HR OFFICER                 | 60.00<br>NONE                                                                              |                                                                                                           |                       |         | X            |                              |        | 1,377,475.                                                           | NONE                                                                      | 150,225.                                                                                      |
| ( 32 ) TAMRA MINNIER (UTS)<br>PRESIDENT                                  | 40.00<br>NONE                                                                              |                                                                                                           |                       | X       |              |                              |        | 1,246,335.                                                           | NONE                                                                      | 150,480.                                                                                      |
| ( 33 ) EDWARD MCCALLISTER (UPM)<br>CHIEF INFORMATION OFFICER             | 60.00<br>NONE                                                                              |                                                                                                           |                       |         | X            |                              |        | 1,238,024.                                                           | NONE                                                                      | 157,035.                                                                                      |
| ( 34 ) DEREK ANGUS MD (UPM)<br>FORMER EVP & CHIEF INNOVATION             | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 1,308,710.                                                           | NONE                                                                      | 44,208.                                                                                       |
| ( 35 ) VWAIRE ORHURHU MD (SHF)<br>BOARD MEMBER                           | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 1,299,306.                                                           | NONE                                                                      | 45,044.                                                                                       |
| ( 36 ) DAVID T MARTIN (PSV)<br>FORMER PRESIDENT                          | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 1,188,027.                                                           | NONE                                                                      | 138,104.                                                                                      |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 ) JOHN LOVELACE (FYO)<br>BOARD MEMBER AND PRESIDENT                 | 1.00<br>40.00                                                                              | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | 1,168,995.                                                                | 138,354.                                                                                      |
| ( 38 ) STEVEN JOHNSON (WIL)<br>BOARD MEMBER AND PRESIDENT                | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 1,179,924.                                                           | NONE                                                                      | 119,200.                                                                                      |
| ( 39 ) JAMES SCHUSTER MD (FYO)<br>FORMER BOARD MEMBER                    | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | NONE                                                                 | 1,139,687.                                                                | 152,770.                                                                                      |
| ( 40 ) JOHN C STILLEY (UPM)<br>SENIOR VP, TREAS., & CIO                  | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 1,138,699.                                                           | NONE                                                                      | 134,336.                                                                                      |
| ( 41 ) JOEL B NELSON MD (UPM)<br>EVP, UPMC CHIEF CLIN OFF & CMO          | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 1,214,571.                                                           | NONE                                                                      | 46,671.                                                                                       |
| ( 42 ) DAVID GIBBONS (HMT)<br>PRESIDENT                                  | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 1,067,559.                                                           | NONE                                                                      | 114,768.                                                                                      |
| ( 43 ) ROBERT FERRIS (UPC)<br>BOARD MEMBER                               | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 1,126,401.                                                           | NONE                                                                      | 40,034.                                                                                       |
| ( 44 ) RONALD DISIMONE MD (SPS)<br>BOARD MEMBER                          | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 1,120,124.                                                           | NONE                                                                      | 40,550.                                                                                       |
| ( 45 ) MACALUS HOGAN MD (UPP)<br>BOARD MEMBER                            | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 1,099,990.                                                           | NONE                                                                      | 28,404.                                                                                       |
| ( 46 ) FRANCIS SOLANO MD (CMI)<br>BOARD MEMBER AND PRESIDENT             | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 962,442.                                                             | NONE                                                                      | 135,728.                                                                                      |
| ( 47 ) WILLIAM DONALDSON MD (UPP)<br>BOARD MEMBER AND INTERIM DEPT       | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 1,050,912.                                                           | NONE                                                                      | 46,644.                                                                                       |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .                                       |     |    |
| <b>4</b> 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 . . . . . |     |    |
| <b>5</b> 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 . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) GORDON GEBBENS (FYO)<br>BOARD MEMBER AND TREASURER                  | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 968,937.                                                             | NONE                                                                      | 119,484.                                                                                      |
| (49) SANDRA RADER (PRY)<br>PRESIDENT                                     | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 916,937.                                                             | NONE                                                                      | 127,929.                                                                                      |
| (50) PABLO SANCHEZ MD (UPP)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 1,009,249.                                                           | NONE                                                                      | 32,302.                                                                                       |
| (51) JOSE SAHEL MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR                  | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 992,083.                                                             | NONE                                                                      | 33,512.                                                                                       |
| (52) EILEEN SIMMONS (PRY)<br>CHIEF FINANCIAL OFFICER                     | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 903,196.                                                             | NONE                                                                      | 106,488.                                                                                      |
| (53) LOUIS BAVERSO (LOC)<br>BOARD MEMBER                                 | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 874,462.                                                             | NONE                                                                      | 124,650.                                                                                      |
| (54) SHERYL KASHUBA ESQ (FYO)<br>BOARD MEMBER, SECTY & CLO               | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 865,562.                                                             | NONE                                                                      | 117,458.                                                                                      |
| (55) JAN E FISHER (ALT)<br>PRESIDENT                                     | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 856,332.                                                             | NONE                                                                      | 113,183.                                                                                      |
| (56) DANIEL KELLY AGNEW MD (BHM)<br>BOARD MEMBER                         | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 905,542.                                                             | NONE                                                                      | 61,919.                                                                                       |
| (57) J PETER RUBIN MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR               | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 934,159.                                                             | NONE                                                                      | 30,674.                                                                                       |
| (58) AMAN MAHAJAN MD PHD (UPP)<br>BOARD MEMBER AND DEPT CHAIR            | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 931,150.                                                             | NONE                                                                      | 31,988.                                                                                       |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 ) LOUIS ALARCON MD (UPP)<br>FORMER BOARD MEMBER                     | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 892,327.                                                             | NONE                                                                      | 39,950.                                                                                       |
| ( 60 ) MATTHEW HARINSTEIN MD (EAS)<br>BOARD MEMBER                       | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 854,155.                                                             | NONE                                                                      | 73,634.                                                                                       |
| ( 61 ) TERRANCE FOUST DO (COL)<br>BOARD MEMBER                           | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 853,981.                                                             | NONE                                                                      | 70,884.                                                                                       |
| ( 62 ) DEBORAH S BRODINE (CPS)<br>BOARD CHAIR AND PRESIDENT              | 40.00<br>NONE                                                                              | X                                                                                                         |                       | X       |              |                              |        | 806,480.                                                             | NONE                                                                      | 108,247.                                                                                      |
| ( 63 ) LOUIS D FALO JR MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR           | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 488,739.                                                             | 326,182.                                                                  | 93,547.                                                                                       |
| ( 64 ) SUSAN HOOLAHAN (PSV)<br>PRESIDENT                                 | 40.00<br>NONE                                                                              |                                                                                                           |                       | X       |              |                              |        | 806,519.                                                             | NONE                                                                      | 100,719.                                                                                      |
| ( 65 ) ELIZABETH A WILD (UPC)<br>BOARD MEMBER AND PRESIDENT              | 40.00<br>NONE                                                                              | X                                                                                                         |                       | X       |              |                              |        | 825,104.                                                             | NONE                                                                      | 81,788.                                                                                       |
| ( 66 ) DAVID LOPATOFISKY MD (ULH)<br>BOARD MEMBER                        | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 771,589.                                                             | NONE                                                                      | 108,549.                                                                                      |
| ( 67 ) RICHARD WADAS MD (EMI)<br>BOARD MEMBER AND PRESIDENT              | 40.00<br>NONE                                                                              | X                                                                                                         |                       | X       |              |                              |        | 774,069.                                                             | NONE                                                                      | 88,753.                                                                                       |
| ( 68 ) SAMIR SABA (UPP)<br>BOARD MEMBER                                  | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 807,158.                                                             | NONE                                                                      | 40,454.                                                                                       |
| ( 69 ) PATRICK GALLAGHER (UPM)<br>BOARD MEMBER                           | 1.00<br>40.00                                                                              | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | 704,385.                                                                  | 139,969.                                                                                      |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ELIZABETH PICCIONE MD (UPP)<br>FORMER BOARD MEMBER        | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 725,529.                                                             | NONE                                                                      | 116,891.                                                                                      |
| (71) MATTHEW HURFORD (CCB)<br>PRESIDENT                        | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 755,655.                                                             | NONE                                                                      | 81,153.                                                                                       |
| (72) RICHARD BEIGI MD (MAG)<br>BOARD MEMBER AND PRESIDENT      | 40.00<br>NONE                                                                              | X                                                                                                            | X                     |         |              |                              |        | 754,551.                                                             | NONE                                                                      | 73,142.                                                                                       |
| (73) MATTHEW BOUCHARD MD (ALT)<br>BOARD MEMBER                 | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 741,897.                                                             | NONE                                                                      | 81,927.                                                                                       |
| (74) STEPHEN NIMMO ESQ (SUS)<br>BOARD MEMBER                   | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 709,048.                                                             | NONE                                                                      | 106,531.                                                                                      |
| (75) ELLIOTT BILOFSKY MD (BDF)<br>FORMER BOARD MEMBER          | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | NONE                                                                 | 768,250.                                                                  | 32,931.                                                                                       |
| (76) SUKETU MANSURIA (MAG)<br>BOARD MEMBER                     | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 765,363.                                                             | NONE                                                                      | 34,732.                                                                                       |
| (77) JONAS JOHNSON MD (UPP)<br>BOARD MEMBER AND TREASURER      | 40.00<br>NONE                                                                              | X                                                                                                            | X                     |         |              |                              |        | 746,617.                                                             | NONE                                                                      | 47,047.                                                                                       |
| (78) JOHN COMERCI (MAG)<br>BOARD MEMBER                        | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 752,308.                                                             | NONE                                                                      | 38,305.                                                                                       |
| (79) JULES SUMKIN MD (UPP)<br>BOARD MEMBER AND SECRETARY       | 40.00<br>NONE                                                                              | X                                                                                                            | X                     |         |              |                              |        | 715,665.                                                             | NONE                                                                      | 45,862.                                                                                       |
| (80) DAVID A LEWIS MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR     | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 688,884.                                                             | NONE                                                                      | 39,536.                                                                                       |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| ( 81 ) PHILIP M CACCHIONE MD (EPN)<br>BOARD CHAIR AND PRESIDENT          | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 661,064.                                                                            | NONE                                                                                  | 50,159.                                                                                                            |
| ( 82 ) WILLIAM BARRINGTON MD (PRY)<br>FORMER BOARD MEMBER                | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 666,393.                                                                            | NONE                                                                                  | 41,153.                                                                                                            |
| ( 83 ) SANDRA MCANALLEN (SMH)<br>FORMER BOARD MEMBER                     | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | NONE                                                                                | 692,480.                                                                              | 8,368.                                                                                                             |
| ( 84 ) DIANE HUPP (CHP)<br>SECRETARY & VP OF OPERATIONS                  | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 609,501.                                                                            | NONE                                                                                  | 75,042.                                                                                                            |
| ( 85 ) SERGIO GIANCOLA MD (NWH)<br>FORMER BOARD MEMBER                   | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 622,851.                                                                            | NONE                                                                                  | 56,894.                                                                                                            |
| ( 86 ) JAMES F PINGPANK MD (PRY)<br>BOARD MEMBER                         | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 636,160.                                                                            | NONE                                                                                  | 34,482.                                                                                                            |
| ( 87 ) ANN EVANS (UPP)<br>FORMER CHIEF FINANCIAL OFFICER                 | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 652,523.                                                                            | NONE                                                                                  | 7,725.                                                                                                             |
| ( 88 ) ROBERT GEIGER DO (EPN)<br>BOARD MEMBER                            | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 614,846.                                                                            | NONE                                                                                  | 42,217.                                                                                                            |
| ( 89 ) HOLLY LORENZ (HHW)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 616,677.                                                                            | NONE                                                                                  | 35,011.                                                                                                            |
| ( 90 ) JOSEPH LOSEE MD (UPP)<br>FORMER BOARD MEMBER                      | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 603,597.                                                                            | NONE                                                                                  | 34,773.                                                                                                            |
| ( 91 ) CHRISTOPHER DOMAREW (SPS)<br>BOARD MEMBER                         | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 578,021.                                                                            | NONE                                                                                  | 53,919.                                                                                                            |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 ) MICHAEL WARD MD (NWH)<br>FORMER BOARD MEMBER                      | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 579,057.                                                             | NONE                                                                      | 52,720.                                                                                       |
| ( 93 ) DAVID KRUSZEWSKI MD (SHB)<br>BOARD CHAIR                          | 40.00<br>NONE                                                                              | X                                                                                                         |                       | X       |              |                              |        | 571,065.                                                             | NONE                                                                      | 58,355.                                                                                       |
| ( 94 ) ZACHARY RITTER (SHF)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 584,771.                                                             | NONE                                                                      | 41,417.                                                                                       |
| ( 95 ) GEORGE MICHALOPOULOS MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR      | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 577,155.                                                             | NONE                                                                      | 42,804.                                                                                       |
| ( 96 ) BRIAN DURNIOK (NWH)<br>BOARD MEMBER AND PRESIDENT                 | 40.00<br>NONE                                                                              | X                                                                                                         |                       | X       |              |                              |        | 548,160.                                                             | NONE                                                                      | 70,166.                                                                                       |
| ( 97 ) SUSAN BRANTON MD (WIL)<br>BOARD MEMBER                            | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 553,821.                                                             | NONE                                                                      | 46,762.                                                                                       |
| ( 98 ) JOHN WARD (MER)<br>FORMER BOARD MEMBER                            | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 535,378.                                                             | NONE                                                                      | 62,318.                                                                                       |
| ( 99 ) AMY MEISTER (HHW)<br>BOARD MEMBER                                 | NONE<br>40.00                                                                              | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | 526,655.                                                                  | 66,873.                                                                                       |
| (100) MARK O'HERN (EAS)<br>PRESIDENT                                     | 40.00<br>NONE                                                                              |                                                                                                           |                       | X       |              |                              |        | 517,977.                                                             | NONE                                                                      | 57,637.                                                                                       |
| (101) KOTAYYA KONDAVEETI MD (EAS)<br>BOARD MEMBER                        | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 572,500.                                                             | NONE                                                                      | NONE                                                                                          |
| (102) DAVID BURWELL MD (ALF)<br>BOARD MEMBER                             | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 508,775.                                                             | NONE                                                                      | 63,475.                                                                                       |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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)<br>BOARD MEMBER                          | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 527,633.                                                             | NONE                                                                      | 38,109.                                                                                       |
| (104) TERENCE DERMODY MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR            | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 526,873.                                                             | NONE                                                                      | 32,431.                                                                                       |
| (105) MICHAEL SCHLECHTER MD (ALT)<br>BOARD MEMBER                        | 1.00<br>40.00                                                                              | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | 509,878.                                                                  | 37,535.                                                                                       |
| (106) AJ PINEVICH MD (MER)<br>BOARD SECRETARY                            | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 481,012.                                                             | NONE                                                                      | 56,290.                                                                                       |
| (107) TRENT EMERICK MD (UPP)<br>FORMER BOARD MEMBER                      | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 508,990.                                                             | NONE                                                                      | 27,159.                                                                                       |
| (108) LINDA BARNHART MD (NWH)<br>BOARD MEMBER                            | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 480,048.                                                             | NONE                                                                      | 48,880.                                                                                       |
| (109) SHELIAH HECKLA (UTS)<br>BOARD MEMBER                               | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 465,874.                                                             | NONE                                                                      | 59,861.                                                                                       |
| (110) JILL BURNS MD (WEL)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 464,684.                                                             | NONE                                                                      | 53,735.                                                                                       |
| (111) DAVID RUSSELL (ALT)<br>FORMER BOARD MEMBER                         | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 494,386.                                                             | NONE                                                                      | 21,729.                                                                                       |
| (112) TRACEY BEIRIGER ESQ (OVI)<br>BOARD SECRETARY                       | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 439,146.                                                             | NONE                                                                      | 75,495.                                                                                       |
| (113) JOE SUYAMA MD (UPP)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 480,688.                                                             | NONE                                                                      | 32,684.                                                                                       |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BHARAT ADROJA MD (ULH)<br>BOARD MEMBER                             | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 466,766.                                                             | NONE                                                                      | 43,306.                                                                                       |
| (115) KEVIN KIST DO (WIL)<br>FORMER BOARD MEMBER                         | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 448,070.                                                             | NONE                                                                      | 58,958.                                                                                       |
| (116) MONICA BOLLAND MD (UPP)<br>BOARD MEMBER                            | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 475,949.                                                             | NONE                                                                      | 27,967.                                                                                       |
| (117) JOHN MCKEATING MD (MER)<br>FORMER BOARD MEMBER                     | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 443,705.                                                             | NONE                                                                      | 55,955.                                                                                       |
| (118) STEPHEN EMERY (MAG)<br>FORMER BOARD MEMBER                         | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 463,757.                                                             | NONE                                                                      | 33,006.                                                                                       |
| (119) JAMES W BOYLE MD (PSV)<br>BOARD MEMBER                             | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 450,325.                                                             | NONE                                                                      | 41,680.                                                                                       |
| (120) DAVID PATTON (SMH)<br>PRESIDENT                                    | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 415,000.                                                             | NONE                                                                      | 74,622.                                                                                       |
| (121) MAREK A RADOMSKI (UPP)<br>BOARD MEMBER                             | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 457,199.                                                             | NONE                                                                      | 27,201.                                                                                       |
| (122) RANDALL BOGGESE DO (NWH)<br>BOARD MEMBER                           | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 433,884.                                                             | NONE                                                                      | 50,516.                                                                                       |
| (123) DARIUS ABADI DO (LHS)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 429,366.                                                             | NONE                                                                      | 51,623.                                                                                       |
| (124) TULIO ESTRADA MD (HRZ)<br>BOARD MEMBER                             | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 425,473.                                                             | NONE                                                                      | 54,373.                                                                                       |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BRYANT WESLEY ESQ (CRP)<br>SECRETARY                       | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 432,144.                                                             | NONE                                                                      | 44,212.                                                                                       |
| (126) MATTHEW NEWLIN MD (ALT)<br>BOARD MEMBER                    | NONE<br>40.00                                                                              | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | 444,172.                                                                  | 31,854.                                                                                       |
| (127) JOEL S GREENBERGER MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 445,666.                                                             | NONE                                                                      | 28,558.                                                                                       |
| (128) HYAGRIV SIMHAN MD (UPP)<br>FORMER BOARD MEMBER             | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 437,563.                                                             | NONE                                                                      | 33,279.                                                                                       |
| (129) KENNETH YOUNG ESQ(SUN)<br>BOARD MEMBER                     | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 410,413.                                                             | NONE                                                                      | 57,336.                                                                                       |
| (130) JAMES D TEW MD (PRY)<br>BOARD MEMBER                       | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 437,068.                                                             | NONE                                                                      | 27,678.                                                                                       |
| (131) JOSEPH TALARICO DO (BDF)<br>FORMER BOARD MEMBER            | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 408,837.                                                             | NONE                                                                      | 55,638.                                                                                       |
| (132) ANDREA BADWAY (BHM)<br>BOARD MEMBER                        | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 412,959.                                                             | NONE                                                                      | 42,387.                                                                                       |
| (133) PATRICIA JACKSON-GEHRIS (ULH)<br>BOARD MEMBER, PRES & SECY | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 406,065.                                                             | NONE                                                                      | 47,967.                                                                                       |
| (134) NICOLE DONNELLAN MD (MAG)<br>BOARD MEMBER                  | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 435,408.                                                             | NONE                                                                      | 17,827.                                                                                       |
| (135) BRENDAN HARRIS (HMT)<br>BOARD MEMBER                       | 1.00<br>40.00                                                                              | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | 405,568.                                                                  | 46,637.                                                                                       |
| <b>1b Sub-total</b>                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b>   |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ALISON BEAM (UPM)<br>SVP, UPMC & CHIEF GOV'T AFFAIR            | 60.00<br>NONE                                                                              |                                                                                                              |                       |         | X            |                              |        | 410,640.                                                             | NONE                                                                      | 37,129.                                                                                       |
| (137) DONALD OWREY (HRZ)<br>FORMER PRESIDENT                         | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 447,044.                                                             | NONE                                                                      | NONE                                                                                          |
| (138) KIMBERLY ZYNN (SUS)<br>BOARD MEMBER                            | 1.00<br>40.00                                                                              | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | 395,921.                                                                  | 50,457.                                                                                       |
| (139) MICHELE P JEGASOTHY ESQ (UPM)<br>SECRETARY                     | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 376,711.                                                             | NONE                                                                      | 69,156.                                                                                       |
| (140) MBEMBO BONGUTU MD (RHS)<br>BOARD MEMBER                        | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 388,711.                                                             | NONE                                                                      | 56,855.                                                                                       |
| (141) ALAN WELLS MD (PRY)<br>FORMER BOARD MEMBER                     | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 411,596.                                                             | NONE                                                                      | 32,898.                                                                                       |
| (142) DONALD BECKSTEAD (HNV)<br>BOARD MEMBER                         | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 347,297.                                                             | NONE                                                                      | 95,815.                                                                                       |
| (143) MARC CORDERO MD (EAS)<br>BOARD MEMBER                          | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 389,632.                                                             | NONE                                                                      | 52,068.                                                                                       |
| (144) C TALBOT HEPPESTALL JR (UPM)<br>FORMER EVP, TREAS., & PRES ENT | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 391,092.                                                             | NONE                                                                      | 48,262.                                                                                       |
| (145) JARED WEINER (PRY)<br>CHIEF FINANCIAL OFFICER                  | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 396,477.                                                             | NONE                                                                      | 40,043.                                                                                       |
| (146) LAURA NK MILLER ESQ(CCB)<br>SECRETARY                          | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 367,426.                                                             | NONE                                                                      | 65,796.                                                                                       |
| <b>1b Sub-total</b>                                                  |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b>       |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ALEXANDER NESBITT MD (SPS)<br>BOARD MEMBER               | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 368,090.                                                             | NONE                                                                      | 61,471.                                                                                       |
| (148) ALFREDO BLAS MD (SUS)<br>BOARD MEMBER                    | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 374,997.                                                             | NONE                                                                      | 53,862.                                                                                       |
| (149) BRIAN FRITZ (PSV)<br>FORMER CHIEF FINANCIAL OFFICER      | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 386,989.                                                             | NONE                                                                      | 40,812.                                                                                       |
| (150) RICKQUEL TRIPP (UPP)<br>FORMER BOARD MEMBER              | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 388,263.                                                             | NONE                                                                      | 39,096.                                                                                       |
| (151) KENNETH NASH MD (CCB)<br>BOARD MEMBER                    | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 402,504.                                                             | NONE                                                                      | 24,680.                                                                                       |
| (152) LAWSON BERNSTEIN MD (EAS)<br>BOARD MEMBER                | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 388,865.                                                             | NONE                                                                      | 37,830.                                                                                       |
| (153) DANIEL GLUNK MD (ULH)<br>BOARD MEMBER                    | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 386,684.                                                             | NONE                                                                      | 26,533.                                                                                       |
| (154) LYNN RUPP (RHS)<br>PRESIDENT                             | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 373,687.                                                             | NONE                                                                      | 38,210.                                                                                       |
| (155) GWENDOLYN SOWA MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR   | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 383,022.                                                             | NONE                                                                      | 26,584.                                                                                       |
| (156) JAMES GIAMMARCO (CCB)<br>TREASURER & CFO                 | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 370,935.                                                             | NONE                                                                      | 37,763.                                                                                       |
| (157) DAWNDR A JONES (MYC)<br>FORMER BOARD MEMBER              | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 357,157.                                                             | NONE                                                                      | 48,991.                                                                                       |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (158) MARK BONDI (THS)<br>PRESIDENT                                      | 1.00<br>40.00                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | 346,797.                                                                              | 57,627.                                                                                                            |
| (159) MARK GLADWIN MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR               | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 377,412.                                                                            | NONE                                                                                  | 26,257.                                                                                                            |
| (160) GERALD MURRAY (ALT)<br>FORMER PRESIDENT                            | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 390,641.                                                                            | NONE                                                                                  | NONE                                                                                                               |
| (161) DONNA OTTOVIANI MSN(CMI)<br>BOARD MEMBER SECY, VP & COO            | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 349,473.                                                                            | NONE                                                                                  | 40,164.                                                                                                            |
| (162) KENNETH PLOWEY MD (MCK)<br>FORMER BOARD MEMBER                     | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 340,274.                                                                            | NONE                                                                                  | 45,377.                                                                                                            |
| (163) JANET WATERS (UPP)<br>FORMER BOARD MEMBER                          | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 354,611.                                                                            | NONE                                                                                  | 30,822.                                                                                                            |
| (164) FRANCIS FOTI MD (KAN)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 329,202.                                                                            | NONE                                                                                  | 53,847.                                                                                                            |
| (165) NOREEN FREDRICK (TLC)<br>BOARD PRESIDENT                           | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 339,920.                                                                            | NONE                                                                                  | 38,368.                                                                                                            |
| (166) CAROLINE DANIELS MD (CAC)<br>SECRETARY                             | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 330,327.                                                                            | NONE                                                                                  | 45,060.                                                                                                            |
| (167) MICHAEL BONINGER (HCM)<br>BOARD MEMBER & PRESIDENT                 | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 340,164.                                                                            | NONE                                                                                  | 33,582.                                                                                                            |
| (168) ELIZABETH RITTER (KAN)<br>FORMER BOARD MEMBER                      | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 313,542.                                                                            | NONE                                                                                  | 59,286.                                                                                                            |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DANIEL SWAYZE (CEM)<br>FORMER BOARD SECRETARY                      | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 332,903.                                                             | NONE                                                                      | 39,474.                                                                                       |
| (170) JAMES DONNELLY (CHS)<br>BOARD MEMBER                               | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 322,939.                                                             | NONE                                                                      | 49,406.                                                                                       |
| (171) GABRIELLA GOSMAN (MAG)<br>BOARD MEMBER                             | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 341,058.                                                             | NONE                                                                      | 30,083.                                                                                       |
| (172) MARIO WILFONG (ALT)<br>FORMER TREASURER AND CFO                    | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 320,576.                                                             | NONE                                                                      | 48,473.                                                                                       |
| (173) CHRISTINE NOLAN DPM (MUN)<br>BOARD MEMBER                          | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 311,003.                                                             | NONE                                                                      | 54,907.                                                                                       |
| (174) CHRISTINA PATTERSON (UPP)<br>FORMER BOARD MEMBER                   | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 331,073.                                                             | NONE                                                                      | 25,674.                                                                                       |
| (175) RUTUL DALAL MD (SHS)<br>BOARD MEMBER                               | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 324,288.                                                             | NONE                                                                      | 31,628.                                                                                       |
| (176) SUSAN DUCHMAN (HNV)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 323,142.                                                             | NONE                                                                      | 27,517.                                                                                       |
| (177) CHARLES HAGERTY (SHB)<br>BOARD VICE CHAIR                          | 40.00<br>NONE                                                                              | X                                                                                                         |                       | X       |              |                              |        | 309,807.                                                             | NONE                                                                      | 38,536.                                                                                       |
| (178) MELINDA HAMILTON MD (UPP)<br>BOARD MEMBER                          | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 319,350.                                                             | NONE                                                                      | 28,007.                                                                                       |
| (179) PAULA THOMAS (HHW)<br>PRESIDENT                                    | 40.00<br>NONE                                                                              |                                                                                                           |                       | X       |              |                              |        | 312,033.                                                             | NONE                                                                      | 34,596.                                                                                       |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ADAM YATES MD (MER)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 317,262.                                                             | NONE                                                                      | 25,705.                                                                                       |
| (181) NATHAN MOORE MD (RHS)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 288,935.                                                             | NONE                                                                      | 52,825.                                                                                       |
| (182) Nanci CASE (HNF)<br>PRESIDENT                                      | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 290,865.                                                             | NONE                                                                      | 47,041.                                                                                       |
| (183) MARK YAROS MD (SOH)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 284,509.                                                             | NONE                                                                      | 50,212.                                                                                       |
| (184) DAVID BAER MD (BDF)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 274,430.                                                             | NONE                                                                      | 57,771.                                                                                       |
| (185) JANIE HILFIGER (CCH)<br>PRESIDENT                                  | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 292,829.                                                             | NONE                                                                      | 36,438.                                                                                       |
| (186) HEATH SKINNER MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR              | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 307,628.                                                             | NONE                                                                      | 21,517.                                                                                       |
| (187) MARK ZACHARIA ESQ (MYC)<br>BOARD VICE CHAIR                        | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 280,406.                                                             | NONE                                                                      | 45,850.                                                                                       |
| (188) DAVID NACE MD (THS)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 295,512.                                                             | NONE                                                                      | 27,052.                                                                                       |
| (189) MARSHALL STAFFORD MD (SMH)<br>FORMER BOARD MEMBER                  | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 276,368.                                                             | NONE                                                                      | 42,679.                                                                                       |
| (190) MELISSA DAVIS (LHS)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 276,967.                                                             | NONE                                                                      | 41,256.                                                                                       |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DAVID BOBRZYNSKI (MYC)<br>BOARD TREASURER                | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 260,122.                                                             | NONE                                                                      | 47,130.                                                                                       |
| (192) TERRENCE LEWIS ESQ (EMI)<br>SECRETARY                    | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 274,010.                                                             | NONE                                                                      | 30,968.                                                                                       |
| (193) BRADLEY DINGER (NWH)<br>CFO AND TREASURER                | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 264,161.                                                             | NONE                                                                      | 34,576.                                                                                       |
| (194) STEPHEN PERKINS MD (FYO)<br>FORMER BOARD MEMBER          | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | NONE                                                                 | 290,000.                                                                  | 8,112.                                                                                        |
| (195) SYLVIA OWUSU-ANSAH (UPP)<br>BOARD MEMBER                 | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 274,899.                                                             | NONE                                                                      | 18,954.                                                                                       |
| (196) SUSAN MARTIN (MER)<br>FORMER BOARD MEMBER                | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 241,818.                                                             | NONE                                                                      | 49,176.                                                                                       |
| (197) MELANIE SMITH-FORTNEY (HNV)<br>BOARD MEMBER              | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 252,430.                                                             | NONE                                                                      | 37,821.                                                                                       |
| (198) TIMOTHY HORSKY DO (BDF)<br>FORMER BOARD MEMBER           | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 267,334.                                                             | NONE                                                                      | 19,694.                                                                                       |
| (199) ROBERT SULLIVAN MD (ALT)<br>BOARD MEMBER                 | NONE<br>40.00                                                                              | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | 268,572.                                                                  | 17,957.                                                                                       |
| (200) RONALD REYNOLDS (SUN)<br>BOARD MEMBER                    | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 260,606.                                                             | NONE                                                                      | 23,385.                                                                                       |
| (201) LAURENE TIMMONS (EAS)<br>BOARD SECY, TREAS & CFO         | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 256,724.                                                             | NONE                                                                      | 26,908.                                                                                       |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (202) RONALD DEEMS (MAG)<br>BOARD MEMBER & CFO                 | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 267,307.                                                                            | NONE                                                                                  | 16,248.                                                                                                            |
| (203) JAMES KONIECZNY (UPM)<br>ASST TREASURER                  | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 236,155.                                                                            | NONE                                                                                  | 45,889.                                                                                                            |
| (204) AMY SWINDELL DO (HNV)<br>FORMER BOARD MEMBER             | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 244,695.                                                                            | NONE                                                                                  | 20,374.                                                                                                            |
| (205) ROBYN BECKWITH MBA (BHM)<br>BOARD MEMBER AND SECRETARY   | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 218,290.                                                                            | NONE                                                                                  | 46,693.                                                                                                            |
| (206) TIMOTHY BALCONI (ALF)<br>PRESIDENT                       | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 219,301.                                                                            | NONE                                                                                  | 45,559.                                                                                                            |
| (207) MARGARET BELL (AUE)<br>TREASURER/SECRETARY               | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 224,733.                                                                            | NONE                                                                                  | 38,813.                                                                                                            |
| (208) SHERRY WATTS (COL)<br>BOARD MEMBER                       | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 242,074.                                                                            | NONE                                                                                  | 20,265.                                                                                                            |
| (209) JEFFREY KNORR (BHO)<br>SECRETARY                         | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 243,694.                                                                            | NONE                                                                                  | 16,676.                                                                                                            |
| (210) DONALD GOODMAN (CEM)<br>BOARD MEMBER AND V PRESIDENT     | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 228,303.                                                                            | NONE                                                                                  | 28,434.                                                                                                            |
| (211) MARGARET EALY (APP)<br>BOARD MEMBER, TREAS & CFO         | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 237,388.                                                                            | NONE                                                                                  | 18,739.                                                                                                            |
| (212) JOSEPH ANTONOWICZ MD (ALF)<br>FORMER BOARD MEMBER        | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 181,492.                                                                            | NONE                                                                                  | 73,222.                                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JAMES HOUSER (CEM)<br>PRESIDENT                          | 40.00<br>NONE                                                                              |                                                                                                           |                       | X       |              |                              |        | 235,384.                                                             | NONE                                                                      | 17,489.                                                                                       |
| (214) TRACEY CONTI MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR     | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 225,053.                                                             | NONE                                                                      | 24,199.                                                                                       |
| (215) DAVID MCCANDLESS MD (NWH)<br>BOARD MEMBER                | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 214,122.                                                             | NONE                                                                      | 35,129.                                                                                       |
| (216) ROBERT GRIFFITH (HHW)<br>CFO AND TREASURER               | 40.00<br>NONE                                                                              |                                                                                                           |                       | X       |              |                              |        | 211,676.                                                             | NONE                                                                      | 26,428.                                                                                       |
| (217) ROGER DAVIS (SCS)<br>BOARD MEMBER                        | 1.00<br>40.00                                                                              | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | 182,703.                                                                  | 49,301.                                                                                       |
| (218) MARYANN RIGAS (CCH)<br>BOARD MEMBER                      | 40.00<br>NONE                                                                              | X                                                                                                         |                       |         |              |                              |        | 188,516.                                                             | NONE                                                                      | 43,120.                                                                                       |
| (219) THOMAS DIACOVO MD (MAG)<br>FORMER BOARD MEMBER           | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 213,266.                                                             | NONE                                                                      | 16,775.                                                                                       |
| (220) CECIL MILLER (CHS)<br>SECRETARY                          | 1.00<br>40.00                                                                              |                                                                                                           |                       | X       |              |                              |        | NONE                                                                 | 201,194.                                                                  | 21,312.                                                                                       |
| (221) DIANA WOY (HNV)<br>FORMER BOARD MEMBER                   | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 156,151.                                                             | NONE                                                                      | 64,016.                                                                                       |
| (222) ROBERT JACKSON (HRZ)<br>FORMER PRESIDENT                 | NONE<br>NONE                                                                               |                                                                                                           |                       |         |              |                              | X      | 215,952.                                                             | NONE                                                                      | 3,944.                                                                                        |
| (223) MONICA KLATT (APH)<br>BOARD SECY, TREAS & CFO            | 40.00<br>NONE                                                                              | X                                                                                                         |                       | X       |              |                              |        | 188,031.                                                             | NONE                                                                      | 30,488.                                                                                       |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (224) SUSAN THOMPSON (HNV)<br>BOARD MEMBER                               | 1.00<br>40.00                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | 196,396.                                                                              | 18,831.                                                                                                            |
| (225) CARRIE ENNIS (HMT)<br>BOARD SECRETARY                              | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 186,923.                                                                            | NONE                                                                                  | 27,749.                                                                                                            |
| (226) WILLIAM A NIGRO (CRP)<br>BOARD MEMBER, TREAS AND CFO               | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 185,110.                                                                            | NONE                                                                                  | 25,866.                                                                                                            |
| (227) NAFIS HILL (PSV)<br>CHIEF FINANCIAL OFFICER                        | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 172,762.                                                                            | NONE                                                                                  | 37,702.                                                                                                            |
| (228) DAWN DRA JONES (MER)<br>BOARD MEMBER                               | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 157,157.                                                                            | NONE                                                                                  | 48,991.                                                                                                            |
| (229) RUSSELL MEYERS (EMI)<br>BOARD TREASURER                            | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 183,665.                                                                            | NONE                                                                                  | 21,882.                                                                                                            |
| (230) BYRON WADE (LOC)<br>BOARD PRESIDENT                                | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 187,806.                                                                            | NONE                                                                                  | 17,077.                                                                                                            |
| (231) MARK PAPALIA (KAN)<br>PRESIDENT                                    | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 184,609.                                                                            | NONE                                                                                  | 19,638.                                                                                                            |
| (232) PATRICIA MCGEE (HNV)<br>BOARD MEMBER                               | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 184,908.                                                                            | NONE                                                                                  | 16,666.                                                                                                            |
| (233) CHARLES FLACH (UPC)<br>TREASURER AND CFO                           | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 180,903.                                                                            | NONE                                                                                  | 17,563.                                                                                                            |
| (234) MICHAEL TRACY (HRF)<br>CHIEF FINANCIAL OFFICER                     | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 170,669.                                                                            | NONE                                                                                  | 23,066.                                                                                                            |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (235) DANIEL R SULLIVAN MD (PSV)<br>BOARD SECRETARY                      | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 175,625.                                                                            | NONE                                                                                  | 15,334.                                                                                                            |
| (236) NANCY PASTORIUS (SCS)<br>BOARD SECRETARY AND COO                   | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 152,536.                                                                            | NONE                                                                                  | 38,098.                                                                                                            |
| (237) LISA A NEWCOMB (UPM)<br>ASST. SECRETARY                            | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 158,121.                                                                            | NONE                                                                                  | 28,074.                                                                                                            |
| (238) JEFFREY ALVAREZ (MYC)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 169,403.                                                                            | NONE                                                                                  | 14,484.                                                                                                            |
| (239) ROBERT BLOSAT (BHM)<br>FORMER BOARD CHAIR AND PRES                 | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 170,530.                                                                            | NONE                                                                                  | 11,165.                                                                                                            |
| (240) CAROL VANZILE (MYC)<br>BOARD SECRETARY                             | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 141,504.                                                                            | NONE                                                                                  | 36,677.                                                                                                            |
| (241) AMY HUNT (COL)<br>BOARD MEMBER                                     | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 157,250.                                                                            | NONE                                                                                  | 19,761.                                                                                                            |
| (242) ZACHARY LENHART (JMC)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 155,773.                                                                            | NONE                                                                                  | 19,759.                                                                                                            |
| (243) JENNIFER VENNARE (HNA)<br>PRESIDENT                                | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 149,422.                                                                            | NONE                                                                                  | 24,281.                                                                                                            |
| (244) CLIFTON CALLAWAY MD (UPP)<br>FORMER BOARD MEMBER                   | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 150,084.                                                                            | NONE                                                                                  | 20,545.                                                                                                            |
| (245) JANE LIEBSCHUTZ (UPP)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 148,900.                                                                            | NONE                                                                                  | 14,013.                                                                                                            |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (246) KRISTIN LASHER (UHC)<br>SECRETARY                        | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 139,071.                                                                            | NONE                                                                                  | 11,293.                                                                                                            |
| (247) BRIAN ENGEL (SUN)<br>BOARD MEMBER                        | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 121,681.                                                                            | NONE                                                                                  | 27,887.                                                                                                            |
| (248) THOMAS RECTOR (MYC)<br>DIRECTOR OF FINANCIAL SERVICES    | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 111,299.                                                                            | NONE                                                                                  | 28,122.                                                                                                            |
| (249) JAMES WYLER (TLC)<br>BOARD VICE PRESIDENT                | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       | X       |              |                                 |        | 126,602.                                                                            | NONE                                                                                  | 12,666.                                                                                                            |
| (250) MANDY FAUBLE PHD (SHB)<br>EXECUTIVE DIRECTOR             | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 126,138.                                                                            | NONE                                                                                  | 10,208.                                                                                                            |
| (251) DANETTE HOFFER (CRP)<br>BOARD MEMBER                     | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 115,220.                                                                            | NONE                                                                                  | 20,954.                                                                                                            |
| (252) SHARI HOLLAND (MYC)<br>BOARD MEMBER                      | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 84,721.                                                                             | NONE                                                                                  | 32,459.                                                                                                            |
| (253) ROGER YOST (SHS)<br>ASST TREASURER                       | 40.00<br>NONE                                                                                                   |                                                                                                                    |                       | X       |              |                                 |        | 112,212.                                                                            | NONE                                                                                  | 528.                                                                                                               |
| (254) FREDDIE H FU MD (UPP)<br>FORMER BOARD MEMBER & DEPT CHA  | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 108,750.                                                                            | NONE                                                                                  | 1,991.                                                                                                             |
| (255) LYNN ROGERS (APH)<br>BOARD MEMBER                        | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 84,371.                                                                             | NONE                                                                                  | 21,819.                                                                                                            |
| (256) JONI MURRAY (HRF)<br>FORMER BOARD MEMBER                 | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 73,404.                                                                             | NONE                                                                                  | 32,757.                                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (257) SHARON SQUILLARIO (ALT)<br>ASST SECRETARY                          | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 72,020.                                                              | NONE                                                                      | 34,014.                                                                                       |
| (258) REBECCA BURKELY (TLC)<br>BOARD SECRETARY                           | 40.00<br>NONE                                                                              | X                                                                                                            |                       | X       |              |                              |        | 91,896.                                                              | NONE                                                                      | 13,382.                                                                                       |
| (259) ABDULRAB AZIZ MD (EAS)<br>BOARD MEMBER                             | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 105,000.                                                             | NONE                                                                      | NONE                                                                                          |
| (260) HEIDI VANGORDER (UPM)<br>ASST. SECRETARY                           | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 73,001.                                                              | NONE                                                                      | 31,014.                                                                                       |
| (261) MARK GERACI MD (UPP)<br>BOARD MEMBER                               | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 95,941.                                                              | NONE                                                                      | NONE                                                                                          |
| (262) PATSY MAXIM (HRF)<br>BOARD MEMBER                                  | 1.00<br>40.00                                                                              | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | 82,072.                                                                   | 10,218.                                                                                       |
| (263) ALEXANDER J CIOCCA ESQ (SMH)<br>FORMER BOARD MEMBER                | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 84,616.                                                              | NONE                                                                      | NONE                                                                                          |
| (264) MICHAEL GRACE (MER)<br>FORMER BOARD MEMBER AND PRESID              | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 84,155.                                                              | NONE                                                                      | NONE                                                                                          |
| (265) LISA SMITH (NWH)<br>ASST SECRETARY                                 | 40.00<br>NONE                                                                              |                                                                                                              |                       | X       |              |                              |        | 65,412.                                                              | NONE                                                                      | 17,199.                                                                                       |
| (266) RACHEL BERGER (CHP)<br>FORMER BOARD MEMBER                         | NONE<br>NONE                                                                               |                                                                                                              |                       |         |              |                              | X      | 67,375.                                                              | NONE                                                                      | 7,595.                                                                                        |
| (267) REBECCA RICKARD (SPS)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                              | X                                                                                                            |                       |         |              |                              |        | 52,932.                                                              | NONE                                                                      | 20,159.                                                                                       |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (268) MATTHEW BERWICK (CCB)<br>BOARD MEMBER                              | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 62,498.                                                                             | NONE                                                                                  | 6,463.                                                                                                             |
| (269) ALYSON FISHER (HRF)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 50,608.                                                                             | NONE                                                                                  | 6,567.                                                                                                             |
| (270) LOREN ROTH MD (CCB)<br>FORMER BOARD MEMBER                         | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 45,000.                                                                             | NONE                                                                                  | 10,143.                                                                                                            |
| (271) SCOTT GRAUBARD (HRF)<br>BOARD MEMBER                               | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 46,620.                                                                             | NONE                                                                                  | 3,255.                                                                                                             |
| (272) JEROME SHAFFER (CPS)<br>FORMER BOARD MEMBER TREASURER              | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | 33,091.                                                                             | NONE                                                                                  | 3,987.                                                                                                             |
| (273) DANIEL GRANT (SCS)<br>FORMER BOARD MEMBER                          | NONE<br>NONE                                                                                                    |                                                                                                                    |                       |         |              |                                 | X      | NONE                                                                                | 20,500.                                                                               | 2,437.                                                                                                             |
| (274) KAREN WASTLER (SUN)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 18,846.                                                                             | NONE                                                                                  | NONE                                                                                                               |
| (275) DENNIS ENGLISH MD (MAG)<br>BOARD MEMBER                            | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | 4,950.                                                                              | NONE                                                                                  | NONE                                                                                                               |
| (276) DONNA OTTOVIANI MSN (BHM)<br>BOARD PRESIDENT                       | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (277) MARSHALL WEBSTER MD (BHM)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (278) BRIAN FRITZ (BHM)<br>BOARD TREASURER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 ►

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     |    |
| <b>4</b> |     |    |
| <b>5</b> |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DAVID ROTTINGHAUS MD (BHM)<br>BOARD VICE PRESIDENT                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (280) KAREN A ALLEN (BHM)<br>BOARD VICE PRESIDENT                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (281) JOHN INNOCENTI (CEM)<br>BOARD CHAIR                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (282) SANDRA RADER (CEM)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (283) DIANNE HUPP (CEM)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (284) DAVID GIBBONS (CEM)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (285) JAN E FISHER (CEM)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (286) DEBRA DELLAPOSTA (CPF)<br>BOARD CHAIR & PRESIDENT                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (287) BRUCE ERB (CPF)<br>BOARD VICE CHAIR & V PRES                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (288) MELYNDA BUDD (CCH)<br>BOARD TREASURER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (289) MICHAEL CALLAHAN (CCH)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JOSHUA COSTA (CCH)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (291) JOHN LEETE (CCH)<br>BOARD CHAIR                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (292) CONNIE PERKINS (CCH)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (293) PATRICK LARSEN (CCH)<br>BOARD SECRETARY                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (294) MATTHEW SPLAIN (CCH)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (295) ELIZABETH WALLACE (CCH)<br>BOARD VICE CHAIR              | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (296) DANIEL GLUNK MD (CCH)<br>BOARD MEMBER                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (297) PATRICIA JACKSON-GEHRIS (CCH)<br>BOARD MEMBER            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (298) CARRIE ENNIS (CCH)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (299) DAVID LOPATOFISKY (CCH)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (300) CHERYL KIMMEL (CAC)<br>BOARD CHAIR & PRESIDENT           | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 ▶

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     |    |
| <b>4</b> |     |    |
| <b>5</b> |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (301) ALISON DUBOIS MD (CAC)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (302) BARBARA HASSON (CAC)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (303) GINNY JACOB (CAC)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (304) BRIAN RICE (CAC)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (305) CARA FLORIE (CAC)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (306) KATHLEEN GALBREATH (CAC)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (307) DIANA REED (CAC)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (308) JAMES RUGH (CAC)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (309) DEBORAH SHAW (CAC)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (310) TERRI STRAMBA (CAC)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (311) ROSEANN TOMOCHECK (CAC)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) THOMAS MANSELL (CAC)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (313) KATE MULHOLLEN (CAC)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (314) MICHAEL OCCHIBONE (CAC)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (315) TRACEY RANKIN (CAC)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (316) RUTH RAY (CAC)<br>BOARD VICE CHAIR & V PRES              | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (317) CHARMALE COCKRELL (CAC)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (318) AMI FOUST (COL)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (319) DAVID ERRICK (COL)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (320) SAMUEL LUSH (COL)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (321) KAREN LARSEN (COL)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (322) JOSHUA COSTA (COL)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (323) ROBERT SMITH (COL)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (324) CLIFF WOOD (COL)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (325) DIANE HOLDER (CCB)<br>BOARD CHAIR                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (326) GEORGE A HUBER ESQ (CCB)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (327) JOHN LOVELACE (CCB)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (328) DEBORAH S BRODINE (CRP)<br>BOARD CHAIR                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (329) MARK BONDI (CRP)<br>BOARD MEMBER AND PRESIDENT                     | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (330) STEVEN JOHNSON (DVP)<br>BOARD MEMBER AND PRESIDENT                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (331) DANIEL KLINGERMAN (DVP)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (332) ALEXANDER NESBITT MD (DVP)<br>BOARD MEMBER                         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (333) PATRICK WILSON (DVP)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (334) ROGER YOST (DVP)<br>BOARD MEMBER & ASST TREASURER                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (335) DAVID GIBBONS (EPN)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (336) DAVID KRUSZEWSKI MD (EPN)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (337) LYNN RUPP (EPN)<br>BOARD MEMBER AND V PRESIDENT                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (338) MICHAEL CALLAHAN (HCV)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (339) JOSHUA COSTA (HCV)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (340) JOHN LEETE (HCV)<br>BOARD CHAIR                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (341) CONNIE PERKINS (HCV)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (342) PATRICK LARSEN (HCV)<br>BOARD SECRETARY                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (343) MARYANN RIGAS (HCV)<br>BOARD MEMBER                                | 40.00<br>NONE                                                                                                   | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (344) MATTHEW SPLAIN (HCV)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (345) ELIZABETH WALLACE (HCV)<br>VICE CHAIRMAN                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (346) DANIEL GLUNK MD (HCV)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (347) PATRICIA JACKSON-GEHRIS (HCV)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (348) CARRIE ENNIS (HCV)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (349) DAVID LOPATOFISKY (HCV)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (350) EDWARD HENDERSON (HNA)<br>BOARD CHAIR                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (351) DANETTE HOFFER (HNA)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (352) BERNARD CREPPAGE (HNA)<br>BOARD CHAIR AND V PRESIDENT              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (353) RONALD DEEMS (HNA)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (354) BRYANT WESLEY ESQ (HNA)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (355) DEBORAH S BRODINE (HNA)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JAN E FISHER (HNA)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (357) JAMES DRENNING (HNA)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (358) JOHN LOVELACE (HNA)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (359) BRUCE ERB (HNA)<br>BOARD SECRETARY                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (360) ROBERT GRIFFITH (HNA)<br>BOARD TREASURER AND CFO                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (361) RICHARD WADAS MD (HNA)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (362) MARK MOSCHELLA (HNF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (363) MICHAEL WARD (HNF)<br>BOARD MEMBER AND SECRETARY                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (364) NANCY FOGEL (HNF)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (365) DANA DIVECCHIO (HNF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (366) DEREK MARTIN (HNF)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (367) EDWARD HENDERSON (HNF)<br>BOARD MEMBER AND CHAIR                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (368) SCOTT COX (HNF)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (369) KATHY WAGNER (HNF)<br>BOARD TREASURER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (370) DALE PERELMAN (JHF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (371) RANDY SILVERMAN (JHF)<br>BOARD SECRETARY                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (372) GLENN LEBBY (JHF)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (373) MARVIN LEBBY (JHF)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (374) JAY BRUCE (JHF)<br>BOARD CHAIR                                     | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (375) ELIZABETH PICCIONE MD (JHF)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (376) MICHAEL TRACY (JHF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (377) ALYSON FISHER (JHF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JESSICA PHILLIPS (JHF)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (379) SCOTT GRAUBARD (JHF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (380) PATSY MAXIM (JHF)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (381) TOM SABOL (JHF)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (382) MARGARET NOEL (JHF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (383) ROBERT PICCIRILLI (JHF)<br>BOARD CHAIR                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (384) RONALD MCCALL (JHF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (385) JERRY TRONTEL (JHF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (386) ROBERT J JACKSON (JMC)<br>BOARD CHAIR & CEO                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (387) ELIZABETH PICCIONE MD (JMC)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (388) MICHAEL TRACY (JMC)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JILL BURNS MD (LHS)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (390) MATTHEW DECAMP (LHS)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (391) LISA FEIL PSY DO (LHS)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (392) JANIE HILFIGER (LHS)<br>BOARD MEMBER & ASST SECRETARY    | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (393) HAROLD HOOSE III (LHS)<br>BOARD VICE CHAIR               | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (394) STEVEN JOHNSON (LHS)<br>BOARD PRESIDENT                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (395) MICHAEL LICHTY (LHS)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (396) J DENNIS MURRAY PHD (LHS)<br>BOARD MEMBER                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (397) GLENN POIRIER (LHS)<br>BOARD CHAIR                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (398) KATHY WRIGHT PHD (LHS)<br>BOARD SECRETARY                | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (399) MIKE MERANTE (MYC)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) SHARON MERANTE (MYC)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (401) NOREEN FREDRICK (MYC)<br>BOARD PRESIDENT                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (402) BETH BURNSIDE (RHS)<br>BOARD CHAIR                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (403) EILEEN SIMMONS (RHS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (404) DONNA OTTOVIANI MSN (RHS)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (405) CARRIE ENNIS (RHS)<br>BOARD SECRETARY                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (406) DOUGLAS HEUSEY (RHS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (407) FRANK VICTOR (RHS)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (408) DAVID ZIMMER (RHS)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (409) LAUREN BAUER (SHB)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (410) MARY KAY EISERT (SHB)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (411) AMY JONES (SHB)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (412) CARRIE ENNIS (SHB)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (413) JEFFREY SHAW (SHB)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (414) SUSAN SIMON (SHB)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (415) WILLIAM GROVE (SHB)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (416) RONALD ALDOM (SCH)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (417) FRED ROSEMEYER (SCH)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (418) KRISTA MATHIAS (SCH)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (419) VINCE JACOB (SCH)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (420) MICHELLE MOON (SCH)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (421) SHARON CLAPPER (SCH)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) KRISTA MATHIAS (SOH)<br>BOARD CHAIR                      | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (423) TROY MILLER (SOH)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (424) TED DESKEVICH (SOH)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (425) DAVID MARTIN (SOH)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (426) DAVID BURWELL MD (SOH)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (427) DAVID RUSSELL (SOH)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (428) RICHARD WADAS MD (SOH)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (429) MARK BONDI (SCS)<br>BOARD CHAIR AND PRESIDENT            | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (430) WILLIAM A NIGRO (SCS)<br>BOARD MEMBER TREAS AND CFO      | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (431) KEITH KUZIO (SHF)<br>BOARD CHAIR                         | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (432) STEVEN JOHNSON (SHF)<br>BOARD MEMBER AND PRESIDENT       | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) SHERRY WATTS (SHF)<br>BOARD MEMBER, PRESIDENT & ASST               | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (434) JOHN YOUNG (SHF)<br>BOARD SECRETARY                                | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (435) ROBERT CROCKETT (SHF)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (436) SISTER TERESA ANN JACOBS (SHF)<br>BOARD CHAIR                      | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (437) FRANK PELLEGRINO (SHF)<br>BOARD TREASURER & VICE CHAIR             | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (438) MARK HUFFMAN (SHF)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (439) SUSAN BRANTON MD (SHF)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (440) SAMUEL LUSH (SHF)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (441) DAVID ROCHE (SHF)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (442) AMANDA OECHLER (SHF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (443) MICHAEL BEITER (SHF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) PATRICIA JACKSON-GEHRIS (SHF)<br>BOARD MEMBER, PRES & ASST SECY    | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (445) HANI TUFFAHA MD (SHF)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (446) PAMELA LUNDY (SHF)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (447) BLAISE ALEXANDER (SHF)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (448) MARISA RAINEY RAU (SHF)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (449) PATRICIA MCGEE (SHF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (450) ANGIE ALEXANDER (SHF)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (451) BRIAN MCCLINTOCK (SHF)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (452) JON CONKLIN (SHF)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (453) ALANNA HUCK (SHF)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (454) WILLIAM HEBE (SHF)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (455) SISTER TERESA ANN JACOBS (SHS)<br>BOARD VICE CHAIR                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (456) STEVEN JOHNSON (SHS)<br>BOARD MEMBER AND PRESIDENT                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (457) CHRISTOPHER STOCKHAUSEN (SHS)<br>BOARD MEMBER AND CFO              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (458) SUSAN BRANTON MD (SHS)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (459) RONALD DI SIMONE MD (SHS)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (460) DURRIYA ESAA MD (SHS)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (461) DAVIE JANE GILMOUR (SHS)<br>BOARD CHAIR                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (462) DAN KLINGERMAN (SHS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (463) ALEXANDER NESBITT MD (SHS)<br>BOARD MEMBER                         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (464) SHAILESH PATEL MD (SHS)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (465) PATRICK WILSON (SHS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ANN PEPPERMAN ESQ (SPS)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (467) DARIUS ABADI DO (SPS)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (468) MELISSA DAVIS (SPS)<br>BOARD MEMBER & ASST SECRETARY           | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (469) DAVIE JANE GILMOUR PHD (SPS)<br>BOARD CHAIR                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (470) SISTER TERESA ANN JACOBS (SPS)<br>BOARD VICE CHAIR & SECRETARY | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (471) PATRICIA JACKSON-GEHRIS (SPS)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (472) DANIEL KLINGERMAN (SPS)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (473) DAVID LOPATOFISKY (SPS)<br>BOARD PRESIDENT                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (474) J DENNIS MURRAY PHD (SPS)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (475) GLENN POIRIER (SPS)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (476) ROGER YOST (SPS)<br>BOARD ASST TREASURER                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                                  |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b>       |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DEBORAH S BRODINE (THS)<br>BOARD MEMBER AND VICE CHAIR   | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (478) PETER EISENBRANDT (THS)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (479) BARBARA GROSSMAN (THS)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (480) RICHARD S HAMILTON (THS)<br>BOARD MEMBER AND CHAIR       | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (481) DANETTE HOFFER (THS)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (482) DANIEL R SULLIVAN MD (THS)<br>BOARD MEMBER               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (483) MARGARET JOY ESQ (THS)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (484) NATALIE LELAND (THS)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (485) KAREN WOMACK (THS)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (486) THOMAS RECTOR (TLC)<br>BOARD TREASURER                   | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (487) FREDERICK ROSEMYER (TLC)<br>BOARD MEMBER                 | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       |     |    |
| <b>4</b> 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 |     |    |
| <b>5</b> 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                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (488) MARK BOWER (TLC)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (489) RON ALDOM (TLC)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (490) JOON SUP LEE (UPC)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (491) SY HOLZER (UPC)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (492) CHARLES BOGOSTA (UPC)<br>BOARD VICE PRESIDENT AND VICE             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (493) TRACEY BEIRIGER ESQ (UPC)<br>BOARD SECRETARY                       | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (494) MARSHALL WEBSTER MD (UHC)<br>BOARD CHAIR AND PRESIDENT             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (495) DAVID T MARTIN (UHC)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (496) JOHN INNOCENTI (UHC)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (497) MARK SEVCO (UHC)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (498) DAVID GIBBONS (UHC)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JOON SUP LEE MD (UHC)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (500) ANANTHA SHEKAR MD (UHC)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (501) ROBERT P EDWARDS MD (UHC)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (502) DONALD YEALY MD (UHC)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (503) PAGE PENNELL MD (UPP)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (504) LIRON PANTANOWITZ (UPP)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (505) ANANTHA SHEKHAR MD (UPP)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (506) G NICHOLAS BECKWITH III (UPP)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (507) GEOVETTE WASHINGTON ESQ (UPP)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (508) JOHN GALLEY (UPP)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (509) JOHN SURMA (UPP)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) LESLIE C DAVIS (UPP)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (511) MARGARET P JOY ESQ (UPP)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (512) MARSHALL WEBSTER MD (UPP)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (513) PATRICK GALLAGHER (UPP)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (514) RICHARD BEIGI MD (UPP)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (515) RICHARD S HAMILTON (UPP)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (516) DIANNE HUPP (UPP)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (517) DEREK ANGUS MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (518) MARIE BALDISERRI MD (UPP)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (519) JOEL B NELSON MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (520) JOAN GABEL (UPP)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DONALD M YEALY MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (522) JOEL YUHAS (UPP)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (523) JOSE ZEVALLOS MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (524) ROBERT P EDWARDS MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (525) THOMAS RICHARDS (UPP)<br>BOARD MEMBER AND DEPT CHAIR               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (526) NAUDIA JONASSAINT (UPP)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (527) TIMOTHY BILLIAR MD (UPP)<br>BOARD SECRETARY AND INTERIM PR         | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (528) DOUGLAS BROWNING (UPP)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (529) JOON SUP LEE MD (UPP)<br>BOARD MEMBER AND DEPT CHAIR               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (530) G NICHOLAS BECKWITH III (UPM)<br>BOARD CHAIR                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (531) ANN PEPPERMAN ESQ (UPM)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DEBRA L CAPLAN (UPM)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (533) DOUGLAS P DICK (UPM)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (534) DOUGLAS A NEIDICH (UPM)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (535) ELAINE BELLIN (UPM)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (536) GREGORY SPENCER (UPM)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (537) JAMES P COVERT (UPM)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (538) JOHN SURMA (UPM)<br>BOARD CHAIR                                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (539) JOHN VERBANAC (UPM)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (540) MARK RAIMY (UPM)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (541) MICHAEL P LYONS (UPM)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (542) MICHAEL G WELLS (UPM)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) RICHARD S HAMILTON (UPM)<br>BOARD MEMBER                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (544) MARGARET JOY ESQ (UPM)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (545) ROBERT G LOVETT (UPM)<br>BOARD MEMBER                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (546) ELENI LUCIDO (UPM)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (547) ROBERT MONTLER (UPM)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (548) SUSAN BAKER SHIPLEY (UPM)<br>BOARD MEMBER                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (549) VAUGHN S CLAGETTE MD (UPM)<br>BOARD MEMBER               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (550) W DUFF MCCRADY (UPM)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (551) EVA BLUM (UPM)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (552) DOUGLAS BROWNING (UPM)<br>BOARD VICE CHAIR               | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (553) MARK J LASKOW (UPM)<br>BOARD MEMBER & SECOND VICE CH     | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .                                       |     |    |
| <b>4</b> 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 . . . . . |     |    |
| <b>5</b> 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 . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DEBORAH S BRODINE (APP)<br>BOARD MEMBER AND PRESIDENT              | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (555) BRYANT WESLEY ESQ (APP)<br>BOARD MEMBER AND SECRETARY              | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (556) DAVID BOBRZYNSKI (APP)<br>BOARD MEMBER, TREAS & CFO                | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (557) MATTHEW STUCKEY (ALT)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (558) PHILIP FREEMAN (ALT)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (559) BRIAN GRABILL ESQ (ALT)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (560) DONALD YEALY MD (ALT)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (561) BERNARD CREPPAGE (ALT)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (562) DAVID BAER MD (ALT)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (563) DAVID T MARTIN (ALT)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (564) HON LISA PUPO LENIHAN (ALT)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (565) JOHN R BLACKBURN III (ALT)<br>BOARD VICE CHAIR                     | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (566) KAREN PFEFFER (ALT)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (567) JAMES DRENNING (ALT)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (568) BRUCE ERB (ALT)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (569) ROBERT MONTLER (ALT)<br>BOARD CHAIR                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (570) JAMES VREELAND MD (ALT)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (571) ANN BENZEL (ALT)<br>BOARD SECRETARY                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (572) JAMES DRENNING (ALF)<br>BOARD CHAIR                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (573) ANN BENZEL (ALF)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (574) BETSY LEHMAN (ALF)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (575) CRAIG KILMER (ALF)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ERIC IRWIN (ALF)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (577) JAN E FISHER (ALF)<br>BOARD MEMBER & COO                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (578) JOSH BARNHART (ALF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (579) MARGARET CAWTHERN (ALF)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (580) MATTHEW STUCKEY (ALF)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (581) PAUL CUNNINGHAM (ALF)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (582) CHRIS WEIDLEY (ALF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (583) MICHAEL SETTIMIO (ALF)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (584) NANCY DEVORRIS (ALF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (585) NEIL PORT (ALF)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (586) ROBERT BILGER (ALF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BARBARA KOOMAN (ALF)<br>BOARD SECRETARY                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (588) ROBERT OKONAK JR (ALF)<br>BOARD TREASURER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (589) WILLIAM WALLEN (ALF)<br>BOARD VICE CHAIR                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (590) WILLIAM WALLEN (APH)<br>BOARD CHAIR                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (591) DAWN MCCLELLAN (APH)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (592) NEIL PORT (APH)<br>BOARD VICE CHAIR                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (593) MICHELLE ADAMS (APH)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (594) COLEEN HEIM (APH)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (595) JOHN R BLACKBURN III (BDF)<br>BOARD CHAIR                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (596) DAVID T MARTIN (BDF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (597) ROBERT MONTLER (BDF)<br>BOARD CHAIR                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (598) JAMES VREELAND MD (BDF)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (599) ANN BENZEL (BDF)<br>BOARD SECRETARY                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (600) BERNARD CREPPAGE (BDF)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (601) JAMES DRENNING (BDF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (602) BRUCE ERB (BDF)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (603) HON LISA PUPO LENIHAN (BDF)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (604) MATTHEW NEWLIN MD (BDF)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (605) KAREN PFEFFER (BDF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (606) MICHAEL SCHLECHTER MD (BDF)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (607) MATTHEW STUCKEY (BDF)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (608) PHILIP FREEMAN (BDF)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BRIAN GRABILL ESQ (BDF)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (610) ROBERT SULLIVAN MD (BDF)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (611) DONALD YEALY MD (BDF)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (612) MATTHEW BOUCHARD MD (BDF)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (613) BERNARD CREPPAGE (BHA)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (614) MARGARET ADAMS (BHA)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (615) STEPHEN MARTYNUSKA (BHA)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (616) BRENDA IRELAND (CHS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (617) CRISTIE HERBST (CHS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (618) MARK RAIMY (CHS)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (619) LYNN RUPP (CHS)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (620) MICHAEL SULLIVAN (CHS)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (621) WILLIAM GEARY MD (CHS)<br>BOARD MEMBER AND CHAIR         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (622) DAVID GIBBONS (CHS)<br>BOARD MEMBER AND VICE CHAIR       | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (623) BRADLEY DINGER (CHS)<br>BOARD MEMBER, TREAS & CFO        | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (624) STEVEN KILBURN (CHS)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (625) HOWARD W HANNA III (CHP)<br>BOARD MEMBER                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (626) DENA LAMAR (CHP)<br>BOARD MEMBER                         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (627) ANANTHA SHEKAR MD (CHP)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (628) CLIFFORD ROWE JR (CHP)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (629) DOROTHY J POLLON (CHP)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (630) HONORABLE JILL RANGOS (CHP)<br>BOARD MEMBER              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JAY W CLEVELAND (CHP)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (632) JOAN STEPHANS (CHP)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (633) JOHN STALEY V (CHP)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (634) JOSEPH C WALTON (CHP)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (635) LAWRENCE N GUMBERG (CHP)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (636) LESLIE BRAKSICK PHD (CHP)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (637) LESLIE C DAVIS (CHP)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (638) MARTHA HARTLE MUNSCH ESQ (CHP)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (639) MARY JO HOWARD DIVELEY ESQ (CHP)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (640) VANESSA OPPERMAN MOREHOUSE (CHP)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (641) DOUGLAS P DICK (CHP)<br>BOARD CHAIR                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (642) MERON YEMANE (CHP)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (643) DAVID T MARTIN (CMI)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (644) JOON SUP LEE MD (CMI)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (645) BRIAN FRITZ (CMI)<br>BOARD MEMBER TREASURER AND CFO                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (646) RICHARD S HAMILTON (CMI)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (647) LESLIE C DAVIS (CPS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (648) BRYANT WESLEY ESQ (CPS)<br>BOARD SECRETARY                         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (649) DANETTE HOFFER (CPS)<br>BOARD TREASURER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (650) EILEEN SIMMONS (CPS)<br>BOARD TREASURER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (651) MARK SEVCO (CPS)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (652) SEAN LOGAN (EAS)<br>BOARD CHAIR                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) RAVI KONDAVEETI MD (EAS)                                 | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (654) JAWDAT NIKOULA MD (EAS)                                  | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (655) GEORGE A HUBER ESQ (EAS)                                 | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (656) JAMES D HEATHERINGTON (EAS)                              | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (657) JO ELLEN KENNEY (EAS)                                    | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (658) MARY PAT SOLTIS (EAS)                                    | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (659) NADEEM ISLAM MD (EAS)                                    | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (660) REBECCA SHAW MCHOLME JD (EAS)                            | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD CHAIR                                                    | NONE                                                                                       | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (661) THOMAS W STERLING (EAS)                                  | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (662) DAVID PATTON (EMI)                                       | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (663) GEORGE A HUBER ESQ (FYO)                                 | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) GWENDOLYN SOWA MD (FYO)<br>BOARD MEMBER AND CHAIR                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (665) LORI REYNOLDS (FYO)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (666) DIANE HOLDER (FYO)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (667) BARBARA ZABLOTNEY (FYO)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (668) MATTHEW BERWICK (EAS)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (669) REV PAUL ABERNATHY (EAS)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (670) ARDELL REIMAN (EAS)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (671) MARK RAIMY (HMT)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (672) BETH BURNSIDE (HMT)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (673) C TALBOT HEPPENSTALL JR (HMT)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (674) DANIEL TEED (HMT)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DAVID ZIMMER (HMT)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (676) DWANE BROCK (HMT)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (677) ELLIOTT EHRENREICH ESQ (HMT)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (678) FRANK VICTOR (HMT)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (679) MICHAEL VICTOR (HMT)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (680) DONALD YEALY MD (HMT)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (681) JOEL B NELSON MD (HMT)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (682) JOHNNY JOHNSON (HMT)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (683) KEITH TAYLOR PHD (HMT)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (684) LISA PRESTA-SMITH ESQ (HMT)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (685) MARK SEVCO (HMT)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (686) JOEL YUHAS (HMT)<br>BOARD MEMBER                         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (687) EILEEN SIMMONS (HMT)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (688) MARGARET P JOY ESQ (HMT)<br>BOARD MEMBER                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (689) TIMOTHY NECASTRO (HMT)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (690) WILLIAM GEARY MD (HMT)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (691) DEBORAH S BRODINE (HCM)<br>BOARD CO-CHAIR                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (692) JAMES SCHUSTER MD (HCM)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (693) SANDRA MCANALLEN (HCM)<br>BOARD MEMBER                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (694) TAMI MINNIER (HCM)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (695) ROBERT GRIFFITH (HCM)<br>BOARD MEMBER, TREASURER & CFO   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (696) DIANE HOLDER (HCM)<br>BOARD CO-CHAIR                     | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BRUCE ERB (HNV)<br>BOARD CHAIR                                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (698) KIM BURNS-WARD (HNV)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (699) ROBERT BUTTER (HNV)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (700) SANDRA TOMLINSON (HNV)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (701) SISTER TERESA ANN JACOBS (HNV)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (702) VAL MIGNOGNA (HNV)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (703) JANIE CHRISTNER (HNV)<br>BOARD SECRETARY                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (704) ROBERT GRIFFITH (HNV)<br>BOARD TREASURER & CFO                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (705) KRISTIN HENDERSON (HNV)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (706) DEBORAH S BRODINE (HHW)<br>BOARD CHAIR                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (707) DEBBIE BURBLES (HHW)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JACKIE DUBAR JACOBS (HHW)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (709) JOON SUP LEE MD (HHW)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (710) NAMITA AHUJA MD (HHW)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (711) BRYANT WESLEY ESQ (HHW)<br>BOARD SECRETARY                         | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (712) DIANE HOLDER (HNV)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (713) CHRISTINE KASPER MD (HNV)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (714) DANETTE HOFFER (HHW)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (715) RICHARD WADAS MD (HNV)<br>BOARD CHAIR                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (716) RONALD MCCALL (HRZ)<br>BOARD SECRETARY                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (717) CHERYL KIMMEL (HRZ)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (718) KATHRYN LIMA (HRZ)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (719) CHRISTOPHER MILLER (HRZ)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (720) DAVID GIBBONS (HRZ)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (721) DAVID GRANDE (HRZ)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (722) HENDLEY HOGE (HRZ)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (723) KENNETH ROMIG (HRZ)<br>BOARD TREASURER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (724) DONALD YEALY MD (HRZ)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (725) GAYLE YOUNG (HRZ)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (726) LOUIS MERRYMAN (HRZ)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (727) STEVEN GARGASZ (HRZ)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (728) FRANK MINDICINO CFP (HRZ)<br>BOARD CHAIR                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (729) JAY BRUCE (HRZ)<br>BOARD VICE CHAIR                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (730) LINDA EVANS (HRZ)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (731) JERRY TRONTEL (HRF)<br>BOARD TREASURER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (732) JESSICA PHILLIPS (HRF)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (733) ROBERTA GOLDSTONE (HRF)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (734) ROBERT PICCIRILLI (HRF)<br>BOARD CHAIR                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (735) FRANK MINDICINO CFP (HRF)<br>BOARD VICE CHAIR                      | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (736) JAY BRUCE (HRF)<br>BOARD CHAIR                                     | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (737) RONALD MCCALL (HRF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (738) RANDY SILVERMAN (HRF)<br>BOARD SECRETARY                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (739) DALE PERELMAN (HRF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (740) MARVIN LEBBY (HRF)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) TOM SABOL (HRF)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (742) MARGARET NOEL (HRF)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (743) CHARLES BOGOSTA (IHI)<br>BOARD MEMBER AND PRESIDENT                | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (744) TRACEY BEIRIGER ESQ (IHI)<br>BOARD MEMBER & SECRETARY              | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (745) RONALD MCCALL (JAM)<br>BOARD SECRETARY                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (746) CHERYL KIMMEL (JAM)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (747) KATHRYN LIMA (JAM)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (748) CHRISTOPHER MILLER (JAM)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (749) DAVID GIBBONS (JAM)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (750) DAVID GRANDE (JAM)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (751) HENDLEY HOGE (JAM)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (752) KENNETH ROMIG (JAM)<br>BOARD TREASURER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (753) DONALD YEALY MD (JAM)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (754) GAYLE YOUNG (JAM)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (755) LINDA EVANS (JAM)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (756) LOUIS MERRYMAN (JAM)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (757) STEVEN GARGASZ (JAM)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (758) TULIO ESTRADA MD (JAM)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (759) JAY BRUCE (JAM)<br>BOARD VICE CHAIR                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (760) FRANK C MINDICINO (JAM)<br>BOARD CHAIR                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (761) DAVID GIBBONS (KAN)<br>BOARD VICE CHAIR                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (762) CARRIE ENNIS (KAN)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) HALCOLM BARD (KAN)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (764) LINDA MYERS (KAN)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (765) RONALD MATTIS (KAN)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (766) BRADLEY DINGER (KAN)<br>BOARD TREASURER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (767) ERIK ROSS (KAN)<br>BOARD SECRETARY                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (768) DONALD PAYNE (KAN)<br>BOARD CHAIR                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (769) MIKE FLANAGAN (ULH)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (770) STEVEN JOHNSON (ULH)<br>BOARD MEMBER AND SECRETARY                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (771) TIM KEOHANE (ULH)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (772) MICHAEL MARSALA (ULH)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (773) ANN PEPPERMAN ESQ (ULH)<br>BOARD CHAIR                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) RAJESH PATEL MD (ULH)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (775) DEBRA REESE (ULH)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (776) MARK SEVCO (LOC)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (777) JOON SUP LEE MD (LOC)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (778) DAVID RUSSELL (LOC)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (779) MICHAEL ANDERSON (LOC)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (780) RICHARD WADAS MD (LOC)<br>BOARD VICE PRESIDENT                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (781) MICHAEL ANDERSON (LOC)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (782) BRIAN FRITZ (LOC)<br>BOARD MEMBER, TREASURER & CFO                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (783) TERRENCE LEWIS ESQ (LOC)<br>BOARD MEMBER AND SECRETARY             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (784) KELLY GRAY (MAG)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ANANTHA SHEKHAR MD (MAG)                                 | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (786) CARRIE COGHILL (MAG)                                     | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (787) DEBRA BARBARITA (MAG)                                    | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (788) KATHY (MAYLE) TOWNS (MAG)                                | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (789) MARGARET P JOY ESQ (MAG)                                 | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (790) MARK ALOE (MAG)                                          | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (791) MICHAEL SWEENEY (MAG)                                    | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (792) MICHELE ATKINS (MAG)                                     | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (793) SARAH MEEHAN PARKER (MAG)                                | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (794) LESLIE C DAVIS (MAG)                                     | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD MEMBER                                                   | NONE                                                                                       | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (795) WILLIAM PIETRAGALLO II ESQ (MA)                          | 1.00                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| BOARD PRESIDENT AND CHAIR                                      | NONE                                                                                       | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (796) ROSE ALMON-MARTIN (MAG)<br>BOARD SECRETARY                         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (797) PETER W EISENBRANDT (MAG)<br>BOARD TREASURER                       | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (798) HONORABLE DONETTA AMBROSE (MA)<br>BOARD VICE CHAIR                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (799) REBECCA SHAW MCHOLME JD (MCK)<br>BOARD CO-CHAIR                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (800) SEAN LOGAN (MCK)<br>BOARD CO-CHAIR                                 | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (801) MARC CORDERO MD (MCK)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (802) LAWSON BERNSTEIN MD (MCK)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (803) GEORGE A HUBER ESQ (MCK)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (804) JAWDAT NIKOULA MD (MCK)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (805) MATTHEW HARINSTEIN MD (MCK)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (806) ABDULRAB AZIZ MD (MCK)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JAMES D HEATHERINGTON (MCK)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (808) JO ELLEN KENNEY (MCK)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (809) KOTAYYA KONDAVEETI MD (MCK)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (810) MARY PAT SOLTIS (MCK)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (811) NADEEM ISLAM MD (MCK)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (812) RAVI KONDAVEETI MD (MCK)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (813) THOMAS W STERLING (MCK)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (814) LAURENE TIMMONS (MCK)<br>BOARD SECY, TREAS & CFO                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (815) HON MAUREEN LALLY-GREEN (MER)<br>BOARD CHAIR                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (816) MADELYN ANNE REILLY (MER)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (817) BRIAN PARKER (MER)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) CHRISTOPHER LEE ESQ (MER)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (819) DAVID DAUSEY PHD (MER)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (820) F J LUCCHINO (MER)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (821) HUGH BRANNAN (MER)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (822) JUDITH K LINABURG (MER)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (823) LAWRENCE DINARDO VE JCL (MER)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (824) RACHEL RILEY-LAVELLE (MER)<br>BOARD MEMBER                         | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (825) MARK SEVCO (MER)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (826) JOEL YUHAS (MER)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (827) RENEE CROSBY-SKINNER (MER)<br>BOARD MEMBER                         | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (828) WILMA MCNEESE (MER)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JOHN INNOCENTI (MER)<br>BOARD MEMBER AND PRESIDENT                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (830) EILEEN SIMMONS (MER)<br>BOARD MEMBER, TREAS & CFO                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (831) AUBREY ALEXANDER (MUN)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (832) DANIEL GLUNK MD (MUN)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (833) ROBERT GLUNK (MUN)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (834) STEVEN HAWLEY DPM (MUN)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (835) PATRICIA JACKSON-GEHRIS (MUN)<br>BOARD MEMBER, PRES & SECY         | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (836) SISTER TERESA ANN JACOBS (MUN)<br>BOARD CHAIR                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (837) ROGER JARRETT (MUN)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (838) STEVEN JOHNSON (MUN)<br>BOARD MEMBER AND SECRETARY                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (839) DAVID LOPATOFSKY MD (MUN)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) PETER TREVOULEDES MD (MUN)<br>BOARD MEMBER               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (841) ANN PEPPERMAN ESQ (MUN)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (842) JEFFREY CLARK (NWH)<br>BOARD SECRETARY                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (843) DAVID GIBBONS (NWH)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (844) JAMES E KNARR DMD (NWH)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (845) JAMES L DAUGHERTY (NWH)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (846) JOSEPH MONTONE (NWH)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (847) JOSEPH PASTOR (NWH)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (848) KEITH PEMRICK (NWH)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (849) CHRISTOPHER SIMMS (NWH)<br>BOARD MEMBER                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (850) MARSHALL WEBSTER MD (NWH)<br>BOARD MEMBER                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       |     |    |
| <b>4</b> 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 |     |    |
| <b>5</b> 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                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) PETER WINKLER (NWH)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (852) ROGER MCCAULEY (NWH)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (853) TAMARA VARSEK (NWH)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (854) BETH HARMAN (NWH)<br>BOARD VICE CHAIR                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (855) MATTHEW LAVERDE (NWH)<br>BOARD CHAIR                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (856) DAVID BADWAY MD (BHO)<br>BOARD PRESIDENT                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (857) MARSHALL WEBSTER MD (BHO)<br>BOARD SECRETARY                       | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (858) EDWARD T KARLOVICH (BHO)<br>BOARD TREASURER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (859) CHARLES BOGOSTA (OVI)<br>BOARD CHAIR & PRESIDENT                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (860) RICHARD S HAMILTON (PSV)<br>BOARD CHAIR                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (861) EDWARD A DILLS (PSV)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JOON SUP LEE MD (PSV)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (863) HON LISA PUPO LENIHAN (PSV)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (864) JULIE CAMPBELL (PSV)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (865) KAREN SCHOGEL MD (PSV)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (866) JOANN KIM MD (PSV)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (867) PAUL K VEY (PSV)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (868) ROBERT HOFMANN (PSV)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (869) SR CANDACE INTROCASO PHD (PSV)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (870) VALERIE C WILLIAMS (PSV)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (871) JOEL YUHAS (PSV)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (872) JAMES FERGUSON (PSV)<br>BOARD VICE CHAIR AND TREASURER             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DANIEL SWAYZE (PSV)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (874) DEBRA A DINNOCENZO (PSV)<br>BOARD MEMBER                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (875) ERIC FRANKEL MD (PSV)<br>BOARD MEMBER                    | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (876) G NICHOLAS BECKWITH III (PRY)<br>BOARD CHAIR             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (877) YVETTE BROADNAX MD (PRY)<br>BOARD CHAIR                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (878) MARK J LASKOW (PRY)<br>BOARD FIRST VICE CHAIR            | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (879) ANANTHA SHEKHAR MD (PRY)<br>BOARD MEMBER                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (880) CRAIG ESTERLY (PRY)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (881) KAREN WOLK FEINSTEIN PHD (PRY)<br>BOARD MEMBER           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (882) W DUFF MCCRADY (PRY)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (883) GEORGIA PETROPOULOS (PRY)<br>BOARD MEMBER                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ANN THOMPSON MD MHCPM (PRY)<br>BOARD SECOND VICE CHAIR             | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (885) RICHARD S HAMILTON (SMH)<br>BOARD CHAIR                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (886) KAREN SCHOGEL MD (SMH)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (887) DEBRA A DINNOCENZO (SMH)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (888) EDWARD DILLS (SMH)<br>BOARD MEMBER                                 | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (889) MATTHEW EL-KADI MD (SMH)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (890) ERIC FRANKEL MD (SMH)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (891) JOON SUP LEE MD (SMH)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (892) HON LISA PUPO LENIHAN (SMH)<br>BOARD MEMBER                        | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (893) JULIE CAMPBELL (SMH)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (894) PAUL VEY (SMH)<br>BOARD MEMBER                                     | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 ►

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     |    |
| <b>4</b> |     |    |
| <b>5</b> |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (895) ROBERT HOFMANN (SMH)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (896) SR CANDACE INTROCASO PHD (SMH)<br>BOARD MEMBER                     | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (897) VALERIE C WILLIAMS (SMH)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (898) JOEL YUHAS (SMH)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (899) DANIEL SULLIVAN (SMH)<br>BOARD SECRETARY                           | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (900) DANIEL SWAYZE (SMH)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (901) JAMES M FERGUSON III (SMH)<br>BOARD VICE CHAIR & TREASURER         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (902) DAVIE JANE GILMOUR PHD (SUN)<br>BOARD CHAIR                        | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (903) STEVEN JOHNSON (SUN)<br>BOARD SECRETARY & PRESIDENT                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (904) DANIEL GLUNK MD (SUN)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (905) ROGER YOST (SUN)<br>BOARD TREASURER                                | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (906) CHARLES M PAGANA II MD (SUN)<br>BOARD MEMBER                       | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (907) JENNIFER R RAGER-KAY DO (SUN)<br>BOARD MEMBER                      | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (908) PATRICIA JACKSON-GEHRIS (SUN)<br>BOARD MEMBER, PRES & SECY         | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (909) DAVID LOPATOFISKY MD (SUN)<br>BOARD MEMBER & VICE CHAIR            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (910) ANN PEPPERMAN ESQ (SUN)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (911) JUSTIN MICHAELS (SUN)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (912) TOM MERTZ (SUN)<br>BOARD MEMBER                                    | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (913) HEATHER STAFFORD (SUN)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (914) DAVIE JANE GILMOUR PHD (SUS)<br>BOARD VICE CHAIR                   | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (915) SISTER TERESA ANN JACOBS (SUS)<br>BOARD SECRETARY                  | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (916) PHILIP JOHNSON (SUS)<br>BOARD TREASURER                            | 1.00<br>NONE                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ANN PEPPERMAN ESQ (SUS)<br>BOARD CHAIR                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (918) SUSAN BRANTON MD (SUS)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (919) JILL BURNS MD (SUS)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (920) RUTUAL DALAL MD (SUS)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (921) MICHAEL GERST MD (SUS)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (922) LESLIE C DAVIS (SUS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (923) SANDRA MCANALLEN (SUS)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (924) ROBERT MONTLER (SUS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (925) DAVID RUSSELL (SUS)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (926) MARK SEVCO (SUS)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (927) DAVID GIBBONS (SUS)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JOEL YUHAS (SUS)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (929) MARSHALL WEBSTER MD (SUS)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (930) DAVID CRANDALL (SUS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (931) RONALD DISIMONE MD (SUS)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (932) JAMIE ADAM MD (SUS)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (933) DURRIYA ESAA MD (SUS)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (934) ALANNA HUCK (SUS)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (935) DANIEL KLINGERMAN (SUS)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (936) KEITH KUZIO (SUS)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (937) J DENNIS MURRAY (SUS)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (938) ALEXANDER NESBITT MD (SUS)<br>BOARD MEMBER                         | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (939) GLENN POIRIER (SUS)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (940) EILEEN SIMMONS (SUS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (941) PATRICK WILSON (SUS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (942) DONALD YEALY MD (SUS)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (943) MARK SEVCO (UTS)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (944) EILEEN SIMMONS (UTS)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (945) DARIUS ABADI DO (WEL)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (946) JOSEPH BUBACZ JR (WEL)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (947) MATTHEW DECAMP (WEL)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (948) LISA FEIL PSY DO (WEL)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (949) HAROLD HOOSE III (WEL)<br>BOARD VICE CHAIR                         | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (950) PATRICIA JACKSON-GEHRIS (WEL)<br>BOARD MEMBER AND PRESIDENT        | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (951) STEVEN JOHNSON (WEL)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (952) GERALD KRINER (WEL)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (953) MICHAEL LICHTY (WEL)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (954) J DENNIS MURRAY PHD (WEL)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (955) GLENN POIRIER (WEL)<br>BOARD CHAIR                                 | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (956) CHERYL SOTTOLANO (WEL)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (957) RUTUL DALAL MD (WIL)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (958) RONALD DISIMONE MD (WIL)<br>BOARD MEMBER                           | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (959) DURRIYA ESAA MD (WIL)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (960) DAVIE JANE GILMOUR PHD (WIL)<br>BOARD CHAIR                        | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (961) SISTER TERESA ANN JACOBS (WIL)<br>BOARD SECRETARY                  | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (962) PHILIP JOHNSON (WIL)<br>BOARD TREASURER                            | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (963) DANIEL KLINGERMAN (WIL)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (964) KEITH KUZIO (WIL)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (965) ALEXANDER NESBITT MD (WIL)<br>BOARD MEMBER                         | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (966) SHAILESH PATEL MD (WIL)<br>BOARD MEMBER                            | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (967) ANN PEPPERMAN ESQ (WIL)<br>BOARD MEMBER & VICE CHAIR               | 1.00<br>NONE                                                                               | X                                                                                                         |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (968) MICHAEL GERST MD (WIL)<br>BOARD MEMBER                             | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (969) EILEEN SIMMONS (WIL)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (970) MARSHALL WEBSTER MD (WIL)<br>BOARD MEMBER                          | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (971) KIMBERLY ZYNN (WIL)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                         |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (972) DONALD YEALY MD (WIL)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (973) JOEL YUHAS (WIL)<br>BOARD MEMBER                                   | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (974) JAMIE ADAM MD (WIL)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (975) ALFREDO BLAS MD (WIL)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (976) DENNIS J MURRAY (WIL)<br>BOARD MEMBER                              | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (977) ALANNA HUCK (WIL)<br>BOARD MEMBER                                  | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (978) GLENN POIRIER (WIL)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (979) JILL BURNS MD (WIL)<br>BOARD MEMBER                                | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (980) PATRICK WILSON (WIL)<br>BOARD MEMBER                               | 1.00<br>NONE                                                                               | X                                                                                                            |                       |         |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (981) JAN E FISHER (CPF)<br>PRESIDENT                                    | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (982) MONICA KLATT (CPF)<br>TREASURER/SECRETARY                          | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (983) JANIE HILFIGER (COL)<br>VICE PRESIDENT                             | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (984) SISTER TERESA ANN JACOBS (DVP)<br>VICE CHAIRMAN                    | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (985) PHILIP JOHNSON (DVP)<br>TREASURER                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (986) DAVIE JANE GILMOUR (DVP)<br>CHAIRMAN                               | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (987) ANN PEPPERMAN ESQ (DVP)<br>SECRETARY                               | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (988) PATRICIA JACKSON-GEHRIS (DVP)<br>PRESIDENT, ASST SECY & CEO        | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (989) BRADLEY DINGER (EPN)<br>TREASURER AND CFO                          | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (990) MELYNDA BUDD (HCV)<br>TREASURER                                    | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (991) JANIE HILFIGER (HCV)<br>PRESIDENT                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (992) PAULA THOMAS (HNA)<br>PRESIDENT                                    | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (993) ROBERT GRIFFITH (HNF)<br>CHIEF FINANCIAL OFFICER                   | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (994) FRANK MINDICINO CFP (JHF)<br>VICE CHAIRMAN                         | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (995) CHRISTOPHER STOCKHAUSEN (LHS)<br>CHIEF FINANCIAL OFFICER           | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (996) BRADLEY DINGER (RHS)<br>TREASURER AND CFO                          | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (997) THOMAS RECTOR (SHB)<br>TREASURER                                   | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (998) LUCINDA HENDRICKSON (SHB)<br>SECRETARY                             | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (999) DAVID BOBRZYNSKI (SHB)<br>TREASURER                                | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (000) SUZANNE STURNI (SCH)<br>SECRETARY                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (001) LINDA FETTEROLF (SCH)<br>TREASURER                                 | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (002) ANDREW RUSH (SCH)<br>PRESIDENT                                     | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (003) MONICA KLATT (SCH)<br>CFO                                          | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (004) SHARON CLAPPER (SOH)<br>SECRETARY                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (005) BRUCE SHIPLEY (SOH)<br>TREASURER                                   | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (006) ANDREW RUSH (SOH)<br>PRESIDENT                                     | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (007) MONICA KLATT (SOH)<br>CFO                                          | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (008) CHRISTOPHER STOCKHAUSEN (SHF)<br>CHIEF FINANCIAL OFFICER           | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (009) PHILIP JOHNSON (SHS)<br>TREASURER                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (010) ANN PEPPERMAN ESQ (SHS)<br>SECRETARY                               | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (011) PATRICIA JACKSON-GEHRIS (SHS)<br>PRESIDENT AND COO                 | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (012) PHILIP JOHNSON (SPS)<br>TREASURER                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (013) CHRISTOPHER STOCKHAUSEN (SPS)<br>CHIEF FINANCIAL OFFICER           | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (014) WILLIAM A NIGRO (THS)<br>TREASURER                                 | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (015) BRYANT WESLEY ESQ (THS)<br>SECRETARY                               | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (016) BRIAN FRITZ (UHC)<br>TREASURER AND CFO                             | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (017) BRIAN FRITZ (UPP)<br>TREASURER AND CHIEF FINANCIAL                 | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (018) MONICA KLATT (ALT)<br>TREASURER AND CFO                            | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (019) MONICA KLATT (ALF)<br>CHIEF FINANCIAL OFFICER                      | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (020) JAN E FISHER (APH)<br>PRESIDENT                                    | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (021) SHARON SQUILLARIO (BDF)<br>ASST SECRETARY                          | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (022) MONICA KLATT (BDF)<br>CFO & TREASURER                              | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (023) JAN E FISHER (BDF)<br>PRESIDENT                                    | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (024) NOREEN FREDRICK (BHA)<br>PRESIDENT                                 | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (025) CAROL VANZILE (BHA)<br>SECRETARY                                   | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (026) THOMAS RECTOR (BHA)<br>TREASURER & CFO                             | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (027) MARK ZACHARIA ESQ (BHA)<br>VICE PRESIDENT                          | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (028) BRIAN DURNIOK (CHS)<br>PRESIDENT                                   | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (029) MARIO WILFONG (CHP)<br>TREASURER & CFO                             | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (030) BRADLEY DINGER (HMT)<br>TREASURER AND CFO                          | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (031) PAULA THOMAS (HNV)<br>PRESIDENT                                    | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (032) JENNIFER VENNARE (HNV)<br>PRESIDENT                                | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (033) MARK O'HERN (MCK)<br>PRESIDENT                                     | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (034) CHRISTOPHER STOCKHAUSEN (MUN)<br>CHIEF FINANCIAL OFFICER           | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (035) ROGER YOST (MUN)<br>CHIEF FINANCIAL OFFICER                        | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (036) EILEEN SIMMONS (BHO)<br>TREASURER                                  | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| (037) EDWARD T KARLOVICH (PRY)<br>CFO ACADEMIC COMM HOSPITALS            | 1.00<br>NONE                                                                                                    |                                                                                                                    |                       | X       |              |                                 |        | NONE                                                                                | NONE                                                                                  | NONE                                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (038) MICHELE P JEGASOTHY ESQ (PRY)<br>SECRETARY                         | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (039) JOHN C STILLEY (PRY)<br>TREASURER                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (040) NAFIS HILL (SMH)<br>CHIEF FINANCIAL OFFICER                        | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (041) ROGER YOST (SUS)<br>ASST TREASURER                                 | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (042) PATRICIA JACKSON-GEHRIS (SUS)<br>PRESIDENT & ASST SECRETARY        | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (043) STEVEN JOHNSON (SUS)<br>PRESIDENT                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (044) CHRISTOPHER STOCKHAUSEN (SUS)<br>CHIEF FINANCIAL OFFICER           | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (045) JOHN C STILLEY (UTS)<br>TREASURER                                  | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (046) HOLLY LORENZ (UTS)<br>SECRETARY                                    | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (047) KATHY WRIGHT PHD (WEL)<br>SECRETARY                                | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| (048) KAREN WASTLER (WEL)<br>CHIEF OPERATING OFFICER                     | 1.00<br>NONE                                                                               |                                                                                                              |                       | X       |              |                              |        | NONE                                                                 | NONE                                                                      | NONE                                                                                          |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)*

[illegible]

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 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? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 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)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | 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 ▶ | 328 |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                    |                                                                    |                                                                                                                                                  |                                                                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | <b>1a</b>                                                          | Federated campaigns . . . . .                                                                                                                    | <b>1a</b> 499,718.                                             |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                                           | Membership dues . . . . .                                                                                                                        | <b>1b</b>                                                      |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                                           | Fundraising events . . . . .                                                                                                                     | <b>1c</b> 1,859,980.                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                                                           | Related organizations . . . . .                                                                                                                  | <b>1d</b> 36,347,407.                                          |                      |                                              |                                      |                                                               |
|                                                                    | <b>e</b>                                                           | Government grants (contributions) . .                                                                                                            | <b>1e</b> 153,017,401.                                         |                      |                                              |                                      |                                                               |
|                                                                    | <b>f</b>                                                           | All other contributions, gifts, grants,<br>and similar amounts not included above .                                                              | <b>1f</b> 55,532,508.                                          |                      |                                              |                                      |                                                               |
|                                                                    | <b>g</b>                                                           | Noncash contributions included in<br>lines 1a-1f . . . . .                                                                                       | <b>1g</b> \$ 899,961.                                          |                      |                                              |                                      |                                                               |
|                                                                    | <b>h</b>                                                           | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                          |                                                                | 247,257,014.         |                                              |                                      |                                                               |
|                                                                    | <b>Program Service<br/>Revenue</b>                                 |                                                                                                                                                  |                                                                |                      | <b>Business Code</b>                         |                                      |                                                               |
| <b>2a</b>                                                          |                                                                    | NET PATIENT REV                                                                                                                                  | 900099                                                         | 9,902,282,614.       | 9,901,833,354.                               | 449,260.                             |                                                               |
| <b>b</b>                                                           |                                                                    | OTHER PATIENT SERV                                                                                                                               | 900099                                                         | 576,048,324.         | 576,048,324.                                 |                                      |                                                               |
| <b>c</b>                                                           |                                                                    | OTHER PROG SRV REV                                                                                                                               | 900099                                                         | 11,724,683,722.      | 11,723,594,243.                              | 1,089,479.                           |                                                               |
| <b>d</b>                                                           |                                                                    | JOINT VENTURE REVENUE                                                                                                                            | 900099                                                         | 63,187,313.          | 63,631,857.                                  | -444,544.                            |                                                               |
| <b>e</b>                                                           |                                                                    |                                                                                                                                                  |                                                                |                      |                                              |                                      |                                                               |
| <b>f</b>                                                           |                                                                    | All other program service revenue . . . . .                                                                                                      |                                                                |                      |                                              |                                      |                                                               |
| <b>g</b>                                                           |                                                                    | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                          |                                                                | 22,266,201,973.      |                                              |                                      |                                                               |
| <b>Other Revenue</b>                                               | <b>3</b>                                                           | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                                        |                                                                | 77,586,394.          |                                              |                                      | 77,586,394.                                                   |
|                                                                    | <b>4</b>                                                           | Income from investment of tax-exempt bond proceeds .                                                                                             |                                                                | NONE                 |                                              |                                      |                                                               |
|                                                                    | <b>5</b>                                                           | Royalties . . . . .                                                                                                                              |                                                                | NONE                 |                                              |                                      |                                                               |
|                                                                    |                                                                    |                                                                                                                                                  | (i) Real (ii) Personal                                         |                      |                                              |                                      |                                                               |
|                                                                    | <b>6a</b>                                                          | Gross rents . . . . .                                                                                                                            | <b>6a</b>                                                      |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                                           | Less: rental expenses                                                                                                                            | <b>6b</b>                                                      |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                                           | Rental income or (loss)                                                                                                                          | <b>6c</b> NONE NONE                                            |                      |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                                                           | Net rental income or (loss) . . . . .                                                                                                            |                                                                | NONE                 |                                              |                                      |                                                               |
|                                                                    | <b>7a</b>                                                          | Gross amount from<br>sales of assets<br>other than inventory                                                                                     | (i) Securities (ii) Other<br><b>7a</b> 962,155,659. 1,311,908. |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                                           | Less: cost or other basis<br>and sales expenses . .                                                                                              | <b>7b</b> 985,268,918. 635,036.                                |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                                           | Gain or (loss) . . . . .                                                                                                                         | <b>7c</b> -23,113,259. 676,872.                                |                      |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                                                           | Net gain or (loss) . . . . .                                                                                                                     |                                                                | -22,436,386.         |                                              |                                      | -22,436,386.                                                  |
|                                                                    | <b>8a</b>                                                          | Gross income from fundraising<br>events (not including \$ 1,859,980.<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b> 509,950.                                             |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                                           | Less: direct expenses . . . . .                                                                                                                  | <b>8b</b> 559,261.                                             |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                                           | Net income or (loss) from fundraising events . . . . .                                                                                           |                                                                | -49,311.             |                                              |                                      | -49,311.                                                      |
|                                                                    | <b>9a</b>                                                          | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .                                                                           | <b>9a</b> NONE                                                 |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                                           | Less: direct expenses . . . . .                                                                                                                  | <b>9b</b> 44,500.                                              |                      |                                              |                                      |                                                               |
| <b>c</b>                                                           | Net income or (loss) from gaming activities . . . . .              |                                                                                                                                                  | -44,500.                                                       |                      |                                              | -44,500.                             |                                                               |
| <b>10a</b>                                                         | Gross sales of inventory, less<br>returns and allowances . . . . . | <b>10a</b> NONE                                                                                                                                  |                                                                |                      |                                              |                                      |                                                               |
| <b>b</b>                                                           | Less: cost of goods sold . . . . .                                 | <b>10b</b> NONE                                                                                                                                  |                                                                |                      |                                              |                                      |                                                               |
| <b>c</b>                                                           | Net income or (loss) from sales of inventory . . . . .             |                                                                                                                                                  | NONE                                                           |                      |                                              |                                      |                                                               |
| <b>Miscellaneous<br/>Revenue</b>                                   |                                                                    |                                                                                                                                                  |                                                                | <b>Business Code</b> |                                              |                                      |                                                               |
|                                                                    | <b>11a</b>                                                         |                                                                                                                                                  |                                                                |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                                           |                                                                                                                                                  |                                                                |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                                           |                                                                                                                                                  |                                                                |                      |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                                                           | All other revenue . . . . .                                                                                                                      |                                                                |                      |                                              |                                      |                                                               |
|                                                                    | <b>e</b>                                                           | <b>Total.</b> Add lines 11a-11d . . . . .                                                                                                        |                                                                | NONE                 |                                              |                                      |                                                               |
| <b>12</b>                                                          | <b>Total revenue.</b> See instructions . . . . .                   |                                                                                                                                                  | 22,568,515,184.                                                | 22,265,107,778.      | 1,094,195.                                   | 55,056,197.                          |                                                               |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .                                                                                                                                      | 130,983,732.          | 130,983,732.                    |                                        |                             |
| 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 . . . . .                                                                                                                                                                | 133,913,192.          | 64,914,549.                     | 68,998,643.                            |                             |
| 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 . . . . .                                                                                                                                                                                                                | 6,726,904,239.        | 5,523,886,922.                  | 1,203,017,317.                         | NONE                        |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                      | 324,570,751.          | 232,176,006.                    | 92,394,745.                            |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                                 | 549,330,638.          | 484,088,451.                    | 65,242,187.                            |                             |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                          | 348,048,808.          | 287,566,139.                    | 60,482,669.                            |                             |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                              | 14,327,997.           | 12,242,156.                     | 2,085,841.                             |                             |
| b Legal . . . . .                                                                                                                                                                                                                                   | 24,302,766.           | 6,126,141.                      | 18,176,625.                            |                             |
| c Accounting . . . . .                                                                                                                                                                                                                              | 7,038,881.            | NONE                            | 7,038,881.                             |                             |
| d Lobbying . . . . .                                                                                                                                                                                                                                | 2,267,234.            | NONE                            | 2,267,234.                             |                             |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                          | NONE                  |                                 |                                        |                             |
| f Investment management fees . . . . .                                                                                                                                                                                                              | 4,135,781.            | NONE                            | 4,135,781.                             |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .                                                                                                                           | 373,557,667.          | 370,747,744.                    | 2,809,923.                             |                             |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                              | 37,159,574.           | 37,159,574.                     | NONE                                   |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                                        | 90,460,864.           | 67,117,299.                     | 23,343,565.                            |                             |
| 14 Information technology . . . . .                                                                                                                                                                                                                 | 337,981,077.          | 71,564,592.                     | 266,416,485.                           |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                              | NONE                  | NONE                            | NONE                                   |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                              | 318,000,054.          | 271,501,601.                    | 46,498,453.                            |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                                 | 26,366,768.           | 19,847,905.                     | 6,518,863.                             |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                         | NONE                  |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                 | 1,881,829.            | 1,554,954.                      | 326,875.                               |                             |
| 20 Interest . . . . .                                                                                                                                                                                                                               | 5,653,824.            | 1,662,397.                      | 3,991,427.                             |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                                 | NONE                  | NONE                            | NONE                                   |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                              | 506,474,316.          | 506,474,316.                    |                                        |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                              | 120,477,534.          | 102,624,166.                    | 17,853,368.                            |                             |
| 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                                                                                                                                                                                                                                  | 9,142,554,593.        | 9,142,554,593.                  | NONE                                   |                             |
| b DRUGS                                                                                                                                                                                                                                             | 981,265,913.          | 981,265,913.                    | NONE                                   |                             |
| c MEDICAL/PATIENT SUPPLIES                                                                                                                                                                                                                          | 660,704,256.          | 660,704,256.                    | NONE                                   |                             |
| d MEDICAL IMPLANTS                                                                                                                                                                                                                                  | 371,369,779.          | 371,369,779.                    | NONE                                   |                             |
| e All other expenses                                                                                                                                                                                                                                | 1,432,054,553.        | 1,397,012,622.                  | 35,041,931.                            |                             |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                               | 22671786620.          | 20745145807.                    | 1,926,640,813.                         | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |                                        |                             |

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

|                                                                               |                                                                                                                                                                                                                             | (A)<br>Beginning of year |              | (B)<br>End of year |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                                 | 1 Cash - non-interest-bearing . . . . .                                                                                                                                                                                     | 251,295,171.             | 1            | 197,115,584.       |
|                                                                               | 2 Savings and temporary cash investments. . . . .                                                                                                                                                                           | 47,435,334.              | 2            | 646,596,446.       |
|                                                                               | 3 Pledges and grants receivable, net . . . . .                                                                                                                                                                              | 2,321,724.               | 3            | 2,923,862.         |
|                                                                               | 4 Accounts receivable, net . . . . .                                                                                                                                                                                        | 3,293,672,982.           | 4            | 2,442,689,384.     |
|                                                                               | 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. . . . .                                                                                                                                                                                  | 311,783,760.             | 7            | 324,744,032.       |
|                                                                               | 8 Inventories for sale or use . . . . .                                                                                                                                                                                     | 76,425,266.              | 8            | 82,777,455.        |
|                                                                               | 9 Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           | 83,462,108.              | 9            | 126,318,211.       |
|                                                                               | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                           | 10a 10687903997.         |              |                    |
|                                                                               | b Less: accumulated depreciation. . . . .                                                                                                                                                                                   | 10b 5952355438.          |              |                    |
|                                                                               | 11 Investments - publicly traded securities. . . SEE SCHEDULE O . . . . .                                                                                                                                                   | 221,026,003.             | 11           | 222,390,581.       |
|                                                                               | 12 Investments - other securities. See Part IV, line 11. . . . .                                                                                                                                                            | 674,592,683.             | 12           | 847,028,200.       |
|                                                                               | 13 Investments - program-related. See Part IV, line 11. . . . .                                                                                                                                                             | NONE                     | 13           | NONE               |
|                                                                               | 14 Intangible assets . . . . .                                                                                                                                                                                              | 62,082,092.              | 14           | 62,675,802.        |
|                                                                               | 15 Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                             | 2,593,645,150.           | 15           | 2,764,777,259.     |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 12017036810.                                                                                                                                                                                                                | 16                       | 12455585375. |                    |
| <b>Liabilities</b>                                                            | 17 Accounts payable and accrued expenses. . . . .                                                                                                                                                                           | 1,079,042,021.           | 17           | 885,941,191.       |
|                                                                               | 18 Grants payable . . . . .                                                                                                                                                                                                 | NONE                     | 18           | 2,060,957.         |
|                                                                               | 19 Deferred revenue . . . . .                                                                                                                                                                                               | 48,038,455.              | 19           | 149,130,698.       |
|                                                                               | 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 . . . . .                                                                                                                                                 | 617,020,039.             | 23           | 16,992,353.        |
|                                                                               | 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 . . . . .                                          | 2,346,068,651.           | 25           | 3,058,997,900.     |
|                                                                               | 26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .                                                                                                                                                               | 4,090,169,166.           | 26           | 4,113,123,099.     |
| <b>Net Assets or Fund Balances</b>                                            | <b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>                                                                                        |                          |              |                    |
|                                                                               | 27 Net assets without donor restrictions. . . . .                                                                                                                                                                           | 7,027,487,243.           | 27           | 7,471,237,551.     |
|                                                                               | 28 Net assets with donor restrictions. . . . .                                                                                                                                                                              | 899,380,401.             | 28           | 871,224,725.       |
|                                                                               | <b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>                                                                                                 |                          |              |                    |
|                                                                               | 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 <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                       | 7,926,867,644.           | 32           | 8,342,462,276.     |
| 33 <b>Total liabilities and net assets/fund balances</b> . . . . .            | 12017036810.                                                                                                                                                                                                                | 33                       | 12455585375. |                    |

Form **990** (2022)



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

|    |                                                                                                                |                   |
|----|----------------------------------------------------------------------------------------------------------------|-------------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 122,568,515,184.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 222,671,786,620.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3 -103,271,436.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4 7,926,867,644.  |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5 35,353,903.     |
| 6  | Donated services and use of facilities                                                                         | 6                 |
| 7  | Investment expenses                                                                                            | 7                 |
| 8  | Prior period adjustments                                                                                       | 8 813,275.        |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                           | 9 482,698,890.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 8,342,462,276. |

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

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

|    | Yes                                 | No                                  |
|----|-------------------------------------|-------------------------------------|
| 2a |                                     | <input checked="" type="checkbox"/> |
| 2b | <input checked="" type="checkbox"/> |                                     |
| 2c | <input checked="" type="checkbox"/> |                                     |
| 3a | <input checked="" type="checkbox"/> |                                     |
| 3b | <input checked="" type="checkbox"/> |                                     |

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . . 31
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                           | (a) 2018   | (b) 2019   | (c) 2020    | (d) 2021   | (e) 2022   | (f) Total   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                 | 1,692,402. | 4,320,182. | 11,920,349. | 8,908,152. | 7,084,581. | 33,925,666. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                    |            |            |             |            |            | NONE        |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                            |            |            |             |            |            | NONE        |
| <b>4 Total.</b> Add lines 1 through 3. . . . .                                                                                                                                                                        | 1,692,402. | 4,320,182. | 11,920,349. | 8,908,152. | 7,084,581. | 33,925,666. |
| <b>5</b> 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        |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                        |            |            |             |            |            | 33,925,666. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2018   | (b) 2019   | (c) 2020    | (d) 2021   | (e) 2022   | (f) Total                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                | 1,692,402. | 4,320,182. | 11,920,349. | 8,908,152. | 7,084,581. | 33,925,666.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                    | NONE       | 401,232.   | NONE        | NONE       | NONE       | 401,232.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                 |            |            |             |            |            | NONE                     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                   | 161,785.   | -38,159.   | 808,074.    | 2,167,281. | 1,037,518. | 4,136,499.               |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                             |            |            |             |            |            | 38,463,397.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                   |            |            |             |            | <b>12</b>  | 39,890,959,471.          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |            |            |             |            |            | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                        | <b>14</b> | 88.20 %                             |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                               | <b>15</b> | 87.55 %                             |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .                                                                                                                                                                       |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                   |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                             |           | <input type="checkbox"/>            |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2018       | (b) 2019       | (c) 2020       | (d) 2021       | (e) 2022        | (f) Total       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|-----------------|-----------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                 | 20,488,344.    | 18,546,634.    | 63,206,560.    | 15,982,002.    | 13,961,786.     | 132,185,326.    |
| <b>2</b> 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 . . . . . | 5,518,845,591. | 6,915,580,247. | 7,180,105,274. | 9,379,898,507. | 10,896,529,852. | 39,890,959,471. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |                |                |                |                |                 | NONE            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |                |                |                |                |                 | NONE            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |                |                |                |                |                 | NONE            |
| <b>6 Total.</b> Add lines 1 through 5. . . . .                                                                                                                                              | 5,539,333,935. | 6,934,126,881. | 7,243,311,834. | 9,395,880,509. | 10,910,491,638. | 40,023,144,797. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |                |                |                |                |                 | NONE            |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |                |                |                |                |                 | NONE            |
| <b>c</b> Add lines 7a and 7b. . . . .                                                                                                                                                       |                |                |                |                |                 | NONE            |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                          |                |                |                |                |                 | 40,023,144,797. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2018       | (b) 2019       | (c) 2020       | (d) 2021       | (e) 2022        | (f) Total       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|-----------------|-----------------|
| <b>9</b> Amounts from line 6. . . . .                                                                                                                                                                                          | 5,539,333,935. | 6,934,126,881. | 7,243,311,834. | 9,395,880,509. | 10,910,491,638. | 40,023,144,797. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                           | 17,697,717.    | 22,688,976.    | 14,432,582.    | 22,195,371.    | 50,332,123.     | 127,346,769.    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                     |                |                |                |                |                 | NONE            |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                       | 17,697,717.    | 22,688,976.    | 14,432,582.    | 22,195,371.    | 50,332,123.     | 127,346,769.    |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .                                                                                 |                |                |                |                |                 | NONE            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            | 196,886.       | 37,901.        | 4,118,051.     | 14,784,030.    | -25,033,537.    | -5,896,669.     |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                             | 5,557,228,538. | 6,956,853,758. | 7,261,862,467. | 9,432,859,910. | 10,935,790,224. | 40,144,594,897. |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |                |                |                |                |                 |                 |

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

|                                                                                                             |           |        |
|-------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 99.70% |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15. . . . .                        | <b>16</b> | 99.68% |

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

|                                                                                                                 |           |       |
|-----------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)). . . . . | <b>17</b> | 0.32% |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | 0.26% |

- 19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . ☐

**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> 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? |     | X  |
| b A family member of a person described on line 11a above?                                                                                                                  |     | 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 <b>Part VI</b> .                             |     | X  |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. | X   |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     | X  |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     | X  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? | X   |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       | X   |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     | X  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                       |  |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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. |  |     |    |
| 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |     |    |
| <b>3</b> 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             |  |     |    |
| 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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |     |    |



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

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

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

  

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

  

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

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

Schedule A (Form 990) 2022

**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 - <i>provide details in Part VI</i> )                                                      | 5            |
| 6                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | 8            |
| 9                         | Distributable amount for 2022 from Section C, line 6                                                                                                | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                              | 10           |

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

Schedule A (Form 990) 2022

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

MEMBERS OF UPMC GROUP (71)

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

CHARLES COLE MEMORIAL HOSPITAL: FOUNDATION STATUS 3

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

COLE FOUNDATION, INC.: FOUNDATION STATUS 12; TYPE 1

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

HAMOT COLE VENTURES: FOUNDATION STATUS 12, TYPE 1

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



**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.)

SOMERSET COMMUNITY HOSPITAL FOUNDATION: FOUNDATION STATUS 12; TYPE 3

SOMERSET HEALTH SERVICES, INC.: FOUNDATION STATUS 3

SUGARCREEK STATION: FOUNDATION STATUS 3

SUSQUEHANNA HEALTH FOUNDATION: FOUNDATION STATUS 7

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

TYPE 2

SUSQUEHANNA PHYSICIAN SERVICES: FOUNDATION STATUS 3

THE HERITAGE SHADYSIDE: FOUNDATION STATUS 10

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

**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 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

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 SOMERSET: 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

ENTITY: SOMERSET COMMUNITY HOSPITAL FOUNDATION

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

**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.)

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

(VI) AMOUNT OF SUPPORT:

(I) UPMC SOMERSET (II) 25-0965570 (III) 3 (IV) YES (V) 0 (VI) 0

ENTITY: COLE FOUNDATION, 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) CHARLES COLE MEMORIAL HOSPITAL (II) 24-0802108 (III) 3 (IV) YES (V) 0

(VI) 0

ENTITY: HAMOT COLE VENTURES, 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) CHARLES COLE MEMORIAL HOSPITAL (II) 24-0802108 (III) 3 (IV) YES (V) 0

(VI) 0

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



**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.)

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.

**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 | (IV)   | (V) AMOUNT OF | (VI) AMOUNT OF |
|------------------------------------|------------|---------------|--------|---------------|----------------|
|                                    |            | ORGANIZATION  | YES NO | SUPPORT       | OTHER SUPPORT  |
| SEE PART VI                        | 00-0000000 | 3             |        |               |                |
| TOTAL AMOUNT OF SUPPORT            |            |               |        |               |                |

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

OMB No. 1545-0047

**2022**

**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

UPMC GROUP

Employer identification number

20-8295721

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022



**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<br>(The term "expenditures" means amounts paid or incurred.)                                                                         |                                                    | (a) Filing organization's totals                         | (b) Affiliated group totals |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .                                                                    |                                                    |                                                          |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .                                                                     |                                                    |                                                          |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .                                                                                                 |                                                    |                                                          |                             |
| <b>d</b> Other exempt purpose expenditures . . . . .                                                                                                                 |                                                    |                                                          |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .                                                                                           |                                                    |                                                          |                             |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                      |                                                    |                                                          |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>                                                                                                               | <b>The lobbying nontaxable amount is:</b>          |                                                          |                             |
| 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.                                       |                                                          |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .                                                                                               |                                                    |                                                          |                             |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .                                                                                         |                                                    |                                                          |                             |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .                                                                                         |                                                    |                                                          |                             |
| <b>j</b> 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? . . . . . |                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> 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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

Schedule C (Form 990) 2022

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

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

|                                                                                                                                                                                                                                  | (a) |    | (b)        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|------------|
|                                                                                                                                                                                                                                  | Yes | No | Amount     |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |            |
| a Volunteers?                                                                                                                                                                                                                    |     | X  |            |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                   | X   |    |            |
| c Media advertisements?                                                                                                                                                                                                          |     | X  |            |
| d Mailings to members, legislators, or the public?                                                                                                                                                                               | X   |    |            |
| e Publications, or published or broadcast statements?                                                                                                                                                                            |     | X  |            |
| f Grants to other organizations for lobbying purposes?                                                                                                                                                                           | X   |    | 58,335.    |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                    | X   |    | 2,208,900. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                      |     | X  |            |
| i Other activities?                                                                                                                                                                                                              |     | X  |            |
| j Total. Add lines 1c through 1i                                                                                                                                                                                                 |     |    | 2,267,235. |
| 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 expenditures next year? | 4  |  |
| 5 Taxable amount of lobbying and political expenditures. See instructions.                                                                                                                                                                    | 5  |  |

**Part IV Supplemental Information**

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## ADDITIONAL INFORMATION

## PART I-A

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

## PART II-B

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

## PART II-B, LINE 1D

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

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                                 | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------|
| 1 Total number at end of year . . . . .                                                                                                                                                                                                                                         |                                                          |                              |
| 2 Aggregate value of contributions to (during year) . . . . .                                                                                                                                                                                                                   |                                                          |                              |
| 3 Aggregate value of grants from (during year) . . . . .                                                                                                                                                                                                                        |                                                          |                              |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      |                                                          |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> 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).

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                                 |                                                                             |

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

|                                                                                                                                                            | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements . . . . .                                                                                                         | 2a                              |
| b Total acreage restricted by conservation easements . . . . .                                                                                             | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                             | 2c                              |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . . | 2d                              |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2022



**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                     | 109,631,812.     | 120,925,252.   | 94,002,934.        | 96,685,629.          | 98,462,675.         |
| b Contributions                                  | -808,226.        | -1,824,482.    | -172,806.          | -183,830.            | 1,924,852.          |
| c Net investment earnings, gains, and losses     | -3,272,644.      | -7,771,614.    | 29,532,654.        | -751.                | -1,013,507.         |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 3,679,480.       | 1,697,344.     | 2,437,530.         | 2,498,114.           | 2,688,391.          |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 101,871,462.     | 109,631,812.   | 120,925,252.       | 94,002,934.          | 96,685,629.         |

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment 100.0000 %

c Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) | X   |    |
| 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                                                                                         |                                      | 224,685,404.                    |                              | 224,685,404.   |
| b Buildings                                                                                     |                                      | 6411320898.                     | 3578261706.                  | 2,833,059,192. |
| c Leasehold improvements                                                                        |                                      | 94,266,716.                     | 76,625,258.                  | 17,641,458.    |
| d Equipment                                                                                     |                                      | 3335371174.                     | 2190928575.                  | 1,144,442,599. |
| e Other                                                                                         |                                      | 622,259,805.                    | 106,539,899.                 | 515,719,906.   |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 4,735,548,559. |

Schedule D (Form 990) 2022

**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<br>(including name of security)         | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                             |                |                                                              |
| (2) Closely held equity interests . . . . .                                     |                |                                                              |
| (3) Other                                                                       |                |                                                              |
| (A) LIMITED PARTNERSHIPS                                                        | 64,104,725.    | FMV                                                          |
| (B) CASH EQUIVALENTS                                                            | 782,923,475.   | FMV                                                          |
| (C)                                                                             |                |                                                              |
| (D)                                                                             |                |                                                              |
| (E)                                                                             |                |                                                              |
| (F)                                                                             |                |                                                              |
| (G)                                                                             |                |                                                              |
| (H)                                                                             |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . | 847,028,200.   |                                                              |

**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:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                             |                |                                                              |
| (2)                                                                             |                |                                                              |
| (3)                                                                             |                |                                                              |
| (4)                                                                             |                |                                                              |
| (5)                                                                             |                |                                                              |
| (6)                                                                             |                |                                                              |
| (7)                                                                             |                |                                                              |
| (8)                                                                             |                |                                                              |
| (9)                                                                             |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . |                |                                                              |

**Part IX Other Assets.**

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

| (a) Description                                                                     | (b) Book value |
|-------------------------------------------------------------------------------------|----------------|
| (1) DUE FROM AFFILIATE                                                              | 1,344,648,392. |
| (2) BENEFICIAL INT IN FOUNDATIONS                                                   | 659,580,382.   |
| (3) OTHER ASSETS                                                                    | 760,548,485.   |
| (4)                                                                                 |                |
| (5)                                                                                 |                |
| (6)                                                                                 |                |
| (7)                                                                                 |                |
| (8)                                                                                 |                |
| (9)                                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . | 2,764,777,259. |

**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                                                            | 2,525,382,267. |
| (3) OTHER CURRENT & LT LIABILITIES                                                  | 533,615,633.   |
| (4)                                                                                 |                |
| (5)                                                                                 |                |
| (6)                                                                                 |                |
| (7)                                                                                 |                |
| (8)                                                                                 |                |
| (9)                                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . | 3,058,997,900. |

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE 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, 2023, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

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

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

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

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

| (a) Region                                                  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|-------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1) CENTRAL AMERICA/CARIBBEAN                               |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 37,729.                                                  |
| (2) EAST ASIA AND THE PACIFIC                               |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 70,681.                                                  |
| (3) EUROPE                                                  |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 49,455,866.                                              |
| (4) MIDDLE EAST AND NORTH AFRICA                            |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 68,337.                                                  |
| (5) NORTH AMERICA                                           |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 133,074.                                                 |
| (6) RUSSIA/INDEPENDENT STATES                               |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 16,882.                                                  |
| (7) SOUTH AMERICA                                           |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 7,343.                                                   |
| (8) SOUTH ASIA                                              |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 4,156.                                                   |
| (9) SUB-SAHARAN AFRICA                                      |                                     |                                                                            | PROGRAM SERVICES                                                                                                                                   | HEALTH CARE EDUCATION                                                                                  | 13,329.                                                  |
| (10) CENTRAL AMERICA/CARIBBEAN                              |                                     |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                                        | 65,945,336.                                              |
| (11) EAST ASIA AND THE PACIFIC                              |                                     |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                                        | 2,500,557.                                               |
| (12) EUROPE                                                 |                                     |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                                        | 29,604,573.                                              |
| (13) MIDDLE EAST AND NORTH AFRICA                           |                                     |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                                        | 163,895.                                                 |
| (14) NORTH AMERICA                                          |                                     |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                                        | 4,853,105.                                               |
| (15) SOUTH AMERICA                                          |                                     |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                                        | 171,835.                                                 |
| (16) SOUTH ASIA                                             |                                     |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                                        | 238,323.                                                 |
| (17) SUB-SAHARAN AFRICA                                     |                                     |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                                        | 1,089,270.                                               |
| <b>3a Subtotal</b> . . . . .                                |                                     |                                                                            |                                                                                                                                                    |                                                                                                        | 154,374,311.                                             |
| <b>b Total from continuation sheets to Part I</b> . . . . . |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| <b>c Totals (add lines 3a and 3b)</b>                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        | 154,374,311.                                             |

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

Schedule F (Form 990) 2022

**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) . . . . . ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) . . . . . ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) . . . . . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) . . . . . ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2022



**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

Name of the organization

UPMC GROUP

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

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

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

- |                                                             |                                                                  |
|-------------------------------------------------------------|------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |                                                                  |

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

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

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

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

|                 |                                                                           | (a) Event #1<br>CELEB CLASSIC<br>(event type) | (b) Event #2<br>CHARITY GOLF<br>(event type) | (c) Other events<br>21<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------------|
|                 |                                                                           |                                               |                                              |                                          |                                                        |
| Revenue         | 1 Gross receipts . . . . .                                                | 203,485.                                      | 146,922.                                     | 835,496.                                 | 1,185,903.                                             |
|                 | 2 Less: Contributions . . . . .                                           | 145,685.                                      | 87,138.                                      | 443,130.                                 | 675,953.                                               |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                         | 57,800.                                       | 59,784.                                      | 392,366.                                 | 509,950.                                               |
| Direct Expenses | 4 Cash prizes . . . . .                                                   | NONE                                          | NONE                                         | 11,370.                                  | 11,370.                                                |
|                 | 5 Noncash prizes . . . . .                                                | 15,299.                                       | 24,715.                                      | 20,475.                                  | 60,489.                                                |
|                 | 6 Rent/facility costs . . . . .                                           | 6,725.                                        | 32,142.                                      | 110,386.                                 | 149,253.                                               |
|                 | 7 Food and beverages . . . . .                                            | 85,217.                                       | NONE                                         | 74,689.                                  | 159,906.                                               |
|                 | 8 Entertainment . . . . .                                                 | 3,200.                                        | NONE                                         | 24,370.                                  | 27,570.                                                |
|                 | 9 Other direct expenses . . . . .                                         | 11,414.                                       | 6,593.                                       | 132,668.                                 | 150,675.                                               |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                                               |                                              |                                          | 559,263.                                               |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                                               |                                              |                                          | -49,313.                                               |

**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<br>bingo/progressive bingo         | (c) Other gaming                                         | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|
|                 |                                                                                |                                                          |                                                          |                                                          |                                                     |
| Revenue         | 1 Gross revenue . . . . .                                                      |                                                          |                                                          |                                                          |                                                     |
|                 | 2 Cash prizes . . . . .                                                        |                                                          |                                                          |                                                          |                                                     |
| Direct Expenses | 3 Noncash prizes . . . . .                                                     |                                                          |                                                          |                                                          |                                                     |
|                 | 4 Rent/facility costs . . . . .                                                |                                                          |                                                          |                                                          |                                                     |
|                 | 5 Other direct expenses . . . . .                                              |                                                          |                                                          |                                                          |                                                     |
|                 | 6 Volunteer labor . . . . .                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                     |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                                          |                                                          |                                                          |                                                     |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                                          |                                                          |                                                          |                                                     |

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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



**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> |                                     |
| <b>1b</b> If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> 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:<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |                                     |                                     |
| <b>3</b> 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.                                                                                                                                                                                                                                                                                      |                                     |                                     |
| <b>a</b> 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:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300.0000 %                                                                    | <input checked="" type="checkbox"/> |                                     |
| <b>b</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: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %                            | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> 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.                                                                                         |                                     |                                     |
| <b>4</b> 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"? . . . . .                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> |                                     |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                                                                                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> 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? . . . . .                                                                                                                                                                                                                                                          |                                     |                                     |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization make it available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> |                                     |

**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 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .                                           |                                                 |                               | 76,299,328.                         |                               | 76,299,328.                       | 0.34                         |
| <b>b</b> Medicaid (from Worksheet 3, column a) . . . . .                                                     |                                                 |                               | 1,676,437,799.                      | 1,280,925,437.                | 395,512,362.                      | 1.76                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |                                                 |                               | 9,786,237.                          | 4,699,611.                    | 5,086,626.                        | 0.02                         |
| <b>d</b> Total. Financial Assistance and Means-Tested Government Programs . . . . .                          |                                                 |                               | 1,762,523,364.                      | 1,285,625,048.                | 476,898,316.                      | 2.12                         |
| <b>Other Benefits</b>                                                                                        |                                                 |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |                                                 |                               | 111,037,483.                        | 10,786,966.                   | 100,250,518.                      | 0.45                         |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .                                           |                                                 |                               | 342,193,355.                        | 131,362,773.                  | 210,830,582.                      | 0.94                         |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .                                             |                                                 |                               | 287,940,098.                        | 110,606,262.                  | 177,333,835.                      | 0.79                         |
| <b>h</b> Research (from Worksheet 7) . . . . .                                                               |                                                 |                               | 305,261,545.                        |                               | 305,261,545.                      | 1.36                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |                                                 |                               | 142,610,677.                        |                               | 142,610,677.                      | 0.64                         |
| <b>j</b> Total. Other Benefits . . . . .                                                                     |                                                 |                               | 1,189,043,158.                      | 252,756,001.                  | 936,287,157.                      | 4.18                         |
| <b>k</b> Total. Add lines 7d and 7j . . . . .                                                                |                                                 |                               | 2,951,566,522.                      | 1,538,381,049.                | 1,413,185,473.                    | 6.30                         |

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

Schedule H (Form 990) 2022

**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**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes ☒ No
- 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** 59,811,828.
- 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** 6,509,415.
- 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** 2,628,261,864.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 3,686,558,104.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -1,058,296,240.
- 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** Yes ☒ No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes ☒ No

**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                              | 0.50000                                          |                                                                                    | 0.50000                                       |
| 2 HAMOT SURGERY CENTER | OUTPATIENT SURGERY CTR                        | 0.51000                                          |                                                                                    | 0.49000                                       |
| 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? 31

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 |
|-------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|-----------------------------------------------|--------------------------|
| <b>1</b> UPMC PRESBYTERIAN SHADYSIDE<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213<br>WWW.UPMC.COM EIN: 25-0965480 | 163301            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                   | X                 | X                          |                     | X                 |                          | X                 | X           |          |                                               | A                        |
| <b>2</b> UPMC PRESBYTERIAN SHADYSIDE<br>5230 CENTRE AVENUE<br>PITTSBURGH PA 15232<br>WWW.UPMC.COM EIN: 25-0965480 | 163301            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                   | X                 | X                          |                     | X                 |                          | X                 | X           |          |                                               | A                        |
| <b>3</b> UPMC PRESBYTERIAN SHADYSIDE<br>1300 OXFORD DRIVE<br>PITTSBURGH PA 15102<br>WWW.UPMC.COM EIN: 25-0965480  | 09621500          |                            |                     |                   |                          |                   |             |          | OUTPATIENT<br>AMBULATORY &<br>SURGICAL CENTER |                          |
|                                                                                                                   | X                 |                            |                     |                   |                          |                   |             |          |                                               | A                        |
| <b>4</b> UPMC HAMOT<br>201 STATE STREET<br>ERIE PA 16550<br>WWW.UPMC.COM EIN: 25-0965387                          | 82301             |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                   | X                 | X                          |                     | X                 |                          | X                 | X           |          |                                               | A                        |
| <b>5</b> UPMC HAMOT<br>118 EAST 2ND STREET<br>ERIE PA 16507<br>WWW.UPMC.COM EIN: 25-0965387                       | 82301             |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                   | X                 | X                          |                     |                   |                          |                   |             |          |                                               | A                        |
| <b>6</b> UPMC MERCY<br>1400 LOCUST STREET<br>PITTSBURGH PA 15219<br>WWW.UPMC.COM EIN: 25-0965429                  | 13610100          |                            |                     |                   |                          |                   |             |          | OUTPATIENT<br>AMBULATORY<br>& SURGICAL CENTER |                          |
|                                                                                                                   | X                 | X                          |                     | X                 |                          |                   | X           |          |                                               | A                        |
| <b>7</b> UPMC PASSAVANT<br>9100 BABCOCK BLVD<br>PITTSBURGH PA 15237<br>WWW.UPMC.COM EIN: 25-0965451               | 400401            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                   | X                 | X                          |                     |                   |                          | X                 | X           |          |                                               | A                        |
| <b>8</b> UPMC PASSAVANT<br>1 ST FRANCIS WAY<br>CRANBERRY TWP PA 16066<br>WWW.UPMC.COM EIN: 25-0965451             | 400401            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                   | X                 | X                          |                     |                   |                          | X                 | X           |          |                                               | A                        |
| <b>9</b> UPMC MAGEE-WOMENS HOSPITAL<br>300 HALKET STREET<br>PITTSBURGH PA 15213<br>WWW.UPMC.COM EIN: 25-0965420   | 650301            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                   | X                 | X                          |                     | X                 |                          | X                 | X           |          |                                               | A                        |
| <b>10</b> UPMC ALTOONA<br>620 HOWARD STREET<br>ALTOONA PA 16601<br>WWW.UPMC.COM EIN: 23-1352155                   | 12801             |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                   | X                 | X                          |                     | X                 |                          |                   | X           |          |                                               | A                        |

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

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

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

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

|                                                                                                                             | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER/24 hours | ER/other | Other (describe)                              | Facility reporting group |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|-----------------------------------------------|--------------------------|
| <b>1</b> UPMC CHILDREN'S HOSPITAL OF PGH<br>4401 PENN AVE<br>PITTSBURGH PA 15224<br>WWW.UPMC.COM EIN: 25-0402510            | 291201            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | X                 | X                          | X                   | X                 |                          | X                 | X           |          |                                               | A                        |
| <b>2</b> UPMC CHILDREN'S HOSPITAL OF PGH<br>2599 WEXFORD-BAYNE ROAD<br>SEWICKLEY PA 15143<br>WWW.UPMC.COM EIN: 25-0402510   | 291201            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | X                 |                            |                     |                   |                          |                   |             |          |                                               | A                        |
| <b>3</b> UPMC WESTERN PSYCHIATRIC HOSPITAL<br>3811 O'HARA STREET<br>PITTSBURGH PA 15213<br>WWW.UPMC.COM EIN: 25-0965480     | 390164            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | X                 |                            |                     |                   |                          |                   |             |          |                                               | A                        |
| <b>4</b> UPMC WILLIAMSPORT<br>700 HIGH STREET<br>WILLIAMSPORT PA 17701<br>WWW.UPMC.COM EIN: 24-0795508                      | 234601            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | X                 | X                          |                     |                   |                          |                   | X           |          |                                               | A                        |
| <b>5</b> UPMC WILLIAMSPORT DIVINE PROVIDENCE<br>1100 GRAMPION BLVD<br>WILLIAMSPORT PA 17701<br>WWW.UPMC.COM EIN: 24-0795508 | 234601            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | X                 | X                          |                     |                   |                          |                   |             |          |                                               | A                        |
| <b>6</b> UPMC ST. MARGARET<br>815 FREEPORT ROAD<br>PITTSBURGH PA 15215<br>WWW.UPMC.COM EIN: 23-2875070                      | 195901            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | X                 | X                          |                     | X                 |                          |                   | X           |          |                                               | A                        |
| <b>7</b> UPMC ST. MARGARET<br>3 MARINER COURT<br>PITTSBURGH PA 15238<br>WWW.UPMC.COM EIN: 23-2875070                        | 195901            |                            |                     |                   |                          |                   |             |          | OUTPATIENT<br>AMBULATORY &<br>SURGICAL CENTER | A                        |
|                                                                                                                             | X                 |                            |                     |                   |                          |                   |             |          |                                               |                          |
| <b>8</b> UPMC MCKEESPORT<br>1500 FIFTH AVENUE<br>MCKEESPORT PA 15132<br>WWW.UPMC.COM EIN: 25-0965423                        | 650401            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | X                 | X                          |                     | X                 |                          |                   | X           |          |                                               | A                        |
| <b>9</b> UPMC NORTHWEST<br>100 FAIRFIELD DRIVE<br>SENECA PA 16346<br>WWW.UPMC.COM EIN: 25-0489010                           | 151001            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | X                 | X                          |                     |                   |                          |                   | X           |          |                                               | A                        |
| <b>10</b> UPMC MUNCY<br>215 EAST WATER STREET<br>MUNCY PA 17756<br>WWW.UPMC.COM EIN: 24-0806023                             | 134301            |                            |                     |                   |                          |                   |             |          |                                               |                          |
|                                                                                                                             | 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 |
|---------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| <b>1</b> UPMC EAST<br>2775 MOSSIDE BOULEVARD<br>MONROEVILLE PA 15146<br>WWW.UPMC.COM EIN: 27-4814831                | 22                | 7                          | 6                   | 0                 | 1                        | 0                 | 1           |          |                  |                          |
| <b>2</b> UPMC JAMESON<br>1211 WILMINGTON AVENUE<br>NEW CASTLE PA 16105<br>WWW.UPMCJAMESON.COM EIN: 25-0965406       | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| <b>3</b> UPMC HORIZON<br>110 MAIN STREET<br>GREENVILLE PA 16125<br>WWW.UPMC.COM EIN: 25-0523970                     | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| <b>4</b> UPMC HORIZON<br>2200 MEMORIAL DRIVE<br>FARRELL PA 16121<br>WWW.UPMC.COM EIN: 25-0523970                    | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
| <b>5</b> UPMC SOMERSET<br>225 SOUTH CENTRAL AVENUE<br>SOMERSET PA 15501<br>WWW.UPMC.COM EIN: 25-0965570             | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
| <b>6</b> UPMC LOCK HAVEN<br>24 CREE DRIVE<br>LOCK HAVEN PA 17745<br>WWW.UPMC.COM EIN: 82-1600494                    | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| <b>7</b> CHARLES COLE MEMORIAL HOSPITAL<br>1001 EAST 2ND ST<br>COUDERSPORT PA 16915<br>WWW.UPMC.COM EIN: 24-0802108 | X                 | X                          |                     |                   | X                        |                   | X           |          |                  | A                        |
| <b>8</b> UPMC BEDFORD<br>10455 LINCOLN HIGHWAY<br>EVERETT PA 15337<br>WWW.UPMC.COM EIN: 23-1396795                  | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| <b>9</b> UPMC WELLSBORO<br>32-36 CENTRAL AVE<br>WELLSBORO PA 16901<br>WWW.UPMC.COM EIN: 23-2176963                  | X                 |                            |                     |                   | X                        |                   | X           |          |                  | A                        |
| <b>10</b> UPMC KANE<br>4372 ROUTE 6<br>KANE PA 16735<br>WWW.UPMC.COM EIN: 25-0998168                                | X                 | X                          |                     |                   | X                        |                   | X           |          |                  | A                        |



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

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

Name of hospital facility or letter of facility reporting group: ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 31

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No                                  |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| <b>Community Health Needs Assessment</b>                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                     |
| 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   | <input checked="" type="checkbox"/> |
| 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   | <input checked="" type="checkbox"/> |
| 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   | <input checked="" type="checkbox"/> |
| If "Yes," indicate what the CHNA report describes (check all that apply):                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                     |
| a                                                                                        | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                              |     |                                     |
| b                                                                                        | <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                              |     |                                     |
| c                                                                                        | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community                                                                                                                                                                                                                                                                                      |     |                                     |
| d                                                                                        | <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                                      |     |                                     |
| e                                                                                        | <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                              |     |                                     |
| f                                                                                        | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                                    |     |                                     |
| g                                                                                        | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                                        |     |                                     |
| h                                                                                        | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                             |     |                                     |
| i                                                                                        | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)                                                                                                                                                                                                                                                                                                |     |                                     |
| j                                                                                        | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                     |
| 4                                                                                        | Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                |     |                                     |
| 5                                                                                        | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | 5   | <input checked="" type="checkbox"/> |
| 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  | <input checked="" type="checkbox"/> |
| 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  | <input checked="" type="checkbox"/> |
| 7                                                                                        | Did the hospital facility make its CHNA report widely available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                       | 7   | <input checked="" type="checkbox"/> |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                     |
| a                                                                                        | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V SUPPLEMENTAL INFORMATION</u>                                                                                                                                                                                                                                                                                                                                         |     |                                     |
| b                                                                                        | <input type="checkbox"/> Other website (list url):                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                     |
| c                                                                                        | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                                  |     |                                     |
| d                                                                                        | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                     |
| 8                                                                                        | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .                                                                                                                                                                                                                                                              | 8   | <input checked="" type="checkbox"/> |
| 9                                                                                        | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>                                                                                                                                                                                                                                                                                                                                                              |     |                                     |
| 10                                                                                       | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .                                                                                                                                                                                                                                                                                                                                                        | 10  | <input checked="" type="checkbox"/> |
| a                                                                                        | If "Yes," (list url): <u>SAME AS 7A ABOVE</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                     |
| 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 | <input checked="" type="checkbox"/> |
| 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 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that:<br>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP:                                              | X   |    |
| a  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.0000</u> %<br>and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %                                                                                                       |     |    |
| b  | <input type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                                                                        |     |    |
| c  | <input type="checkbox"/> Asset level                                                                                                                                                                                                                                                                                                                |     |    |
| d  | <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                                                               |     |    |
| e  | <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                                                                                |     |    |
| f  | <input checked="" type="checkbox"/> Underinsurance status                                                                                                                                                                                                                                                                                           |     |    |
| g  | <input type="checkbox"/> Residency                                                                                                                                                                                                                                                                                                                  |     |    |
| h  | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |     |    |
| 14 | Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                                                                                    | X   |    |
| 15 | Explained the method for applying for financial assistance?<br>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):                                                                                  | X   |    |
| a  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                                                                                          |     |    |
| b  | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                                                                                              |     |    |
| c  | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                                                                            |     |    |
| d  | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                                                                                 |     |    |
| e  | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |     |    |
| 16 | Was widely publicized within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):                                                                                                                                                                           | X   |    |
| a  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.UPMC.COM (SEE PART VI)</u>                                                                                                                                                                                                                         |     |    |
| b  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.UPMC.COM (SEE PART VI)</u>                                                                                                                                                                                                        |     |    |
| c  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.UPMC.COM (SEE PART VI)</u>                                                                                                                                                                                             |     |    |
| d  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                                                |     |    |
| e  | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                               |     |    |
| f  | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                    |     |    |
| g  | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |     |    |
| h  | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                                                             |     |    |
| i  | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations                                                                                                                                       |     |    |
| j  | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |     |    |

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

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

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                             |                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|
| <b>21</b> 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? . . . . . | <input checked="" type="checkbox"/> |  |
| If "No," indicate why:                                                                                                                                                                                                                                                                                                                                      |                                     |  |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                                  |                                     |  |
| b <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                                                |                                     |  |
| c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)                                                                                                                                                                                                          |                                     |  |
| d <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                    |                                     |  |

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**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                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>22</b> 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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period                                                                                                                                                                 |           |                                     |
| b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method                                                                                                                                                                                                                             |           |                                     |
| <b>23</b> 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? . . . . .<br>If "Yes," explain in Section C. | <b>23</b> | <input checked="" type="checkbox"/> |
| <b>24</b> 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? . . . . .<br>If "Yes," explain in Section C.                                                                                                   | <b>24</b> | <input checked="" type="checkbox"/> |

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**Part V Facility Information** (continued)

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

## PART V SECTION B LINE 5

UPMC'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS INCLUDED A PARTNERSHIP WITH EXPERTS AT THE UNIVERSITY OF PITTSBURGH 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](http://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-NEEDS-ASSESSMENT.ASPX

PART V SECTION B LINE 11

THROUGH A RIGOROUS CHNA METHODOLOGY, UPMC HOSPITALS IDENTIFIED FOUR MAJOR THEMES REPRESENTING THE SIGNIFICANT HEALTH NEEDS IN THEIR COMMUNITIES: CHRONIC DISEASE MANAGEMENT; BEHAVIORAL HEALTH; ACCESS TO CARE AND NAVIGATING RESOURCES; AND PREVENTION AND COMMUNITY-WIDE HEALTHY LIVING. THE HOSPITALS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE ISSUES, AS OUTLINED IN THEIR CHNA DOCUMENTS AND COMMUNITY HEALTH STRATEGIC PLANS - SEE SECTION IV OF EACH CHNA REPORT. WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX

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 31 ENTITIES LISTED IN PART V, SECTION A.

PART V SECTION B

PART V SECTION B LINES 19 & 20: UPMC'S POLICIES DO NOT PERMIT HOSPITAL FACILITIES OR ANY OTHER AUTHORIZED PARTIES TO ENGAGE IN EXTRAORDINARY COLLECTIONS ACTIONS IN ANY CIRCUMSTANCES. THEREFORE, LINE 20 HAS BEEN LEFT BLANK SINCE IT 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? 191

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

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

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

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

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

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

| Name and address                                                                                                  | Type of facility (describe)           |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>1</b> MAGEE-WOMENS IMAGING ST. MARGARET (MAG)<br>815 FREEPORT ROAD, STE 2160<br>PITTSBURGH PA 15215            | IMAGING SERVICES                      |
| <b>2</b> UPMC HILLMAN CANCER CENTER BEAVER (MAG)<br>1030 BEAVER HOLLOW RD<br>BEAVER PA 15009                      | ONCOLOGY SERVICES                     |
| <b>3</b> UPMC HILLMAN CANCER CENTER WASHINGTON (M)<br>470 JOHNSON ROAD, STE 10<br>WASHINGTON PA 15301             | ONCOLOGY SERVICES                     |
| <b>4</b> UPMC HILLMAN CANCER CENTER SEWICKLEY (MA)<br>1600 CORAOPOLIS HEIGHTS ROAD<br>CORAOPOLIS PA 15108         | ONCOLOGY SERVICES                     |
| <b>5</b> UPMC HILLMAN CANCER CENTER AT NATRONA HE<br>1604 BURTNER ROAD<br>NATRONA HEIGHTS PA 15065                | ONCOLOGY SERVICES                     |
| <b>6</b> UPMC HILLMAN CANCER CENTER AT UPMC ST MA<br>200 DELAFIELD ROAD<br>PITTSBURGH PA 15215                    | ONCOLOGY SERVICES<br>IMAGING CENTER   |
| <b>7</b> UPMC HILLMAN CANCER CENTER BETHEL PARK<br>2000 OXFORD DRIVE, STE 500<br>BETHEL PARK PA 15102             | ONCOLOGY SERVICES                     |
| <b>8</b> UPMC HILLMAN CANCER CENTER MONROEVILLE<br>400 OXFORD DRIVE<br>MONROEVILLE PA 15146                       | ONCOLOGY SERVICES<br>IMAGING SERVICES |
| <b>9</b> UPMC HILLMAN CANCER CENTER AT UPMC PASSA<br>9100 BABCOCK BLVD<br>PITTSBURGH PA 15237                     | ONCOLOGY SERVICES                     |
| <b>10</b> UPMC HILLMAN CANCER CENTER WEST MIFFLIN<br>1907 LEBANON CHURCH ROAD, SUITE 200<br>WEST MIFFLIN PA 15122 | ONCOLOGY SERVICES                     |

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

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

| Name and address                                                                             | Type of facility (describe)                        |
|----------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>1</b> UPMC HILLMAN CANCER CENTER (MAG)<br>5115 CENTRE AVENUE<br>PITTSBURGH PA 15232       | ONCOLOGY SERVICES<br>IMAGING CENTER                |
| <b>2</b> UPMC CENTER FOR FERTILITY AND REPRODUCTI<br>419 RODI ROAD<br>PITTSBURGH PA 15235    | ENDOCRONOLOGY SERVICES                             |
| <b>3</b> MAGEE WOMENS IMAGING MCCANDLESS (MAG)<br>9100 BABCOCK BLVD<br>PITTSBURGH PA 15237   | IMAGING SERVICES                                   |
| <b>4</b> HARRISON CITY WOMEN'S IMAGING<br>3520 ROUTE 3520 130, BUILDING 1<br>IRWIN PA 15642  | IMAGING SERVICES<br>IMAGING SERVICES               |
| <b>5</b> UPMC MERCY GREENTREE (MER)<br>969 GREENTREE ROAD<br>PITTSBURGH PA 15220             | OUTPATIENT SERVICES &<br>IMAGING SERVICES          |
| <b>6</b> UPMC CENTER FOR SPORTS MEDICINE (MER)<br>3200 S WATER STREET<br>PITTSBURGH PA 15203 | OUTPATIENT SERVICES<br>PHYSICIAN, IMAGING SERVICES |
| <b>7</b> UPMC MERCY SOUTH SIDE (MER)<br>2000 MARY STREET<br>PITTSBURGH PA 15203              | OUTPATIENT SERVICES<br>PHYSICIAN, IMAGING SERVICES |
| <b>8</b> UPMC VISION INSTITUTE (MHP)<br>1622 LOCUST STREET<br>PITTSBURGH PA 15219            | OUTPATIENT SERVICES                                |
| <b>9</b> UPMC PRIMARY CARE IN MONTGOMERY (MUN)<br>45 PARK DR, RT 405<br>MONTGOMERY PA 17752  | OUTPATIENT SERVICES                                |
| <b>10</b> UPMC MUNCY MEDICAL BUILDING (MUN)<br>10 SHADY LANE<br>MUNCY PA 17746               | OUTPATIENT SERVICES                                |

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

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

| Name and address                                                                                                | Type of facility (describe)                        |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>1</b> UPMC ST. MARGARET MEDICAL ARTS BUILDING<br>100 DELAFIELD ROAD<br>PITTSBURGH PA 15215                   | OUTPATIENT SERVICES<br>PHYSICIAN, IMAGING SERVICES |
| <b>2</b> UPMC ST. MARGARET-NATRONA HEIGHTS (SMH)<br>1604 BURTNER ROAD STE 109 (SMH)<br>NATRONA HEIGHTS PA 15065 | OUTPATIENT SERVICES                                |
| <b>3</b> UPMC ST. MARGARET MEDICAL ARTS BUILDING<br>200 DELAFIELD ROAD<br>PITTSBURGH PA 15215                   | OUTPATIENT SERVICES                                |
| <b>4</b> UPMC ST. MARGARET DERMATOLOGY (SMH)<br>2585 FREEPORT ROAD, STE 204<br>PITTSBURGH PA 15238              | OUTPATIENT SERVICES                                |
| <b>5</b> UPMC NATRONA HEIGHTS MULTISPECIALTY (SMH)<br>1800 UNION AVENUE<br>NATRONA HEIGHTS PA 15065             | OUTPATIENT SERVICES                                |
| <b>6</b> UPMC ST. MARGARET SURGICAL CENTER HARMAR<br>3 MARINER COURT<br>PITTSBURGH PA 15238                     | AMBULATORY SURGERY CENTER                          |
| <b>7</b> SPECIALTY CARE CENTER - HERMITAGE (HRZ)<br>875 N HERMITAGE ROAD<br>HERMITAGE PA 16148                  | OUTPATIENT SERVICES                                |
| <b>8</b> DIAGNOSTIC CENTER - MERCER (HRZ)<br>737 GREENVILLE ROAD<br>MERCER PA 16137                             | OUTPATIENT SERVICES                                |
| <b>9</b> REGIONAL SLEEP CENTER (HRZ)<br>875 N HERMITAGE ROAD<br>HERMITAGE PA 16148                              | AMBULATORY SERVICES                                |
| <b>10</b> OUTPATIENT IMAGING - GREENVILLE MED CENT<br>90 SHENANGO STREET<br>GREENVILLE PA 16125                 | IMAGING SERVICES                                   |

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

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

| Name and address                                                                                       | Type of facility (describe) |
|--------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> HILLMAN CANCER CTR ONCOLOGY - NEW CASTLE<br>3410 WILMINGTON ROAD<br>NEW CASTLE PA 16105       | ONCOLOGY SERVICES           |
| <b>2</b> UPMC HORIZON - GREENVILLE (HRZ)<br>110 NORTH MAIN STREET<br>GREENVILLE PA 16125               | HOSPITAL CAMPUS             |
| <b>3</b> PAIN MANAGEMENT & WOUND CLINIC (HRZ)<br>2120 LIKENS LANE<br>FARRELL PA 16121                  | OUTPATIENT SERVICES         |
| <b>4</b> UPMC HORIZON - SHENANGO VALLEY CAMPUS<br>2200 MEMORIAL DRIVE<br>FARRELL PA 16121              | HOSPITAL CAMPUS             |
| <b>5</b> DIAGNOSTIC CENTER - NEW WILMINGTON (HRZ)<br>3438 ROUTE 208<br>NEW WILMINGTON PA 16142         | OUTPATIENT SERVICES         |
| <b>6</b> DIAGNOSTIC LAB - PRIMARY HEALTH NETWORK<br>350 SHARON NEW CASTLE ROAD<br>FARRELL PA 16121     | OUTPATIENT SERVICES         |
| <b>7</b> UPMC NORTHWEST MRI CENTER (NWH)<br>1671 ALLEGHENY BLVD<br>RENO PA 16343                       | IMAGING SERVICES            |
| <b>8</b> UPMC NORTHWEST CTR FOR WOUND TREATMENT ( )<br>6885 US HIGHWAY 322, STE 4<br>FRANKLIN PA 16323 | OUTPATIENT SERVICES         |
| <b>9</b> CLARION FAMILY PRACTICE (NWH)<br>22681 ROUTE 68<br>CLARION PA 16214                           | OUTPATIENT SERVICES         |
| <b>10</b> UPMC NORTHWEST (NWH)<br>1 MEMORIAL DRIVE<br>OIL CITY PA 16301                                | OUTPATIENT SERVICES         |

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(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)  |
|------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>1</b> UPMC NORTHWEST (NWH)<br>1008 SOUTH FIFTH AVENUE, STE 203<br>CLARION PA 16214                      | PHYSICIAN SERVICES           |
| <b>2</b> UPMC NORTHWEST (NWH)<br>1310 LIBERTY STREET<br>FRANKLIN PA 16323                                  | OUTPATIENT SERVICES          |
| <b>3</b> UPMC PASSAVANT-CRANBERRY CAMPUS (PAS)<br>3 ST FRANCIS WAY<br>CRANBERRY TWP PA 16066               | OUTPATIENT SERVICES          |
| <b>4</b> UPMC WOUND HEALING SERVICES (PAS)<br>2030 MACKENZIE WAY, STE 400<br>CRANBERRY TWP PA 16066        | OUTPATIENT SERVICES          |
| <b>5</b> UPMC PASSAVANT-SPINE CENTER (PAS)<br>12680 PERRY HIGHWAY<br>WEXFORD PA 15090                      | IMAGING SERVICES             |
| <b>6</b> UPMC PASSAVANT- OUTPATIENT CENTER HAMPTO<br>4490 MT. ROYAL BLVD<br>ALLISON PARK PA 15101          | IMAGING SERVICES             |
| <b>7</b> UPMC PASSAVANT (PAS)<br>ONE ST. FRANCIS WAY<br>CRANBERRY TOWNSHIP PA 16066                        | OUTPATIENT SERVICES          |
| <b>8</b> UPMC DIGESTIVE HEALTH AND ENDOSCOPY (PUH)<br>1000 INTEGRITY DRIVE, STE 110<br>PITTSBURGH PA 15235 | OUTPATIENT SERVICES          |
| <b>9</b> WESTERN PSYCH INSTITUTE AND CLINIC (WPIC)<br>100 N BELLEFIELD AVE<br>PITTSBURGH PA 15213          | OUTPATIENT BEHAVIORAL HEALTH |
| <b>10</b> WESTERN PSYCH INSTITUTE AND CLINIC (WPIC)<br>1011 BINGHAM STREET<br>PITTSBURGH PA 15203          | OUTPATIENT BEHAVIORAL HEALTH |

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(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)  |
|--------------------------------------------------------------------------------------------------|------------------------------|
| <b>1</b> WESTERN PSYCH INSTITUTE AND CLINIC (WPIC)<br>1835 CENTRE AVENUE<br>PITTSBURGH PA 15219  | OUTPATIENT BEHAVIORAL HEALTH |
| <b>2</b> WESTERN PSYCH INSTITUTE AND CLINIC (WPIC)<br>300 HALKET STREET<br>PITTSBURGH PA 15213   | OUTPATIENT BEHAVIORAL HEALTH |
| <b>3</b> WESTERN PSYCH INSTITUTE AND CLINIC (WPIC)<br>3501 FORBES AVENUE<br>PITTSBURGH PA 15213  | OUTPATIENT BEHAVIORAL HEALTH |
| <b>4</b> UPMC WESTERN PSYCHIATRIC HOSPITAL<br>225 PENN AVENUE<br>PITTSBURGH PA 15221             | OUTPATIENT BEHAVIORAL HEALTH |
| <b>5</b> UPMC WESTERN PSYCHIATRIC HOSPITAL<br>11279 PERRY HIGHWAY<br>WEXFORD PA 15090            | OUTPATIENT BEHAVIORAL HEALTH |
| <b>6</b> UPMC WESTERN PSYCHIATRIC HOSPITAL<br>3811 O'HARA STREET<br>PITTSBURGH PA 15213          | OUTPATIENT BEHAVIORAL HEALTH |
| <b>7</b> BENEDUM GERIATRIC BH CLINIC- UPMC WESTER<br>3459 FIFTH AVENUE<br>PITTSBURGH PA 15213    | OUTPATIENT BEHAVIORAL HEALTH |
| <b>8</b> FALK PHARMACY<br>3601 5TH AVENUE<br>PITTSBURGH PA 15213                                 | PHARMACY                     |
| <b>9</b> SCHOOL FOR BLIND UPMC WESTERN PSYCHIATRI<br>250 N BELLEFIELD AVE<br>PITTSBURGH PA 15213 | OUTPATIENT SERVICES          |
| <b>10</b> UPMC WESTERN PSYCHIATRIC HOSPITAL<br>2400 E CARSON ST<br>PITTSBURGH PA 15203           | OUTPATIENT SERVICES          |

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(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) |
|---------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> HILLMAN CENTER PHARMACY<br>5115 CENTRE AVENUE<br>PITTSBURGH PA 15232                     | PHARMACY                    |
| <b>2</b> UPMC PAIN MEDICINE AT CENTRE COMMON<br>5750 CENTRE AVENUE<br>PITTSBURGH PA 15206         | OUTPATIENT SERVICES         |
| <b>3</b> UPMC MONROEVILLE IMAGING CENTER<br>600 OXFORD DR<br>MONROEVILLE PA 15146                 | IMAGING SERVICES            |
| <b>4</b> UPMC PAIN MEDICINE<br>600 OXFORD DR<br>MONROEVILLE PA 15146                              | OUTPATIENT SERVICES         |
| <b>5</b> UPMC SOUTH SURGERY CENTER<br>1300 OXFORD DR<br>BETHEL PARK PA 15102                      | OUTPATIENT SERVICES         |
| <b>6</b> UPMC MATILDA H. THEISS HEALTH CENTER<br>373 BURROWS STREET<br>PITTSBURGH PA 15213        | OUTPATIENT SERVICES         |
| <b>7</b> SLEEP MEDICINE CENTER AT MONROEVILLE<br>400 OXFORD DRIVE, STE 65<br>MONROEVILLE PA 15146 | OUTPATIENT SERVICES         |
| <b>8</b> UPMC SHADYSIDE MEDICAL BUILDING<br>5200 CENTRE AVENUE<br>PITTSBURGH PA 15232             | OUTPATIENT SERVICES         |
| <b>9</b> UPMC HILLMAN CANCER CENTER TISSUE & RESE<br>5230 CENTRE AVENUE<br>PITTSBURGH PA 15232    | OUTPATIENT SERVICES         |
| <b>10</b> UPMC PRESBYTERIAN SHADYSIDE<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213                | REHABILITATION SERVICES     |

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(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)  |
|---------------------------------------------------------------------------------------------------------|------------------------------|
| <b>1</b> UPMC PRESBYTERIAN SHADYSIDE<br>200 LOTHROP STREET, STE E-173<br>PITTSBURGH PA 15213            | PHARMACY SERVICES            |
| <b>2</b> UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC)<br>333 N BRADDOCK AVENUE<br>PITTSBURGH PA 15208       | OUTPATIENT BEHAVIORAL HEALTH |
| <b>3</b> UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC)<br>807 WALLACE AVENUE<br>PITTSBURGH PA 15221          | OUTPATIENT BEHAVIORAL HEALTH |
| <b>4</b> UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC)<br>250 NORTH BELLEFIELD AVENUE<br>PITTSBURGH PA 15213 | OUTPATIENT BEHAVIORAL HEALTH |
| <b>5</b> UPMC WESTERN PSYCHIATRIC HOSPITAL (WPIC)<br>1398 PAGE STREET<br>PITTSBURGH PA 15233            | OUTPATIENT BEHAVIORAL HEALTH |
| <b>6</b> UPMC WOUND HEALING SERVICES AT UPMC (HMT)<br>215 HOLLAND ST<br>ERIE PA 16507                   | OUTPATIENT SERVICES          |
| <b>7</b> HEART AND VASCULAR INSTITUTE (HMT)<br>120 EAST 2ND STREET<br>ERIE PA 16507                     | OUTPATIENT SERVICES          |
| <b>8</b> IMAGING CENTER AT STERLING SQUARE (HMT)<br>3406 PEACH STREET<br>ERIE PA 16508                  | IMAGING SERVICES             |
| <b>9</b> UPMC HAMOT WOMEN'S IMAGING (HMT)<br>300 STATE STREET, STE 108<br>ERIE PA 16507                 | OUTPATIENT SERVICES          |
| <b>10</b> UPMC HAMOT SLEEP DISORDERS CENTER (HMT)<br>4022 ZUCK RD<br>ERIE PA 16506                      | OUTPATIENT SERVICES          |

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(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) |
|------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> UPMC HAMOT SPORTS MEDICINE (HMT)<br>100 PEACH STREET<br>ERIE PA 16507                       | OUTPATIENT SERVICES         |
| <b>2</b> UPMC HAMOT INFUSION CENTER (HMT)<br>215 HOLLAND ST<br>ERIE PA 16507                         | OUTPATIENT SERVICES         |
| <b>3</b> UPMC HAMOT (HMT)<br>201 STATE STREET<br>ERIE PA 16550                                       | PHYSICIAN SERVICES          |
| <b>4</b> UPMC CARDIOPULMONARY REHAB (HMT)<br>3300 PEACH STREET<br>ERIE PA 16508                      | REHABILITATION SERVICES     |
| <b>5</b> UPMC HILLMAN CANCER CENTER (HMT)<br>2500 WEST 12TH ST, STE B<br>ERIE PA 16505               | ONCOLOGY SERVICES           |
| <b>6</b> UPMC HAMOT MAGEE-WOMENS (HMT)<br>118 EAST 2ND STREET<br>ERIE PA 16507                       | OUTPATIENT SERVICES         |
| <b>7</b> UPMC CANCER CARE (MCK)<br>103 TRANSIT DR<br>UNIONTOWN PA 15401                              | ONCOLOGY SERVICES           |
| <b>8</b> UPMC MCKEESPORT CARDIAC REHABILITATION (<br>2001 LINCOLN WAY<br>WHITE OAK PA 15131          | OUTPATIENT SERVICES         |
| <b>9</b> UPMC BEDFORD ORTHOPEDICS (BDF)<br>249 HOSPITAL DRIVE, STE 1<br>EVERETT PA 15537             | OUTPATIENT SERVICES         |
| <b>10</b> UPMC BEDFORD CHESTNUT RIDGE OFFICE (BDF)<br>2004 QUAKER VALLEY ROAD<br>FISHERTOWN PA 15539 | PHYSICIAN SERVICES          |

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(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) |
|-----------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> UPMC BEDFORD NEW PARIS OFFICE (BDF)<br>4186 CORTLAND DRIVE<br>NEW PARIS PA 15554           | PHYSICIAN SERVICES          |
| <b>2</b> CRANBERRY PLACE (CRPL)<br>5 ST FRANCIS WAY<br>CRANBERRY TOWNSHIP PA 16066                  | SKILLED NURSING FACILITY    |
| <b>3</b> UPMC HERITAGE SHADYSIDE (HERT)<br>5701 PHILLIPS AVENUE<br>PITTSBURGH PA 15217              | SKILLED NURSING FACILITY    |
| <b>4</b> SUGAR CREEK STATION (SCS)<br>315 CAUSEWAY DRIVE<br>FRANKLIN PA 16323                       | SKILLED NURSING FACILITY    |
| <b>5</b> CHILDREN'S EAST (CHP)<br>4055 MONROEVILLE BOULEVARD, BUILDING 1<br>MONROEVILLE PA 15146    | OUTPATIENT SERVICES         |
| <b>6</b> CHILDREN'S HOSPITAL WEXFORD (CHP)<br>11279 PERRY HWY<br>WEXFORD PA 15090                   | OUTPATIENT SERVICES         |
| <b>7</b> CHILDREN'S HOSPITAL PITTSBURGH (CHP)<br>3420 FIFTH AVENUE<br>PITTSBURGH PA 15213           | OUTPATIENT SERVICES         |
| <b>8</b> CHILDRENS HOSPITAL OF PITTSBURGH (CHP)<br>205 MILLERS RUN ROAD<br>BRIDGEVILLE PA 15017     | OUTPATIENT SERVICES         |
| <b>9</b> CHILDRENS HOSPITAL OF PITTSBURGH (CHP)<br>2619 WEXFORD BAYNE ROAD<br>SEWICKLEY PA 15143    | OUTPATIENT SERVICES         |
| <b>10</b> UPMC CHILDRENS HOSPITAL OF PITTSBURGH NO<br>2599 WEXFORD BAYNE ROAD<br>SEWICKLEY PA 15143 | OUTPATIENT SERVICES         |

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(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) |
|------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> WILLIAMSBURG FAMILY PHYSICIANS (ALT)<br>306 PLUM STREET<br>WILLIAMSBURG PA 16693            | PHYSICIAN SERVICES          |
| <b>2</b> UPMC ALTOONA STATION MEDICAL CENTER (ALT)<br>1516 9TH AVENUE<br>ALTOONA PA 16602            | OUTPATIENT SERVICES         |
| <b>3</b> UPMC ALTOONA SURGERY (ALT)<br>800 HOWARD AVENUE<br>ALTOONA PA 16601                         | OUTPATIENT SERVICES         |
| <b>4</b> ALTOONA FAMILY PHYSICIANS (ALT)<br>501 HOWARD AVENUE<br>ALTOONA PA 16601                    | PHYSICIAN SERVICES          |
| <b>5</b> UPMC ALTOONA ONCOLOGY CANCER CENTER<br>800 HOWARD AVENUE<br>ALTOONA PA 16601                | ONCOLOGY SERVICES           |
| <b>6</b> UPMC ALTOONA WOMEN'S HEALTH & WELLNESS C<br>501 HOWARD AVENUE<br>ALTOONA PA 16601           | OUTPATIENT SERVICES         |
| <b>7</b> UPMC ALTOONA PREGNANCY CARE CENTER (ALT)<br>501 HOWARD AVENUE<br>ALTOONA PA 16601           | OUTPATIENT SERVICES         |
| <b>8</b> UPMC ALTOONA LOGAN MEDICAL BUILDING<br>800 S LOGAN BLVD, STE 3100<br>HOLLIDAYSBURG PA 16648 | OUTPATIENT SERVICES         |
| <b>9</b> ALTOONA EMERGENCY PHYSICIANS<br>10455 LINCOLN HIGHWAY<br>EVERETT PA 15537                   | PHYSICIAN SERVICES          |
| <b>10</b> UPMC OUTPATIENT CENTER- EBENSBURG (ALT)<br>152 ZEMAN DR<br>EBENSBURG PA 15931              | OUTPATIENT SERVICES         |

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

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| Name and address                                                                                          | Type of facility (describe)        |
|-----------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>1</b> JOHN P. MURTHA REGIONAL CANCER CENTER (A<br>337 SOMERSET ST<br>JOHNSTOWN PA 15901                | ONCOLOGY SERVICES                  |
| <b>2</b> UPMC HAMOT MEDICAL PARK (KANE)<br>18 W MAIN<br>MT. JEWETT PA 16740                               | HOSPITAL BASED COMMUNITY CLINI     |
| <b>3</b> UPMC KANE SUMMIT MEDICAL PARK (KANE)<br>2 THOMPSON PARK<br>KANE PA 16735                         | HOSPITAL BASED COMMUNITY CLINI     |
| <b>4</b> UPMC HAMOT MEDICAL PARK-JOHNSONBURG (KAN<br>81 CLARION ROAD<br>JOHNSONBURG PA 15845              | HOSPITAL BASED COMMUNITY<br>CLINIC |
| <b>5</b> UPMC KANE SHEFFIELD MEDICAL CENTER (KANE<br>511 S. MAIN ST<br>SHEFFIELD PA 16347                 | HOSPITAL BASED COMMUNITY<br>CLINIC |
| <b>6</b> UPMC KANE FAMILY PRACTICE (KANE)<br>4372 ROUTE 6<br>KANE PA 16735                                | HOSPITAL BASED COMMUNITY<br>CLINIC |
| <b>7</b> UPMC KANE (KANE)<br>4355 ROUTE 6<br>KANE PA 16735                                                | REHABILITATION SERVICES            |
| <b>8</b> OUTPATIENT IMAGING - COLLEGE FIELDS (JAM<br>130 ENCLAVE DRIVE<br>NEW CASTLE PA 16101             | IMAGING SERVICES                   |
| <b>9</b> UPMC JAMESON (HOSPITAL)<br>1211 WILMINGTON AVENUE<br>NEW CASTLE PA 16105                         | HOSPITAL CAMPUS                    |
| <b>10</b> PARTIAL HOSPITALIZATION BEHAVIORAL HEALT<br>253 E WASHINGTON ST, STE 200<br>NEW CASTLE PA 16101 | OUTPATIENT SERVICES                |

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

| Name and address                                                                                   | Type of facility (describe)         |
|----------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>1</b> OUTPATIENT IMAGING - WESTGATE (JAM)<br>2004 WEST STATE STREET<br>NEW CASTLE PA 16101      | IMAGING SERVICES                    |
| <b>2</b> WOMENS IMAGING CENTER - NESBITT (JAM)<br>26 NESBITT ROAD, 2ND FLR<br>NEW CASTLE PA 16105  | IMAGING SERVICES                    |
| <b>3</b> CARDIAC REHAB - MAYZON (JAM)<br>3124 WILMINGTON AVE, STE 301<br>NEW CASTLE PA 16105       | OUTPATIENT SERVICES                 |
| <b>4</b> CHILDRENS ADVOCACY CENTER OF LAWRENCE CO<br>2016 WEST STATE STREET<br>NEW CASTLE PA 16101 | OUTPATIENT SERVICES                 |
| <b>5</b> UPMC JAMESON SCHOOL OF NURSING (JAM)<br>2414 WILMINGTON ROAD<br>NEW CASTLE PA 16105       | OTHER                               |
| <b>6</b> UPMC EAST INFUSION AB (EAST)<br>125 DAUGHERTY DR<br>MONROEVILLE PA 15146                  | OUTPATIENT ANTIBODY INFUSION CLINIC |
| <b>7</b> HAVEN SKILLED REHABILITATION & NURSING ( )<br>24 CREE DR<br>LOCK HAVEN PA 17745           | REHABILITATION SERVICES             |
| <b>8</b> FAMILY MEDICINE AT LOCK HAVEN (ULH)<br>610 HIGH STREET<br>LOCK HAVEN PA 17745             | OUTPATIENT SERVICES                 |
| <b>9</b> UPMC OUTPATIENT CENTER-LOCK HAVEN (ULH)<br>1 OUTLET LANE<br>MCELHATTAN PA 17748           | OUTPATIENT SERVICES                 |
| <b>10</b> UPMC WELLSBORO OFFICE OF GENERAL SURGERY<br>1 MAIN ST<br>WELLSBORO PA 16901              | OUTPATIENT SERVICES                 |

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

| Name and address                                                                                 | Type of facility (describe)   |
|--------------------------------------------------------------------------------------------------|-------------------------------|
| <b>1</b> UPMC WELLSBORO OFFICE OF FOOT AND ANKLE<br>103 WEST AVE, STE 202<br>WELLSBORO PA 16901  | OUTPATIENT SERVICES<br>CLINIC |
| <b>2</b> UPMC WELLSBORO OFFICE OF INTERNAL MEDICI<br>103 WEST AVE, STE 203<br>WELLSBORO PA 16901 | OUTPATIENT SERVICES           |
| <b>3</b> UPMC WELLSBORO PHYSICAL THERAPY (WEL)<br>11893 ROUTE 6<br>WELLSBORO PA 16901            | OUTPATIENT SERVICES           |
| <b>4</b> UPMC WELLSBORO OFFICE OF ORTHOPEDICS (WE<br>9 WATER ST<br>WELLSBORO PA 16901            | OUTPATIENT SERVICES           |
| <b>5</b> UPMC WELLSBORO OBGYN (WEL)<br>15 MEADE ST, STE U3<br>WELLSBORO PA 16901                 | OUTPATIENT SERVICES           |
| <b>6</b> UPMC WELLSBORO PEDIATRICS (WEL)<br>15 MEADE ST, STE U2<br>WELLSBORO PA 16901            | OUTPATIENT SERVICES           |
| <b>7</b> UPMC WELLSBORO WELLNESS CENTER (WEL)<br>301 E MAIN ST<br>KNOXVILLE PA 16928             | OUTPATIENT SERVICES           |
| <b>8</b> UPMC HILLMAN CANCER CENTER AT WELLSBORO<br>15 MEADE ST, STE L 3<br>WELLSBORO PA 16901   | OUTPATIENT SERVICES           |
| <b>9</b> UPMC WELLSBORO OP RADIOLOGY (WEL)<br>11 WATER ST<br>WELLSBORO PA 16901                  | OUTPATIENT SERVICES           |
| <b>10</b> UPMC WELLSBORO MEDICAL BUILDING (WEL)<br>7 WATER ST<br>WELLSBORO PA 16901              | OUTPATIENT SERVICES           |

Schedule H (Form 990) 2022



**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) |
|---------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> UPMC WELLSBORO OCC HEALTH BUILDING (WEL)<br>25 WALNUT ST<br>WELLSBORO PA 16901           | OUTPATIENT SERVICES         |
| <b>2</b> UPMC WILLIAMSPORT DIVINE PROVIDENCE CAMP<br>1100 GRAMPAN BLVD<br>WILLIAMSPORT PA 17701   | OUTPATIENT SERVICES         |
| <b>3</b> UPMC OUTPATIENT CENTER (WIL)<br>900 PLAZA DR<br>MONTROUSVILLE PA 17754                   | OUTPATIENT SERVICES         |
| <b>4</b> UPMC IMAGING SERVICES AT UPMC WILLIAMSPORT<br>1112 GRAMPAN BLVD<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES         |
| <b>5</b> UPMC IMAGING SERVICES (WIL)<br>1201 GRAMPAN BLVD<br>WILLIAMSPORT PA 17701                | OUTPATIENT SERVICES         |
| <b>6</b> UPMC IMAGING SERVICES - RIVER AVE (WIL)<br>1205 RIVER AVE<br>WILLIAMSPORT PA 17701       | OUTPATIENT SERVICES         |
| <b>7</b> FAMILY MEDICINE (WIL)<br>1205 RIVER AVE<br>WILLIAMSPORT PA 17701                         | OUTPATIENT SERVICES         |
| <b>8</b> UPMC SUSQUEHANNA HEALTH (WIL)<br>1705 WARREN AVE<br>WILLIAMSPORT PA 17701                | OUTPATIENT SERVICES         |
| <b>9</b> UPMC LEWISBURG SURGERY CENTER (WIL)<br>2330 ST MARY ST<br>LEWISBURG PA 17837             | OUTPATIENT SERVICES         |
| <b>10</b> UPMC SUSQUEHANNA PHYSICAL THERAPY (WIL)<br>449 RIVER AVE<br>WILLIAMSPORT PA 17701       | OUTPATIENT SERVICES         |

Schedule H (Form 990) 2022

**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) |
|-------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> EASTERN LYCOMING YMCA (WIL)<br>50 FITNESS DR<br>MUNCY PA 17756                   | OUTPATIENT SERVICES         |
| <b>2</b> UPMC PEDIATRIC REHABILITATION (WIL)<br>625 W EDWIN<br>WILLIAMSPORT PA 17701      | OUTPATIENT SERVICES         |
| <b>3</b> SUSQUEHANNA HEALTH HEART & VASCULAR INST<br>740 HIGH ST<br>WILLIAMSPORT PA 17701 | OUTPATIENT SERVICES         |
| <b>4</b> PRIMARY CARE IN LEWISBURG (WIL)<br>260 REITZ RD<br>LEWISBURG PA 17837            | OUTPATIENT SERVICES         |
| <b>5</b> UPMC OUTPATIENT CENTER (WIL)<br>2370 OLD TURNPIKE RD<br>LEWISBURG PA 17837       | OUTPATIENT SERVICES         |
| <b>6</b> PORT ALLEGANY HEALTH CENTER (CCH)<br>45 PINE STREET<br>PORT ALLEGANY PA 16743    | OUTPATIENT SERVICES         |
| <b>7</b> SHINGLEHOUSE HEALTH CENTER (CCH)<br>129 PURITAN STREET<br>SHINGLEHOUSE PA 16748  | OUTPATIENT SERVICES         |
| <b>8</b> ELDRED HEALTH CENTER (CCH)<br>139 MAIN STREET<br>ELDRED PA 16371                 | OUTPATIENT SERVICES         |
| <b>9</b> EMPORIUM HEALTH CENTER (CCH)<br>288 SIZERVILLE ROAD<br>EMPORIUM PA 15834         | OUTPATIENT SERVICES         |
| <b>10</b> GALETON HEALTH CENTER (CCH)<br>30 RIVER STREET<br>GALETON PA 16922              | OUTPATIENT SERVICES         |

Schedule H (Form 990) 2022

**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) |
|-----------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> WESTFIELD RURAL HEALTH CLINIC (CCH)<br>222 CHURCH STREET<br>WESTFIELD PA 16950 | OUTPATIENT SERVICES         |
| <b>2</b> BOWMAN HEALTH CENTER (CCH)<br>83 MARVIN STREET<br>SMETHPORT PA 16749           | OUTPATIENT SERVICES         |
| <b>3</b> NORTHERN POTTER HEALTH CENTER (CCH)<br>511 ACADEMY STREET<br>ULYSSES PA 16948  | OUTPATIENT SERVICES         |
| <b>4</b> CENTRAL POTTER HEALTH CENTER (CCH)<br>46 ELK STREET<br>COUDERSPORT PA 16915    | OUTPATIENT SERVICES         |
| <b>5</b> HOME HEALTH AND HOSPICE (CCH)<br>102-108 SOUTH MAIN ST<br>COUDERSPORT PA 16915 | OUTPATIENT SERVICES         |
| <b>6</b> BEHAVIORAL HEALTH-TELEMD (CCH)<br>11 8TH STREET<br>COUDERSPORT PA 16915        | OUTPATIENT SERVICES         |
| <b>7</b> COVID COLLECTION SIGHT (CCH)<br>438 EAST 2ND STREET<br>COUDERSPORT PA 16915    | OUTPATIENT SERVICES         |
| <b>8</b> BRADFORD SPECIALISTS (CCH)<br>1001 EAST MAIN STREET<br>BRADFORD PA 16701-3978  | OUTPATIENT SERVICES         |
| <b>9</b> THE WHEELER CENTER (SOM)<br>126 EAST CHURCH STREET<br>SOMERSET PA 15501        | OUTPATIENT SERVICES         |
| <b>10</b> SOMERSET HOSPICE (SOM)<br>1474 NORTH CENTER AVE<br>SOMERSET PA 15501          | INPATIENT HOSPICE           |

Schedule H (Form 990) 2022

**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) |
|----------------------------------------------------------------------------|-----------------------------|
| <b>1</b> BERLIN MEDICAL CENTER (SOM)<br>426 MAIN STREET<br>BERLIN PA 15530 | OUTPATIENT SERVICES         |
| <b>2</b>                                                                   |                             |
|                                                                            |                             |
|                                                                            |                             |
| <b>3</b>                                                                   |                             |
|                                                                            |                             |
|                                                                            |                             |
| <b>4</b>                                                                   |                             |
|                                                                            |                             |
|                                                                            |                             |
| <b>5</b>                                                                   |                             |
|                                                                            |                             |
|                                                                            |                             |
| <b>6</b>                                                                   |                             |
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|                                                                            |                             |
| <b>7</b>                                                                   |                             |
|                                                                            |                             |
|                                                                            |                             |
| <b>8</b>                                                                   |                             |
|                                                                            |                             |
|                                                                            |                             |
| <b>9</b>                                                                   |                             |
|                                                                            |                             |
|                                                                            |                             |
| <b>10</b>                                                                  |                             |
|                                                                            |                             |
|                                                                            |                             |

Schedule H (Form 990) 2022



**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 300%, WHICH WAS INCREASED FROM 250% AS OF JULY 1, 2022, 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 300% AND LESS THAN OR EQUAL TO 400% OF THE FEDERAL POVERTY GUIDELINES AND UNINSURED, THE PATIENT IS ELIGIBLE FOR REDUCED CHARITY CARE.

THERE WILL BE AN 89% REDUCTION IN THE PATIENT BILL. THE DISCOUNTED CHARITY

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CARE SCALE IS LISTED BELOW:

F/S= FAMILY SIZE 2023

2023

| FAMILY SIZE     | CATEGORY 1 (300% FPL) | CATEGORY 2 (400% FPL) |
|-----------------|-----------------------|-----------------------|
| 1               | \$43,740              | \$58,320              |
| 2               | \$59,160              | \$78,880              |
| 3               | \$74,580              | \$99,440              |
| 4               | \$90,000              | \$120,000             |
| 5               | \$105,420             | \$140,560             |
| 6               | \$120,840             | \$161,120             |
| 7               | \$136,260             | \$181,680             |
| 8               | \$151,680             | \$202,240             |
| EACH ADDITIONAL | \$15,420              | \$20,560              |

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

**Part VI Supplemental Information**

Provide the following information.

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

4. MEDICAL HARDSHIP/CATASTROPHIC CARE:

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

PART I LINE 4

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

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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 I LINE 7

THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I LINE 7 IS EITHER ACTUAL COSTS DETERMINED BY GENERAL LEDGER ACCOUNTING OR A RATIO OF COSTS TO CHARGES METHOD WHERE APPLICABLE. THE METHOD EMPLOYED FOR DETERMINING THE RATIO OF COST TO CHARGES WHEN USED IS IN LINE WITH THOSE DESCRIBED IN SCHEDULE H, WORKSHHET 2, ' RATIO OF PATIENT COSTS OT CHARGES".



**Part VI Supplemental Information**

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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 AMOUNT RELATED TO BAD DEBT EXPENSE HAS BEEN REMOVED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE. THE TOTAL EXPENSES USED FOR THIS CALCULATION, NET OF BAD DEBT EXPENSE, IS \$22,411,691,494.

**Part VI Supplemental Information**

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PART III LINES 2

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

THE COSTING METHOD USED TO CALCULATE THE AMOUNTS IN SCHEDULE H PART III LINE 2 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 III LINE 3

RATIONALE FOR INCLUDING BAD DEBT AMOUNTS IN COMMUNITY BENEFIT  
THE ORGANIZATION'S BAD DEBT EXPENSE CONSISTS SOLELY OF SELF-PAY PATIENTS ACCOUNTS DEEMED UNCOLLECTABLE. IT IS UPMC GROUP'S CONTENTION THAT THE COST OF BAD DEBT SHOULD BE STATED IN PART I LINE 7 OF SCHEDULE H AS THEY REPRESENT THE COSTS FOR PROVISION OF SERVICES TO PATIENTS FOR WHICH THE ENTITY HAS EXHAUSTED ALL RECOURSE FOR REIMBURSEMENT AS PERMITTED UNDER

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UPMC'S FINANCIAL ASSISTANCE AND BILLING AND COLLECTIONS POLICIES WHICH DO NOT PERMIT ANY EXTRAORDINARY COLLECTIONS ACTIONS AS NOTED IN PART V SECTION B. THE SERVICES PROVIDED TO PATIENTS WHO PRESENT THEMSELVES ARE PROVIDED REGARDLESS OF A PATIENT'S ABILITY TO PAY AND IS IN LINE WITH THE ORGANIZATION'S CHARITABLE MISSION AND SERVICE TO OUR COMMUNITY. THESE EXPENSES ARE INCURRED REGARDLESS OF THE EFFICIENCY OF THE PROVISION OF THE RELATED MEDICAL CARE AND ARE DEEMED TO HAVE BEEN MEDICALLY NECESSARY FOR THE PATIENT.

PART III LINE 3

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

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FINANCIAL ASSISTANCE: " PREDICTIVE MODEL THAT ENCOMPASSES HEALTHCARE ECONOMICS AND CREDIT POLICIES;" UNIFORM ASSESSMENT MEASURE FOR EVERY PATIENT REGARDLESS OF FINANCIAL STANDING; " ACCOUNTS FOR PATIENTS THAT ARE UNRESPONSIVE, ILLITERATE, OR OTHERWISE CHALLENGED TO APPLY; "ELIMINATES BARRIER TO APPLICATION AND MEETS INCREASED PRESSURE TO PROVIDE ADDITIONAL FINANCIAL RESOURCES TO CONSUMERS; " IDENTIFY AND SUPPORT THOSE COMMUNITY NEEDS EFFORTS TO PROVIDE ASSISTANCE TO THOSE CONSUMERS IN NEED." THERE ARE TWO DATA POINTS RETURNED TO UPMC IN ORDER TO MAKE THE DECISION WHETHER THE PATIENT WOULD QUALIFY FOR CHARITY CARE. THE FIRST IS THE ESTIMATED INCOME LEVEL BASED ON THE FEDERAL POVERTY LEVEL GUIDELINES. THE SECOND IS THE PARO SCORE WHICH UTILIZES AN ALGORITHM BASED APPROACH AND RETURNS A SCORE BASED ON PERSONAL ATTRIBUTES OF THE PATIENT. DATA ELEMENTS WERE COMBINED TO CREATE TWO PRIMARY INDICATORS OF NEED, THE PARO SCORE AND THE FEDERAL POVERTY 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



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

**Part VI Supplemental Information**

Provide the following information.

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PART III LINE 4

THERE IS NO FOOTNOTE IN THE AUDITED FINANCIAL 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 FINANCIAL ASSISTANCE THAT SHOULD BE STATED IN PART I LINE 7 OF SCHEDULE H OF FORM 990 AS COMMUNITY BENEFIT REPRESENT COSTS FOR PROVISION OF SERVICES TO PATIENTS FOR WHICH THE ENTITY IS UNABLE TO COLLECT, REGARDLESS OF THE EFFICIENCY OF PROVISION OF THE RELATED CARE COSTS.

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PART III LINE 9A AND B

UPMC HAS A DEBT COLLECTION POLICY OUTLINING COLLECTION PRACTICES FOR PATIENTS. IF AT ANY TIME THE PATIENT EXPRESSES AN INABILITY TO PAY, THEY 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 16A-C:

[WWW.UPMC.COM/PATIENTS-VISITORS/PAYING-BILL/SERVICES](http://WWW.UPMC.COM/PATIENTS-VISITORS/PAYING-BILL/SERVICES)

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PART V SECTION D LINE 1

THE UNIVERSITY OF PITTSBURGH PHYSICIANS HAD 699 CLINICAL LOCATIONS AS OF  
JUNE 30, 2023.

PART V SECTION D LINE 2

UPMC COMMUNITY MEDICINE, INC. HAD 203 CLINICAL LOCATIONS AS OF JUNE  
30, 2023.

PART V SECTION D LINE 5

ERIE PHYSICIAN NETWORK-UPMC INC. HAD 5 LOCATIONS AS OF JUNE 30, 2023.



**Part VI Supplemental Information**

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PART V SECTION D LINE 134

REGIONAL HEALTH SERVICES HAD 73 LOCATIONS AS OF JUNE 30, 2023.

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, 2023.

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

**Part VI Supplemental Information**

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

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UPMC WILL NOTIFY ALL PATIENTS APPROVED VIA PRESUMPTIVE ELIGIBILITY IF NOT RECEIVING THE HIGHEST LEVEL OF ASSISTANCE. A LETTER INFORMING THE PATIENT THAT THEY MAY QUALIFY FOR A HIGHER LEVEL AND A FINANCIAL ASSISTANCE APPLICATION WILL BE SENT TO THE PATIENT UPON DETERMINATION. UPMC HAS WIDELY PUBLICIZED OUR FINANCIAL ASSISTANCE POLICY. UPMC HAS WORKED WITH HOSPITAL LEADERS AND COMMUNITY LIAISONS TO DETERMINE THE MOST APPROPRIATE NON-HEALTHCARE LOCATIONS TO REACH THE POPULATIONS THAT WILL BENEFIT FROM OUR FINANCIAL ASSISTANCE. UPMC HAS PROACTIVELY REACHED OUT IN THESE COMMUNITIES TO WIDELY PUBLICIZE OUR FINANCIAL ASSISTANCE POLICY.

FINALLY, UPMC ONLY INCLUDES 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, COUNTIES, AND THE COMMONWEALTH THROUGH APPROXIMATELY \$524 MILLION IN TAXES.

OVER THE PAST DECADE, UPMC HAS PROVIDED A WIDE VARIETY OF BENEFITS TO THE COMMUNITIES IT SERVES. WORKING IN WAYS BOTH LARGE AND SMALL, UPMC HAS IMPLEMENTED INITIATIVES THAT CONTINUE TO ENHANCE THE HEALTH OF COMMUNITIES THROUGHOUT PENNSYLVANIA AND BEYOND.

AS AN INTEGRATED DELIVERY AND FINANCING SYSTEM (IDFS), UPMC CONTINUES TO APPLY THE EXPERTISE THAT EXISTS WITHIN ITS ORGANIZATION TO IMPROVE THE DELIVERY OF HEALTH CARE. UPMC LEVERAGES ITS IDFS STRUCTURE - WHICH EMBRACES ITS HOSPITALS, ITS INSURANCE INFRASTRUCTURE, AND ITS COMMUNITY



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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 NOT 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 ECONOMY THROUGH DIRECT HIRING AND BY BRINGING OUTSIDE DOLLARS INTO THE REGION; THE ORGANIZATION'S CAPITAL SPENDING CREATES CONSTRUCTION JOBS DOWNSTREAM. IN ADDITION, UPMC HAS A NUMBER OF PROGRAMS AND INITIATIVES DESIGNED TO FOSTER A PRODUCTIVE AND EQUITABLE ECONOMY. A KEY COMPONENT IN THE ORGANIZATION'S ECONOMIC DEVELOPMENT STRATEGY IS SUPPLIER DIVERSITY, WHICH IS AN INTEGRAL PART OF UPMC'S OVERALL SUPPLY CHAIN MANAGEMENT STRATEGY. DESIGNED TO ENSURE THAT

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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 \$324 MILLION IN 2023.

UPMC WORKS CLOSELY WITH REGIONAL PARTNERS (INCLUDING THE UNIVERSITY OF PITTSBURGH AND CARNEGIE MELLON UNIVERSITY), AS WELL AS WITH INDUSTRY LEADERS AND INVESTORS WORLDWIDE, TO BUILD A PITTSBURGH-BASED ECOSYSTEM FOR LIFE SCIENCES COMPANIES TO DRIVE COMMERCIALIZATION OF TECHNOLOGIES DISCOVERED LOCALLY BUT WITH THE POTENTIAL TO DRIVE BETTER HEALTH CARE OUTCOMES GLOBALLY. THE IMPACT OF UPMC'S INVESTMENT AND EFFORT IS MEANINGFUL, BOTH IN TERMS OF THE QUALITY AND DEPTH OF THE REGION'S LIFE SCIENCES ECOSYSTEM AND IN TERMS OF THE REGION'S BROADER COMPETITIVE POTENTIAL. EXAMPLES OF THIS IMPACT INCLUDE: FIVE PITTSBURGH-BASED LIFE SCIENCES STARTUP COMPANIES; FOUR STRATEGIC PARTNERSHIPS WITH GLOBAL PHARMACEUTICAL COMPANIES; MORE THAN 40 COMMERCIALY FOCUSED LIFE SCIENCES

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RESEARCH AND DISCOVERY PROJECTS; ENGAGEMENT FROM LIFE SCIENCES INDUSTRY LEADERS FROM ACROSS THE COUNTRY AS THOUGHT LEADERS TOWARD DEVELOPING A PITTSBURGH-BASED LIFE SCIENCES ECOSYSTEM; AND HUNDREDS OF LIFE SCIENCES AND TECHNOLOGY INNOVATION JOBS IN PITTSBURGH.

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. IN 2023 UPMC CREATED THE CENTER FOR SUSTAINABILITY, A DEDICATED TEAM THAT IS LEADING SYSTEMWIDE EFFORTS AND EXPANDING ENVIRONMENTAL EDUCATION AND AWARENESS TO STAFF, PATIENTS, AND VISITORS.

UPMC'S NEW CONSTRUCTION AND REMODELING EFFORTS TAKE PLACE WITH A SUSTAINABILITY FOCUS. THE MERCY PAVILION SHOWCASES A HOSPITAL BUILT FOR RESILIENCY, INCLUDING A ROOFTOP GARDEN TERRACE THAT EMPHASIZES THE IMPORTANCE OF GREEN SPACES, HIGH ENERGY EFFICIENCY HEATING/COOLING MECHANICAL SYSTEMS, LIGHTING SENSORS, REFLECTIVE WINDOWS, AND OTHER SUSTAINABLE BUILDING MATERIAL SELECTION. THE UPMC MERCY PAVILION OPENED

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ON MAY 1, 2023, AND IS SLATED TO RECEIVE SILVER LEED STATUS. UPMC EAST ACHIEVED SILVER LEED STATUS.

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 PROVIDES 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 FOCUS ON FOOD WASTE REDUCTION, LOCALIZED PURCHASING, COMPOSTING, RECYCLING, AND ENERGY AND WATER CONSERVATION. TWELVE UPMC HOSPITALS SIGNED ONTO THE WORLD RESOURCE INSTITUTE'S COOL FOOD PLEDGE TO TARGET THE REDUCTION OF GREENHOUSE GAS (GHG) EMISSIONS ASSOCIATED WITH THE SELECTION OF FOOD CHOICES OFFERED, PROMOTING HEALTHY FOOD SELECTIONS THROUGH SIGNAGE AND EDUCATION WITHIN CAFETERIAS, FOOD VENDOR STATIONS AND CATERING SERVICES,



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AND REDUCING SUPPLY CHAIN GHG.

UPMC'S GREENING INITIATIVES INCLUDE SUPPORT FOR 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 2023, UPMC PRESBYTERIAN SHADYSIDE AND UPMC CHILDREN'S HOSPITAL CONTINUED TO COLLABORATE WITH TREE PITTSBURGH TO ENABLE EMPLOYEES TO PLANT JUVENILE TREES AT THEIR 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

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SPONSORSHIP ROLES WITH SERVICE PROVIDERS INCLUDING WESTMORELAND COUNTY PARKS AND RECREATION, WESTERN PENNSYLVANIA CONSERVANCY, PITTSBURGH PARKS CONSERVANCY, AND OAKLAND BUSINESS IMPROVEMENT DISTRICT. UPMC ALSO CONTINUED TO SPONSOR BIKE PITTSBURGH'S OPEN STREETS INITIATIVE, WHICH CLOSES MAIN THOROUGHFARES TO CAR TRAFFIC IN A FEW OF PITTSBURGH'S NEIGHBORHOODS DURING THE SUMMER MONTHS. THIS EVENT PROMOTES BIKING, WALKING, AND SUPPORTING LOCAL BUSINESSES THROUGH A DIFFERENT LENS AND HAS BECOME INCREASINGLY POPULAR WITH CITY RESIDENTS AND BUSINESS OWNERS.

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

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COMMITTEES, ADVOCATING FOR EXPANDED IMPLEMENTATION OF LOCAL POLICIES THAT POSITIVELY AFFECT HEALTH. UPMC IS A PARTICIPATING MEMBER OF THE OAKLAND ENERGY MASTER PLAN, A COORDINATED EFFORT TO REVIEW ENERGY NEEDS WITH KEY STAKEHOLDERS - INCLUDING ACADEMIA, INDUSTRY, RESIDENTIAL, CULTURAL AND NON-PROFITS. THE PLAN AIMS TO DEVELOP AND ADOPT CLEANER ENERGY FORMS USING INNOVATION AND TECHNOLOGY. ADDITIONALLY, UPMC JOINED A WHITE HOUSE INITIATIVE WHICH INCLUDES A PLEDGE TO CUT GREENHOUSE GAS EMISSIONS BY 50% BY 2030 AND CARBON NEUTRAL BY 2050. ALL OF UPMC'S ALLEGHENY COUNTY HOSPITALS ARE PRACTICE GREENHEALTH MEMBERS, JOINING THE NATION-WIDE COHORT OF HEALTH SYSTEMS WORKING TO DECARBONIZE AND STRENGTHEN COMMUNITY RESILIENCY, THROUGH THE SHARING OF BEST PRACTICES AND GATHERING OPERATIONAL DATA TO TRACK PROGRESS AND OPPORTUNITY.

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. AS A MEMBER OF THE HEALTHCARE ANCHOR NETWORK, UPMC COMMITTED TO FURTHER BOLSTER PURCHASES FROM LOCAL AND DIVERSE PRODUCERS. UPMC'S MATERIALS

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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 DIOXIDE FROM ENTERING THE ATMOSPHERE. AS PART OF UPMC'S ELECTRIC VEHICLE STRATEGIC PLAN, BY 2027 ALL OF UPMC'S HOSPITALS WILL HAVE ACCESS TO CHARGING STATIONS. CURRENTLY, SYSTEMWIDE UPMC OFFERS 72 ELECTRIC VEHICLE CHARGING STATIONS TO STAFF, PATIENTS, VISITORS, AND COMMUNITY MEMBERS. UPMC RECYCLES PACKAGING AT ITS WAREHOUSES AND REUSES FURNITURE ACROSS THE SYSTEM. IN 2023, UPMC PARTNERED WITH ITS VENDOR TO EXPAND ITS SHARPS CONTAINER RECYCLING PROGRAM, DIVERTING 660,000 POUNDS OF PLASTIC FROM LANDFILLS AND ELIMINATING 375,000 POUNDS OF CARBON DIOXIDE FROM THE ATMOSPHERE. A GROWING PARTNERSHIP WITH STRYKER'S MEDICAL DEVICE REPROCESSING SERVICE HAS DIVERTED MORE THAN 161,000 POUNDS OF WASTE FROM LANDFILLS AND REDUCED EMISSIONS BY 1,366 METRIC TONS. UPMC SHARES INSIGHTS WITH ITS SUPPLIERS ABOUT ITS COMMITMENT TO SUSTAINABILITY, AND TRACKS WHICH SUPPLIERS ARE



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ALIGNING WITH THESE PRINCIPLES AND PRACTICES. UPMC ALSO CONTINUED TO WORK WITH SURPLUS MATERIAL SUPPLY REDISTRIBUTION NONPROFITS, SUCH AS GLOBAL LINKS, BROTHER'S BROTHER FOUNDATION, AND WITH SEVERAL INTERNATIONAL, LIONS CLUBS THROUGH THE UPMC HORIZON MEDICAL EQUIPMENT RECYCLING PROGRAM (MERP), TO RECYCLE MEDICAL SUPPLIES AND OTHER EQUIPMENT, BOTH LOCALLY AND ABROAD. UPMC KITCHENS REGULARLY DONATE EXCESS FOOD TO LOCAL RESCUE OPERATIONS SUCH AS THE GREATER PITTSBURGH COMMUNITY FOOD BANK AND 412 FOOD RESCUE. A NUMBER OF KITCHENS ARE ALSO PILOTING A FOOD WASTE COMPOSTING PROGRAM, WITH FOUR LOCATIONS TO DATE DIVERTING OVER 17 TONS OF FOOD WASTE FROM LANDFILLS. UPMC IS COMMITTED TO INSTITUTING THESE DIVERSION PRACTICES THROUGHOUT THE SYSTEM IN THE COMING YEAR.

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

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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.

UPMC PROJECT SEARCH IS DESIGNED TO COMBINE EDUCATION AND WORK EXPERIENCE IN AN EFFORT TO PREPARE STUDENTS WITH DISABILITIES FOR COMPETITIVE, INTEGRATED EMPLOYMENT. TRAINING FOCUSES ON WORKPLACE SAFETY, TECHNOLOGY,

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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 HARBOUR, 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 BUILDING COMMUNICATION SKILLS, FINANCIAL LITERACY, EMPLOYMENT READINESS, AND INTERVIEWING SKILLS. SUCCESSFUL CANDIDATES ARE PLACED IN PERMANENT JOBS; TO DATE 157 CANDIDATES HAVE BEEN HIRED AT UPMC HAMOT. UPMC JAMESON

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HAS HIRED SEVEN PROJECT SEARCH INTERNS OVER THE YEARS, AND ONE INTERN WAS HIRED AT UPMC HORIZON.

IN JUNE 2022 UPMC BROKE GROUND FOR THE UPMC PRESBYTERIAN EXPANSION PROJECT, WHICH IS SCHEDULED TO BE COMPLETED IN LATE 2026. IN CONJUNCTION WITH THE PROJECT, A DIVERSITY, EQUITY, AND INCLUSION SUB-COMMITTEE WAS CREATED TO MAXIMIZE OPPORTUNITIES FOR MINORITY BUSINESSES TO PARTICIPATE IN THE PROJECT, TO TARGET PROJECT WORKFORCE GOALS FOR WOMEN AND MINORITIES, AND TO INTRODUCE THE COMMUNITY TO THE SERVICES AVAILABLE VIA UPMC AND OUR COMMUNITY PARTNERS. UPMC STRATEGICALLY PARTNERED WITH THE MASTER BUILDERS' ASSOCIATION, RIVERSIDE CENTER FOR INNOVATION, THE BUILDERS GUILD OF WESTERN PENNSYLVANIA, THE TRADE INSTITUTE OF PITTSBURGH, LOCAL TRADE UNIONS, HIGH SCHOOLS, LOCAL UNIVERSITIES, AND A VARIETY OF COMMUNITY ORGANIZATIONS TO HELP ENSURE THE SUCCESS AND IMPACT OF THIS EFFORT. THESE PROGRAMS ARE PROMOTED THROUGH THE CONSTRUCTION AND COMMUNITY RESOURCE CENTER (CCRC), LOCATED IN OAKLAND, WHICH SERVES AS THE "FRONT DOOR" FOR THE PROJECT AND ITS OPPORTUNITIES. INTERNAL AND EXTERNAL STAKEHOLDERS AND UPMC'S COMMUNITY PARTNERS UTILIZE THE CCRC TO PROMOTE



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CAREER OPPORTUNITIES FOR BOTH YOUTH AND ADULTS SEEKING NEW EMPLOYMENT OR CAREER CHANGES, WORKSHOPS FOR SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATHEMATICS (STEAM) EDUCATORS, WORKFORCE DEVELOPMENT EVENTS AND SUPPORTIVE SERVICES FOR SMALL AND DIVERSE BUSINESSES. UPMC'S DIVERSITY, EQUITY, AND INCLUSION SUB-COMMITTEE RECENTLY AWARDED SCHOLARSHIPS TO FIVE DIFFERENT ORGANIZATIONS THAT WILL DIRECTLY HELP TO REDUCE BARRIERS RELATED TO WORKFORCE DEVELOPMENT, EDUCATION, AND TRAINING OPPORTUNITIES.

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 TWO-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 RECORDED VIGNETTES OF STAFF IN VARIOUS ENTRY LEVEL

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POSITIONS FOR THE CONSORTIUM FOR PITTSBURGH PUBLIC SCHOOLS TO HOST ON THEIR WEBSITE. UPMC CORPORATE HUMAN RESOURCES HOSTED SNACK AND LEARNS. 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 SCHOOL, HIGH SCHOOL, AND COLLEGE STUDENTS. COMMUNITY 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 PENN COLLEGE, 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,

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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.

UPMC IMPLEMENTED A MULTI-YEAR MILITARY AND VETERAN RECRUITMENT,  
 RETENTION, ENGAGEMENT, AND COMMUNITY PARTNERSHIP STRATEGY THAT WILL  
 ENABLE RECRUITERS TO CONNECT WITH VETERANS WHO ARE SEEKING NEW  
 OPPORTUNITIES AND SUPPORT THEM IN THE HIRING PROCESS. UPMC IS COMMITTED  
 TO ENSURING THE VETERAN POPULATION FINDS MEANINGFUL EMPLOYMENT. DURING  
 THE LAST YEAR, UPMC PARTICIPATED IN EMPLOYER SUMMITS, HOSTED VETERAN  
 SPECIFIC CAREER FAIRS, PARTNERED WITH THE U.S. ARMY FOR PLACEMENT  
 INITIATIVES, AND AS A DEPARTMENT OF DEFENSE SKILLBRIDGE PROVIDER LED THE  
 STATE IN SKILLBRIDGE FELLOWSHIP PLACEMENTS. IN ADDITION, PARTNERSHIPS  
 WITH VETJOBS, PITTSBURGH HIRES VETERANS, AND VETERANS LEADERSHIP PROGRAM

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HAVE RESULTED IN INCREASED NUMBERS OF VETERANS IN UPMC'S WORKFORCE DEVELOPMENT PROGRAMS AND RECENT HIRES. MOST RECENTLY, UPMC IMPLEMENTED A PROCESS WHEREBY EVERY VETERAN APPLICANT TO UPMC RECEIVES A PERSONALIZED REVIEW AND SUPPORT OFFER FROM THE PATHWAYS FOR VETERANS MILITARY RECRUITMENT TEAM.

IN 2022 AND 2023, 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 AND 2023, THEY ENGAGED WITH MULTIPLE COMMUNITY-BASED ORGANIZATIONS LIKE REIMAGINE REENTRY, JEWISH FAMILY AND COMMUNITY SERVICES, PA WOMEN WORK, CLIMATE CHANGERS, AND SEVERAL OTHER COMMUNITY-BASED ORGANIZATIONS 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



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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 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 DIVERSITY, EQUITY, AND INCLUSION LEARNING FORUMS, WHICH PROVIDE OPPORTUNITIES TO LEARN ABOUT THE IMPACT OF BIAS AND IDENTITY AS IT RELATES TO BEST PRACTICES IN PATIENT CARE DELIVERY, MEMBER SERVICE, AND WORKPLACE PRACTICES, AND WAYS TO MANAGE. LEARNING FORUMS AND WEB-BASED LEARNING FOCUSED ON CULTURAL AWARENESS AND ALLYSHIP ARE ALSO OFFERED. THIS LEARNING IS DESIGNED TO INCREASE THE KNOWLEDGE, SKILLS, AND THE CULTURAL COMPETENCY OF THE WORKFORCE IN SERVING DIVERSE POPULATIONS.

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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 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 2023.

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

THE UPMC AMBASSADORS PROGRAM, WHICH LAUNCHED IN 2021, IS COMPRISED OF DIVERSE EMPLOYEES WHO UTILIZE THEIR PERSONAL AND PROFESSIONAL EXPERIENCES TO ADVANCE HEALTH EQUITY 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

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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 IN-PERSON AND REMOTE GIVING OPPORTUNITIES, LAH WAS ABLE TO SUPPORT OVER 30 ORGANIZATIONS. MORE THAN 250 UPMC EMPLOYEES PARTICIPATED IN EVENTS IN APRIL AND MAY TO SUPPORT RISE AGAINST HUNGER, THE GREATER PITTSBURGH COMMUNITY FOOD BANK, ANIMAL FRIENDS, HILLTOP URBAN FARM, AND THE PITTSBURGH PARKS CONSERVANCY; PROVIDING MORE THAN 1,500 COMMUNITY SERVICE HOURS. UPMC CORPORATE LEGAL'S CULTIVATING DIVERSITY AND INCLUSION COUNCIL CONTINUES TO PARTICIPATE IN COMMUNITY VOLUNTEERING INITIATIVES INCLUDING PROVIDING PRO BONO SERVICES.

UPMC AND READING IS FUNDAMENTAL (RIF) CONTINUED PROGRAMMING WITH STUDENTS FROM THE MANCHESTER ACADEMIC CHARTER SCHOOL (MACS). ONCE A WEEK, THROUGHOUT THE 2022-2023 SCHOOL YEAR, STUDENTS MET VIRTUALLY WITH THEIR UPMC MENTORS FOR SESSIONS FOCUSED ON BUILDING MEANINGFUL RELATIONSHIPS



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THROUGH CONVERSATIONS, GOOD BOOKS, AND LITERACY-BASED ACTIVITIES. JUNIOR HEALTH CARE EXPLORERS (JHCE) IS A YOUTH STEM PROGRAM FOR MIDDLE SCHOOL STUDENTS WHO WISH TO BEGIN THEIR CAREER EXPLORATION IN THE HEALTHCARE INDUSTRY. INTERACTIVE SESSIONS AND PANEL DISCUSSIONS EXPOSED THE EXPLORERS TO SEVERAL FIELDS OF HEALTH CARE: DENTISTRY, GENERAL MEDICINE, HEALTH AND REHABILITATION, NURSING, PHARMACY, PUBLIC HEALTH, AND INFORMATION TECHNOLOGY. THE VIRTUAL PROGRAM ENGAGED 159 MIDDLE SCHOOL STUDENTS FROM 19 COUNTIES LOCATED IN THE GREATER PITTSBURGH REGION AND CENTRAL PENNSYLVANIA. UPMC CORPORATE SUPPLY CHAIN'S SUPPLIER DIVERSITY AND INCLUSION PROGRAM, IN PARTNERSHIP WITH THE UNIVERSITY OF PITTSBURGH, PROVIDED FOUR FREE TRAINING SESSIONS DURING ITS FOURTH ANNUAL "ESSENTIALS FOR SUCCESS" PROGRAM ON HOW TO DO BUSINESS WITH UPMC. LOCATIONS INCLUDED PITTSBURGH AND HARRISBURG, PENNSYLVANIA, AS WELL AS NEW CASTLE, DELAWARE AND CHAUTAUQUA, NEW YORK WITH APPROXIMATELY 400 ATTENDEES. THE TEAM ALSO COORDINATED, IN PARTNERSHIP WITH SEVERAL CORPORATIONS ACROSS PITTSBURGH AND HARRISBURG, PENNSYLVANIA, THE SHARE 2022 FREE MATCHMAKING SERIES SERVING MORE THAN 300 DIVERSE-OWNED COMPANIES, MEETING WITH 30+ CORPORATIONS AND PUBLIC ENTITIES AND EXCHANGING MILLIONS OF DOLLARS IN

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BUSINESS OPPORTUNITIES.

IN 2023, UPMC HEALTH PLAN WORKED WITH FOOD BANKS AND OTHER COMMUNITY-BASED ORGANIZATIONS IN PENNSYLVANIA TO MITIGATE THE ISSUE OF FOOD INSECURITY. 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, EAST END COOPERATIVE MINISTRY, BERKS COUNTY FOOD BANK, AND CASA SAN JOSE. UPMC HEALTH PLAN CONTINUED TO PROVIDE HOME DELIVERED MEALS PAIRED WITH NUTRITION COUNSELING AND SUPPORTS FOR MEMBERS WITH FOOD INSECURITY. IN 2023, UPMC 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 18 ORGANIZATIONS ACROSS THE UPMC FOOTPRINT. UNITS INCLUDE EMPLOYEE MONETARY DONATIONS, NON-PERISHABLE FOOD, PET PLAY TOYS AND CARE ITEMS, AND EMPLOYEE VOLUNTEER HOURS.

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UPMC'S CENTER FOR SOCIAL IMPACT CONTINUED TO EXPAND ITS HOMEWARD HOUSING INITIATIVE; A COALITION AIMED AT INCREASING THE SUPPLY OF QUALITY, AFFORDABLE HOUSING IN COMMUNITIES SERVED BY UPMC WHILE ALSO DELIVERING SUPPORTIVE HOUSING PARTNERSHIPS AIMED AT PROVIDING HOUSING AND HEALTH CARE SERVICES TO THE REGION'S HOMELESS. IN 2023, UPMC CONTINUED ITS COMMITMENT TO THE PROGRAM, DEDICATING AN ADDITIONAL \$5 MILLION TO THE LENDING POOL TO PRESERVE AFFORDABLE RENTAL HOUSING. ADDITIONALLY, THE CENTER'S HOUSING LOAN PROGRAM MADE INVESTMENTS THAT HELPED TO CREATE OR PRESERVE MORE THAN 350 AFFORDABLE RENTAL HOMES. UPMC ALSO EXPANDED ITS SUPPORTIVE HOUSING PROGRAM FOR UNHOUSED INDIVIDUALS TO BLAIR AND LAWRENCE COUNTIES.

UPMC HEALTHPLAN NEIGHBORHOOD CENTER OPENED IN PITTSBURGH TO PROVIDE A WHOLISTIC APPROACH TO SERVING PEOPLE INCLUDING AFFORDABLE HOUSING, FOOD AS MEDICINE FOOD PANTRY, CITIZENSHIP COURSES, PREVENTATIVE HEALTH APPOINTMENTS, TELEMEDICINE, SOCIAL SERVICES, CHILDCARE, AND JOB TRAINING/WORKFORCE DEVELOPMENT OPPORTUNITIES. THE CENTER'S FOCUS IS TO TARGET VULNERABLE POPULATIONS TO IMPROVE THE HEALTH DETERMINANTS MOST

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COMMONLY ASSOCIATED WITH HIGH-RISK INDIVIDUALS.

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



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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.

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

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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 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.

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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 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](https://www.upmc.com/about/community-commitment/community-health-needs-ass)

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ESSMENT.

UPMC MADE MEASURABLE PROGRESS ON IMPROVING COMMUNITY HEALTH IN THE PERIOD FROM FISCAL YEARS 2014 THROUGH 2023. PROGRAMS AND INITIATIVES FOCUSED ON THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNAS RELEASED ON JUNE 30 IN 2013, 2016, 2019, AND 2022, WHICH INCLUDED: CANCER, DIABETES, HEART DISEASE AND STROKE, RESPIRATORY DISEASE, OBESITY, ACCESS TO BEHAVIORAL HEALTH SERVICES, OPIOID ADDICTION 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 OF ACTIVE AND ENGAGED COMMUNITY PARTNERS, AS WELL AS FROM THE LARGER UPMC SYSTEM, AND INCLUDE HUNDREDS OF INITIATIVES, UTILIZING BOTH EVIDENCE-BASED NATIONALLY-RECOGNIZED PROGRAMS AND INTERNALLY-DESIGNED PILOT PROGRAMS.

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



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2014 THROUGH 2023, 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 INFRASTRUCTURES, AND ESTABLISHING GOALS AND ASSESSMENT TOOLS. PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS WERE DEVELOPED AND ENHANCED TO BETTER COORDINATE RESOURCES. EXAMPLES OF UPMC HOSPITALS' PROGRESS DURING FISCAL YEARS 2014 THROUGH 2023 INCLUDE:

CREATING HEALTHIER SCHOOLS AND STUDENTS: UPMC CHILDREN'S HOSPITAL OF PITTSBURGH CONTINUES TO IMPLEMENT AND ADAPT 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. DURING THE 2022-23

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SCHOOL YEAR, UPMC CHILDREN'S COMMUNITY HEALTH PARTNERED WITH 65 SCHOOLS FROM SEVEN LOCAL SCHOOL DISTRICTS. THE PARTNERSHIPS SUPPORTED THE DEVELOPMENT OF SCHOOL ENVIRONMENTS WHERE HEALTHY EATING, PHYSICAL ACTIVITY, AND SOCIAL-EMOTIONAL WELL-BEING ARE THE NORM. THROUGH THE HEALTHY SCHOOLS PROGRAM, SCHOOLS WORKED ONE-ON-ONE WITH A UPMC CHILDREN'S HEALTH AND PREVENTION TEAM MEMBER TO: COMPLETE THE THRIVING SCHOOLS INTEGRATED ASSESSMENT; CONNECT WITH LOCAL PARTNERS AND RESOURCES; IMPLEMENT PROGRAMS TO BENEFIT STUDENTS, STAFF, AND THE COMMUNITY; AND TO SET GOALS FOR THE SCHOOL YEAR. KEY AREAS OF FOCUS FOR SCHOOL PARTNERS INCLUDED STAFF WELL-BEING, SOCIAL-EMOTIONAL LEARNING, AND ENHANCING FAMILY ENGAGEMENT. SCHOOLS IMPLEMENTED A VARIETY OF NEW PROGRAMS, INCLUDING COMFORT SPACES AND ROOMS FOR STUDENTS AND STAFF, STUDENT WELLNESS FAIRS, AND INCORPORATING STAFF WELLNESS INTO PROFESSIONAL DEVELOPMENT DAYS. ADDITIONALLY, 42 SCHOOLS BECAME ELIGIBLE FOR NATIONAL RECOGNITION AS ONE OF AMERICA'S HEALTHIEST SCHOOLS. THEIR ELIGIBILITY WAS BASED ON THEIR RESPONSES TO THE THRIVING SCHOOLS INTEGRATED ASSESSMENT.

PROMOTING INJURY PREVENTION AND SAFETY INITIATIVES THROUGH UPMC

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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 VIOLENCE, UPMC CHILDREN'S INJURY PREVENTION TEAM AND COMMUNITY PARTNERS ARE COLLABORATING TO EDUCATE THE COMMUNITY ABOUT FIREARM STORAGE TO HELP KEEP CHILDREN, TEENS, AND FAMILIES SAFER FROM FIREARM INJURY. THESE EFFORTS INCLUDE PROVIDING BIOMETRIC GUN SAFES AND SAFER STORAGE EDUCATION TO NEIGHBORS IN THE COMMUNITY. UPMC CHILDREN'S HAS WORKED WITH URBAN, SUBURBAN, AND RURAL COMMUNITIES TO HELP REACH DIVERSE POPULATIONS AFFECTED BY FIREARM INJURY, INCLUDING: HOMEWOOD AND NORTH SIDE NEIGHBORHOODS IN PITTSBURGH, BRIDGEVILLE, PA., WASHINGTON COUNTY, PA., AND MORGANTOWN, WV. THESE EVENTS HAVE RESULTED IN SIGNIFICANT IMPROVEMENT

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IN SAFER FIREARM STORAGE. FOR EXAMPLE, AN EVENT IN PARTNERSHIP WITH DESTINY OF FAITH CHURCH IN PITTSBURGH'S NORTH SIDE SHOWED A 59 PERCENT INCREASE IN PARTICIPANTS LOCKING THEIR FIREARMS IN THE SAFE PROVIDED BY UPMC AND A 42 PERCENT INCREASE IN PARTICIPANTS LOCKING AMMUNITION SEPARATELY FROM THEIR FIREARMS. TO DATE, THERE ARE MORE THAN 550 BIOMETRIC GUN SAFES IN HOMES BECAUSE OF UPMC CHILDREN'S EFFORTS TO IMPROVE FIREARM STORAGE AND SAFETY.

ENHANCING ACCESS TO TOP-QUALITY SPECIALTY CARE: UPMC IS MAKING HEALTH CARE MORE ACCESSIBLE. IN PITTSBURGH, UPMC IS CREATING WORLD-CLASS FACILITIES TO DELIVER SPECIALTY CARE. IN MAY 2023, UPMC OPENED THE STATE-OF-THE ART UPMC MERCY PAVILION. THROUGH PATIENT-FOCUSED DESIGN AND INNOVATIVE TECHNOLOGIES, THE PAVILION IS ONE OF THE FIRST-OF-ITS-KIND IN THE NATION - A PLACE OF LIFE-CHANGING CARE FOR PEOPLE WITH ROUTINE AND ADVANCED VISION AND PHYSICAL REHABILITATION NEEDS. THE UPMC VISION INSTITUTE ALSO HOUSES THE UPMC URGENT EYE CARE CLINIC, AN OPTICAL SHOP, AND STREET LAB - A STATE-OF-THE-ART SPACE FOR CLINICIANS, RESEARCHERS AND PATIENTS TO INTERACT AND MODEL REAL-LIFE SITUATIONS WHERE VISION LOSS IS



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A FACTOR IN A FULLY MONITORED AND CONTROLLED ENVIRONMENT. ITS FEATURES FOCUS ON ACCESSIBILITY, REFLECTING THE NEEDS OF PATIENTS RECEIVING CARE AT THE PAVILION. ADDITIONALLY, IN JUNE 2022, UPMC BROKE GROUND ON THE UPMC PRESBYTERIAN TOWER, WHICH WILL BE 17 STORIES WITH 636 PRIVATE PATIENT ROOMS AND IS SLATED TO OPEN IN 2026. IN OTHER REGIONS, UPMC IMPROVED ACCESS TO ADVANCED SPECIALTY CARE THROUGH ROBOTIC BRONCHOSCOPY AT UPMC ALTOONA, A NEW WOUND CARE CENTER AT UPMC BEDFORD, A NEW UPMC HILLMAN CANCER CENTER IN SOMERSET, AND EXPANDED HEART AND VASCULAR SERVICES AT UPMC JAMESON AND UPMC PASSAVANT. TO ADDRESS SPECIALTY CARE NEEDS IN RURAL COMMUNITIES, UPMC CONTINUES TO USE INNOVATIVE HOSPITAL MODELS. IN MCKEAN COUNTY, 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

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EMERGENCY MEDICAL CARE. IN CLINTON COUNTY, UPMC IN NORTH CENTRAL PA. WORKED WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH (PA DOH) TO CONVERT SERVICES AT UPMC LOCK HAVEN TO AN OUTPATIENT EMERGENCY DEPARTMENT, THE FIRST OF ITS KIND IN THE COMMONWEALTH UNDER THE NEW GUIDANCE PROVIDED FOR INNOVATIVE HOSPITAL MODELS. UPMC WILLIAMSPORT CONTINUES TO RECRUIT PHYSICIANS TO INCREASE ACCESS TO SPECIALTY CARE IN LYCOMING COUNTY, 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.

RAISED AWARENESS OF CHRONIC DISEASE THROUGH OUTREACH, EDUCATION, AND HEALTH SCREENINGS: FROM 2014-2023, THOUSANDS OF PEOPLE PARTICIPATED IN COMMUNITY EVENTS THAT OFFERED SCREENINGS TO DETECT CHRONIC DISEASES, SUCH AS CANCER, DIABETES, AND HEART DISEASE. MANY OF THESE EVENTS WERE HELD AT NEIGHBORHOOD LOCATIONS, INCLUDING CHURCHES, SENIOR CENTERS, AND SCHOOLS.

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TO HELP INCREASE ACCESS TO HEALTH EDUCATION AND SCREENINGS, EVENTS WERE ADAPTED TO VIRTUAL PLATFORMS. TO RAISE AWARENESS OF CANCER, UPMC PASSAVANT OFFERS EDUCATIONAL PROGRAMS, BOTH IN-PERSON AND VIRTUAL, ABOUT CANCER PREVENTION, DETECTION, AND TREATMENT. THESE PROGRAMS INCLUDE FREEDOM FROM SMOKING CLINICS, PRESENTATIONS TO SCHOOL-AGED CHILDREN ABOUT SKIN CANCER AND SUN PROTECTION, AN ANNUAL CELEBRATION OF SURVIVORSHIP, AND COLON CANCER SCREENINGS WITH FIT KITS. SINCE 2020, UPMC PASSAVANT DISTRIBUTED APPROXIMATELY 200 FREE FIT KITS. IF COLON CANCER IS DETECTED BY THE FIT KIT, PATIENTS ARE OFFERED EDUCATION ABOUT COLONOSCOPIES OR CONNECTED WITH AN APPROPRIATE PROVIDER FOR TREATMENT. TO RAISE AWARENESS OF DIABETES, UPMC SOMERSET'S DIABETES EDUCATION CENTER PARTICIPATES IN LOCAL COMMUNITY OUTREACH, INCLUDING EDUCATION CLASSES WITH THE NEXT STEP CENTER AND SEASONAL HEALTH FAIRS AT SCHOOLS. UPMC SOMERSET ALSO PROVIDES DIABETES SELF-MANAGEMENT AND SUPPORT, FOCUSING ON INCREASING THE NUMBER OF INDIVIDUALS WHO RETURN FOR FOLLOW-UP APPOINTMENTS. TO HELP ADDRESS HEART DISEASE AND STROKE, UPMC ALTOONA PROVIDES HEALTH EDUCATION AT VARIOUS COMMUNITY EVENTS, INCLUDING THE AMERICAN HEART ASSOCIATION GO RED FOR WOMEN ANNUAL EVENT, UPMC ALTOONA HEALTHY LIVING FAIR, AND NATIONAL

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SENIOR HEALTH AND FITNESS DAY, IN PARTNERSHIP WITH UPMC HEALTH PLAN. IN ADDITION, UPMC ALTOONA CONTINUES TO PARTNER 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. 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 INFORMATION, ASK THE EXPERT, AND HEALTH SCREENINGS. IN 2019, UPMC ST. MARGARET SUCCESSFULLY EXPANDED THE MONTHLY NEIGHBORHOOD DINNER MODEL ESTABLISHED IN SHARPSBURG AND FORMED A 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, IDENTIFYING INDIVIDUALS WITH MEDICAL ISSUES AND REFERRING THEM TO CARE PROVIDERS.

TARGETING ADDICTION BY CONCEPTUALIZING AND EXPANDING BEHAVIORAL HEALTH PROGRAMS: UPMC OFFERS ITS EXPERTISE AND COMPASSIONATE SERVICES TO



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INDIVIDUALS FROM ALL WALKS OF LIFE TO HELP THEM OVERCOME SUBSTANCE USE 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. 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 ALSO COLLABORATED WITH UPMC'S DEPARTMENT OF INTERNAL MEDICINE TO CONTINUE TO INTEGRATE BEHAVIORAL HEALTH EXPERTISE INTO MEDICATION ASSISTANCE PROGRAMS FOR PATIENTS WITH COMPLEX MEDICAL CONDITIONS. TO MAKE TREATMENT AND SUPPORT MORE ACCESSIBLE FOR PATIENTS WITH OPIOID USE DISORDERS, UPMC ST. MARGARET PROVIDES MEDICATION-ASSISTED TREATMENT (MAT) AT ITS THREE FAMILY HEALTH CENTERS (FHC). THE FHCS HOST WEEKLY MAT CLINICS FOR PHYSICIAN VISITS, COUNSELING, AND MEDICATION MONITORING. FROM JUNE 2022 TO JUNE 2023, NEARLY 450

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PATIENTS WERE SEEN FOR MAT. TO HELP CARE FOR WOMEN WITH SUBSTANCE USE DISORDER AND THEIR BABIES, UPMC MAGEE-WOMENS HOSPITAL DEVELOPED AND LAUNCHED THE NEONATAL TRANSITION UNIT (NTU), 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. BETWEEN JULY 2019 AND JUNE 2023, MORE THAN 360 BABIES WERE CARED FOR IN THE NTU. UPMC CONTINUES TO EXPLORE AND PROVIDE NEW RECOVERY OPTIONS THROUGH DRUG AND ALCOHOL REHABILITATION PROGRAMS. IN 2023, UPMC WESTERN BEHAVIORAL HEALTH AT TWIN LAKES OPENED A NEW, STATE-OF-THE-ART INPATIENT TREATMENT FACILITY IN SOMERSET COUNTY, WHICH INCREASED THE NUMBER OF BEDS BY 60 PERCENT, IMPROVING LOCAL ACCESS TO TREATMENT AND SUPPORT. IN ADDITION, UPMC NORTHWEST ESTABLISHED A RELATIONSHIP WITH THE VENANGO COUNTY JAIL TO ASSIST WITH A SUPPORT GROUP.

EXTENDING ACCESS TO BEHAVIORAL HEALTH SERVICES ACROSS COMMUNITIES: USING TELEPSYCHIATRY, UPMC WESTERN PSYCHIATRIC HOSPITAL OFFERS ACCESS TO

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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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. UPMC CONTINUES TO OFFER TELEMEDICINE VISITS TO PATIENTS SEEKING BEHAVIORAL HEALTH CARE; BETWEEN JANUARY AND JUNE 2023, UPMC BEHAVIORAL HEALTH STAFF COMPLETED MORE THAN 87,000 TELEMEDICINE VISITS. UPMC WESTERN PSYCHIATRIC 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. TO HELP IMPROVE ACCESS TO BEHAVIORAL HEALTH PROVIDERS IN PITTSBURGH'S EASTERN SUBURBS, UPMC EAST INTEGRATED THREE PROVIDERS INTO PRIMARY CARE OFFICES IN 2023. UPMC IS ALSO WORKING TO MEET ITS COMMUNITIES' NEED FOR BEHAVIORAL HEALTH CRISIS 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. IN BLAIR COUNTY, UPMC ALTOONA CONTINUED TO PROVIDE ON-SITE CRISIS INTERVENTION THROUGH ITS MOBILE CRISIS TEAM, WHICH EXPERIENCED A

**Part VI Supplemental Information**

Provide the following information.

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21.2 PERCENT INCREASE IN THE NUMBER OF VISITS FROM JANUARY-JUNE 2023

COMPARED TO JULY-DECEMBER 2022. TO HELP MEET THE GROWING NEED FOR

SPECIALIZED CHILD AND ADOLESCENT BEHAVIORAL HEALTH SERVICES, UPMC WESTERN

BEHAVIORAL HEALTH OPENED A NEW FACILITY IN PITTSBURGH'S SOUTH SIDE

NEIGHBORHOOD IN JANUARY 2023. THIS NEW FACILITY INCLUDES SERVICES FOR

YOUNG CHILDREN WITH EMOTIONAL AND BEHAVIORAL NEEDS, CHILDREN AND

ADOLESCENTS WITH AUTISM AND DEVELOPMENTAL NEEDS, CHILDREN AND ADOLESCENTS

THROUGH AGE 17 WHO HAVE EXPERIENCED TRAUMA, AND MOTHERS EXPERIENCING MOOD

CHALLENGES DURING AND AFTER PREGNANCY OR THE BIRTH OF A CHILD.

ADDITIONALLY, IN AUGUST 2023, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, IN

COLLABORATION WITH UPMC WESTERN PSYCHIATRIC HOSPITAL, OPENED A PEDIATRIC

BEHAVIORAL HEALTH WALK-IN CLINIC WHERE PATIENTS UP TO AGE 18 CAN BE SEEN

FOR A VARIETY OF BEHAVIORAL HEALTH CONCERNS. 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.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH SUPPORT PROGRAMS



**Part VI Supplemental Information**

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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. UPMC PARTNERED WITH GOVERNMENT, BUSINESS, AND NON-PROFIT GROUPS TO LAUNCH SECOND AVENUE COMMONS, A FIRST-OF-ITS-KIND SHELTER THAT OFFERS COMPREHENSIVE SERVICES TO PITTSBURGH'S HOMELESS POPULATION. THE FACILITY, WHICH OPENED IN NOVEMBER 2022, INCLUDES A SHELTER AND MEDICAL SERVICES - INCLUDING A PRIMARY CARE CLINIC THAT UPMC OPERATES. 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 PARTICIPATE ARE ALSO SCREENED FOR ASSISTANCE WITH MEDICATION, MEDICAL SUPPLIES, AND TRANSPORTATION. TO HELP ADDRESS THE RISING MATERNAL MORTALITY RATES FOR WOMEN OF COLOR, UPMC MAGEE-WOMENS IS ENGAGING POSTPARTUM WOMEN IN CARDIOVASCULAR MONITORING. THROUGH OUTREACH

**Part VI Supplemental Information**

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EVENTS AND ITS MOBILE HEALTH TEAM, UPMC MAGEE-WOMENS CONNECTS WITH PREGNANT WOMEN AND NEW MOMS TO OFFER HEALTH SCREENINGS (INCLUDING BLOOD PRESSURE, CHOLESTEROL, AND BLOOD SUGAR LEVELS) AND EDUCATION (INCLUDING GESTATIONAL DIABETES AND PREECLAMPSIA). TO HELP ADDRESS KNOWN DISPARITIES IN MATERNAL HEALTH, UPMC MAGEE-WOMENS HOSPITAL CONNECTS PATIENTS TO DOULAS, WHO SERVE AS ADVOCATES FOR WOMEN IN ALL PHASES OF THE BIRTH CONTINUUM. BETWEEN JUNE 2022 AND SEPTEMBER 2023, UPMC MAGEE CONNECTED MORE THAN 300 PATIENTS TO THE BIRTH CIRCLE DOULA PROGRAM. 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 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

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IN NEED WITH A FREE RIDE HOME FROM THE EMERGENCY DEPARTMENT. IN ADDITION, UPMC LAUNCHED A RURAL FAMILY MEDICINE RESIDENCY PROGRAM IN NORTH CENTRAL PENNSYLVANIA IN 2023 TO HELP MEET THE HEALTH NEEDS OF RURAL COMMUNITIES. LEVERAGING THE EXISTING INFRASTRUCTURE AT UPMC WILLIAMSPORT, MEDICAL RESIDENTS ARE TRAINED TO TREAT MANY HEALTH ISSUES - FROM HEART PROBLEMS TO CHRONIC PAIN, ADDICTION TREATMENT, AND EVEN MENTAL HEALTH CARE. THE RESIDENTS WILL SPEND THEIR SECOND AND THIRD YEARS AT UPMC'S CRITICAL ACCESS HOSPITALS - UPMC WELLSBORO AND UPMC COLE.

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

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HEALTH CARE DECISIONS TO FULFILL THE PATIENT'S DAILY NEEDS. BETWEEN JULY 2019 AND JUNE 2023, THERE WERE NEARLY 11,000 OFFICE AND TELEMEDICINE MEDICAL, PSYCHIATRIC, AND SOCIAL WORK VISITS AT BOTH GERIATRIC CARE CENTER LOCATIONS. UPMC ST. MARGARET ALSO OFFERS FREE FLU SHOT CLINICS FOR SENIORS TO HELP PROTECT THEM DURING FLU SEASON. 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:



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

PART VI

LINE 6 SEE SCHEDULE O

LINE 7 STATES RECEIVING COMMUNITY BENEFIT REPORT:

PENNSYLVANIA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                               | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) INATION<br>3414 IOWA ST PITTSBURGH, PA 15219                                   | 47-3985090 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) 412THRIVE<br>44 WOODY CREST DRIVE PITTSBURGH, PA 15234                         | 85-2991974 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) A GLIMMER OF HOPE<br>PO BOX 908 WEXFORD, PA 15090-0908                         | 25-1627978 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) ACHIEVING GREATNESS INC<br>416 SPRINGDALE DRIVE PITTSBURGH, PA 15235           | 47-1237742 | N/A                             | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) AFRICAN AMER CHAMBER FDN OF W PA<br>425 SIXTH AVE PITTSBURGH, PA 15219         | 25-1821978 | 501(C)(3)                       | 17,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) AFRICAN AMER CHAMBER OF COMMERCE OF CENTRAL<br>PO BOX 562 HARRISBURG, PA 17108 | 45-3551374 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) AFRICAN AMERICAN CULTURAL CENTER<br>980 LIBERTY AVENUE PITTSBURGH, PA 15222    | 47-2697273 | 501(C)(3)                       | 50,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) AFRICAN AMERICAN LEADERSHIP FOUNDATION<br>901 WESTERN AVE PITTSBURGH, PA 15233 | 85-0950976 | 501(C)(3)                       | 30,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) AFRO AMERICAN MUSIC INSTITUTE INC<br>7131 HAMILTON AVE PITTSBURGH, PA 15208    | 25-1689025 | 501(C)(3)                       | 8,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) AL DIA NEWSPAPER INC<br>1835 MARKET ST PHILADELPHIA, PA 19103                 | 23-2773657 | N/A                             | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) ALLEGHENY CONF ON COMM DEVEL<br>11 STANWIX ST PITTSBURGH, PA 15219            | 25-0965213 | 501(C)(3)                       | 366,625.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) ALLIES FOR HEALTH WELLBEING<br>5913 PENN AVE PITTSBURGH, PA 15206             | 25-1531728 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | HEALTHCARE SUPPORT                 |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 245

3 Enter total number of other organizations listed in the line 1 table 28

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

Attach to Form 990.

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) ALM MEDIA LLC<br>150 E 42ND ST NEW YORK, NY 10017                                    | 13-3273851 | N/A                             | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) ALS TDF<br>625 WALNUT ST MCKEESPORT, PA 15132                                        | 04-3462719 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | ALS RESEARCH                       |
| (3) ALTOONA-BLAIR COUNTY DEVELOPMENT CORP<br>3900 INDUSTRIAL PARK DR ALTOONA, PA 16602   | 25-1143641 | 501(C)(3)                       | 15,100.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (4) ALTOONA COMMUNITY THEATRE<br>PO BOX 908 ALTOONA, PA 16603                            | 25-6078781 | 501(C)(3)                       | 6,820.                   |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (5) ALTOONA SYMPHONY SOCIETY INC<br>1212 12TH AVE ALTOONA, PA 16601                      | 23-1513718 | 501(C)(3)                       | 9,130.                   |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (6) ALUMNI THEATER COMPANY<br>PO BOX 8185 PITTSBURGH, PA 15217                           | 45-2932278 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (7) ALZHEIMERS DISEASE AND RELATED DIS ASSOC<br>1100 LIBERTY AVE PITTSBURGH, PA 15222    | 25-1510692 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | ALZHEIMERS RESEARCH                |
| (8) AMER ASSOC OF PEOPLE WITH DISABILITIES<br>2020 PENNSYLVANIA AVE WASHINGTON, DC 20006 | 52-1930174 | 501(C)(3)                       | 30,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) AMER FOUNDATION FOR SUICIDE PREVENTION<br>199 WATER ST NEW YORK, NY 10038            | 13-3393329 | 501(C)(3)                       | 15,750.                  |                                  |                                                       |                                       | SUICIDE AWARENESS                  |
| (10) AMERICAN CANCER SOCIETY INC<br>2 CRESENT PK WARREN, PA 16365                        | 13-1788491 | 501(C)(3)                       | 274,183.                 |                                  |                                                       |                                       | CANCER RESEARCH                    |
| (11) AMERICAN DIABETES ASSOCIATION<br>2451 CRYSTAL DR WARREN, PA 16365                   | 13-1623888 | 501(C)(3)                       | 60,000.                  |                                  |                                                       |                                       | DIABETES RESEARCH                  |
| (12) AMERICAN HEART ASSOCIATION<br>444 LIBERTY AVE PITTSBURGH, PA 15222                  | 13-5613797 | 501(C)(3)                       | 172,352.                 |                                  |                                                       |                                       | HEART RESEARCH                     |

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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OMB No. 1545-0047

**2022**

**Open to Public  
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Employer identification number

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|---------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) AMERICAN LUNG ASSOCIATION<br>241 4TH AVE PITTSBURGH, PA 15222                           | 25-1825116 | 501(C)(3)                       | 18,000.                  |                                  |                                                       |                                       | LUNG RESEARCH                      |
| (2) AMERICAN MIDDLE EAST INSTITUTE<br>5 VON LENT PL PITTSBURGH, PA 15232                    | 26-3562819 | 501(C)(3)                       | 50,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) AMERICAN RED CROSS<br>2025 E STREET NW WASHINGTON, DC 20006-5009                        | 25-0965231 | 501(C)(3)                       | 37,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) ARC ERIE COUNTY<br>PO BOX 9155 ERIE, PA 16505                                           | 25-1051730 | 501(C)(3)                       | 5,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) ARTHRITIS FOUNDATION<br>WARNER CTR PITTSBURGH, PA 15222-2411                            | 58-1341679 | 501(C)(3)                       | 75,000.                  |                                  |                                                       |                                       | ARTHRITIS RESEARCH                 |
| (6) AUTISM SPEAKS<br>1060 STATE RD PRINCETON, NJ 08540                                      | 20-2329938 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | AUTISM RESEARCH                    |
| (7) BACKYARD BROADCASTING PA LLC<br>1685 FOUR MILE DRIVE WILLIAMSPORT, PA 17701             | 37-1738332 | N/A                             | 17,900.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) BEHAVIORAL HEALTH ALLIANCE OF RURAL PA<br>301 SCIENCE PARK RD STATE COLLEGE, PA 16803   | 82-4155547 | N/A                             | 18,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) BENGALI ASSOCIATION OF PITTSBURGH<br>1190 DRIFTWOOD DR PITTSBURGH, PA 15243             | 25-1457930 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) BIG BROTHERS BIG SISTERS OF GREATER PGH<br>5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206 | 25-6074707 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (11) BLACK NURSE NETWORK PITTSBURGH INC<br>2102 WEBSTER AVENUE PITTSBURGH, PA 15219         | 87-4148569 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) BLACK POLITICAL EMPOWERMENT PROJECT<br>2201 WYLIE AVENUE PITTSBURGH, PA 15219          | 47-2507780 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | 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

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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) BLIND AND VISION REHAB SERVICES OF PGH<br>1800 WEST STREET HOMESTEAD, PA 15120       | 25-1803195 | 501(C)(3)                       | 9,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) BLOOMFIELD LITTLE ITALY DAYS INC<br>PO BOX 8279 PITTSBURGH, PA 15218                 | 46-0691769 | N/A                             | 12,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) BOROUGH OF GREENVILLE<br>125 MAIN STREET GREENVILLE, PA 16125                        | 25-6000376 | GOVERNMENT                      | 35,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) BOSTON COLLEGE TRUSTEES<br>140 COMM AVE CHESTNUT HILL, MA 02467                      | 04-2103545 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) BOYS AND GIRLS CLUBS OF WESTERN PA<br>33 TERMINAL WAY PITTSBURGH, PA 15219           | 25-1206970 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (6) BRASHEAR ASSOCIATION INC<br>320 BROWNSVILLE RD PITTSBURGH, PA 15210                  | 25-0369810 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) BRENTWOOD BUSINESS OWNERS ASSOCIATION<br>3325 SAW MILL RUN BLVD PITTSBURGH, PA 15227 | 25-1884157 | 501(C)(6)                       | 7,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) EUHL PARK CORPORATION<br>715 HAZEN RD HERMITAGE, PA 16148                            | 20-3453034 | 501(C)(3)                       | 7,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) CANCER BRIDGES<br>2816 SMALLMAN ST PITTSBURGH, PA 15222                              | 25-1845284 | 501(C)(3)                       | 52,500.                  |                                  |                                                       |                                       | CANCER SUPPORT                     |
| (10) CANTERBURY PLACE<br>310 FISK STREET PITTSBURGH, PA 15201                            | 25-0965334 | 501(C)(3)                       | 76,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) CAPTAIN ERICK FOSTER MEMORIAL RIDE<br>PO BOX 2145 PHILADELPHIA, PA 19103            | 47-3192875 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) CARNEGIE INSTITUTE<br>4400 FORBES AVE PITTSBURGH, PA 15213                          | 25-0965280 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) CASA SAN JOSE<br>933 BROOKLINE BLVD PITTSBURGH, PA 15226                           | 46-4729004 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) CATHOLIC CHARITIES OF THE DIOCESE OF PG<br>212 NINTH ST PITTSBURGH, PA 15222       | 25-1326213 | 501(C)(3)                       | 30,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) CCAC EDUCATIONAL FOUNDATION<br>800 ALLEGHENY AVE PITTSBURGH, PA 15233              | 25-1384469 | 501(C)(3)                       | 100,000.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) CE PRO BIKES LLC<br>PO BOX 453 CARNEGIE, PA 15106                                  | 26-2571163 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) CENTER FOR HEARING AND DEAF SERVICES INC<br>1945 FIFTH AVE PITTSBURGH, PA 15219    | 25-0974324 | 501(C)(3)                       | 5,093.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) CENTER FOR THE THEATRE ARTS<br>250 MT LEBANON BLVD PITTSBURGH, PA 15234            | 25-1407710 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (7) CENTRAL CATHOLIC HIGH SCHOOL<br>504 ST CLAIR DR VERONA, PA 15147                   | 20-0478989 | 501(C)(3)                       | 35,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) CENTRAL PA COMMUNITY FOUNDATION<br>1616 E PLEASANT VLY BLVD ALTOONA, PA 16602      | 25-1761379 | 501(C)(3)                       | 5,835.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) CHABAD JEWISH CENTER OF MONROEVILLE INC<br>137 MONTICELLO DR MONROEVILLE, PA 15146 | 27-0540008 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) CHATHAM UNIVERSITY<br>107 WOODLAND RD PITTSBURGH, PA 15232                        | 25-0717890 | 501(C)(3)                       | 250,000.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) CHILDRENS AID SOCIETY FOUNDATION<br>222 W MAIN ST SOMERSET, PA 15501              | 25-0967470 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) CHILDRENS HOME OF PITTSBURGH<br>5324 PENN AVE PITTSBURGH, PA 15224                | 25-0965292 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                               | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) CHILDRENS HOSPITAL OF PGH FOUNDATION<br>4401 PENN AVE PITTSBURGH, PA 15224     | 25-1865744 | 501(C)(3)                       | 605,408.                 |                                  |                                                       |                                       | HEALTHCARE SUPPORT                 |
| (2) CHUCK COOPER FOUNDATION<br>49 THORNCREST DR PITTSBURGH, PA 15235-5215          | 27-4722527 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) CITY OF ALTOONA<br>1301 12TH ST ALTOONA, PA 16601                              | 23-6001899 | GOVERNMENT                      | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) CITY OF FARRELL<br>500 ROEMER BLVD FARRELL, PA 16121                           | 25-6000858 | GOVERNMENT                      | 35,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) CITY OF WILLIAMSPORT<br>100 WEST 3RD ST WILLIAMSPORT, PA 17701                 | 24-6000719 | GOVERNMENT                      | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) CITY THEATRE<br>1300 BINGHAM ST PITTSBURGH, PA 15203                           | 25-1554580 | 501(C)(3)                       | 8,750.                   |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (7) CIVIC LIGHT OPERA ASSOC OF GREATER PGH<br>719 LIBERTY AVE PITTSBURGH, PA 15222 | 25-6000890 | 501(C)(3)                       | 17,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) CLARK MEMORIAL BAPTIST CHURCH<br>1301 GLENN ST HOMESTEAD, PA 15120             | 23-7411758 | 501(C)(3)                       | 8,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) CLINTON COUNTY FAIR ASSOCIATION<br>PO BOX 174 MACKEYVILLE, PA 17750            | 23-2133293 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) COLE FOUNDATION INC<br>1001 E SECOND ST COUDERSPORT, PA 16915                 | 45-5417308 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) COMMUNITY FNDN OF GREATER JOHNSTOWN<br>216 FRANKLIN ST JOHNSTOWN, PA 15901    | 25-1637373 | 501(C)(3)                       | 8,115.                   |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (12) COMMUNITY LIVER ALLIANCE<br>100 W STATION SQ DR PITTSBURGH, PA 15219          | 46-1909171 | 501(C)(3)                       | 55,000.                  |                                  |                                                       |                                       | LIVER RESEARCH                     |

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

- 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
- 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.

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|---------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| <b>(1)</b> COMMUNITY THEATRE LEAGUE INC<br>100 W THIRD ST WILLIAMSPORT, PA 17701            | 23-2358507 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| <b>(2)</b> CONNECTING CHAMPIONS<br>6101 PENN AVE PITTSBURGH, PA 15206                       | 45-2831126 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(3)</b> CORO MEDICAL LLC<br>416 MARY LINDSAY POLK DR FRANKLIN, TN 37067                  | 82-2669986 | N/A                             | 15,310.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(4)</b> CROHNS AND COLITIS FOUNDATION OF AMERICA<br>5001 BAUM BLVD PITTSBURGH, PA 15213  | 13-6193105 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | CHRON & COLITIS RES                |
| <b>(5)</b> CUTTING EDGE BASEBALL<br>1700 W 4TH STREET WILLIAMSPORT, PA 17701                | 47-2078456 | N/A                             | 122,000.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(6)</b> CYSTIC FIBROSIS FOUNDATION<br>4550 MONTGOMERY AVE BETHESDA, MD 20814             | 13-1930701 | 501(C)(3)                       | 35,700.                  |                                  |                                                       |                                       | CYSTIC FIBROSIS RES                |
| <b>(7)</b> DISTRICT 4 COACHES ASSOCIATION<br>435 RUSSELL AVE WILLIAMSPORT, PA 17701         | 88-2176333 | N/A                             | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(8)</b> DOLLAR ENERGY FUND INC<br>PO BOX 42329 PITTSBURGH, PA 15203                      | 25-1442933 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(9)</b> DOWN SYNDROME ASSOC OF PITTSBURGH<br>5513 WILLIAM FLYNN HWY GIBSONIA, PA 15044   | 25-1621542 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | DOWN SYNDROME RES                  |
| <b>(10)</b> DRESS FOR SUCCESS PITTSBURGH<br>305 34TH ST PITTSBURGH, PA 15201                | 20-2388089 | 501(C)(3)                       | 18,048.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| <b>(11)</b> DUQUESNE UNIVERSITY OF THE HOLY SPIRIT<br>600 FORBES AVE PITTSBURGH, PA 15264   | 25-1035663 | 501(C)(3)                       | 741,313.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(12)</b> EASTERN MINORITY SUPPLIER DEVELOP CO<br>2000 HAMILTON ST PHILADELPHIA, PA 19130 | 25-1236796 | 501(C)(3)                       | 8,500.                   |                                  |                                                       |                                       | 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) 2022



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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|---------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) ENERGY INNOVATION CENTER INSTITUTE INC<br>1435 BEDFORD AVE PITTSBURGH, PA 15219   | 25-1737221 | 501(C)(3)                       | 50,267.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) EPILEPSY ASSOCIATION WESTERN CENTRAL PA<br>1501 REEDSDALE ST PITTSBURGH, PA 15233 | 23-7241930 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | EPILEPSY RESEARCH                  |
| (3) ERIE DOWNTOWN DEVELOPMENT CORPORATION<br>417 STATE STREET ERIE, PA 16501          | 82-0709054 | 501(C)(3)                       | 50,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (4) EXTRA MILE EDUCATION FOUNDATION<br>111 BLVD OF THE ALLIES PITTSBURGH, PA 15222    | 25-1621067 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) FAMILY GUIDANCE INC<br>850 CRAN WOODS DR CRANBERRY TWP, PA 16066                  | 25-1128116 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (6) FAMILY HOUSE INC<br>5001 BAUM BLVD PITTSBURGH, PA 15213                           | 25-1519959 | 501(C)(3)                       | 150,240.                 |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (7) FAMILY LINKS INC<br>401 N HIGHLAND AVE PITTSBURGH, PA 15206                       | 25-1209266 | 501(C)(3)                       | 8,290.                   |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (8) FARRELL AREA SCHOOL DISTRICT<br>1600 ROEMER BLVD FARRELL, PA 16121                | 25-6010685 | GOVERNMENT                      | 35,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) FILM PITTSBURGH<br>1789 S BRADDOCK AVE PITTSBURGH, PA 15218                       | 47-2906717 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) FIRST COMMUNITY FOUNDATION OF PA<br>330 PINE ST WILLIAMSPORT, PA 17707           | 24-6013117 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (11) FIRST TEE PITTSBURGH<br>SCHENLEY DR PITTSBURGH, PA 15217                         | 01-0867393 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) FONTANAFEST<br>1309 CREEDMORE AVE PITTSBURGH, PA 15226                           | 26-0301352 | 501(C)(3)                       | 8,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,  
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|--------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) FOUNDATION FOR ENHANCING COMMUNITIES<br>200 N 3RD ST 8TH FL HARRISBURG, PA 17108 | 01-0564355 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (2) FRANK CALANDRA JR FOUNDATION<br>258 KAPPA DR PITTSBURGH, PA 15238                | 92-1275363 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) GATEWAY MEDICAL SOCIETY<br>925 BRIGHTON ROAD PITTSBURGH, PA 15233                | 02-0704699 | 501(C)(3)                       | 37,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) GIORGIO FOUNDATION<br>118 MCDONALD DR HOLLIDAYSBURG, PA 16635                    | 46-6548416 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) GIRL SCOUTS WESTERN PENNSYLVANIA<br>503 MARTINDALE ST PITTSBURGH, PA 15212       | 25-1126094 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (6) GIVING IT FORWARD TOGETHER<br>5513 BEACON ST PITTSBURGH, PA 15217                | 38-3975053 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) GOODWILL OF SOUTHWESTERN PA INC<br>118 52ND ST PITTSBURGH, PA 15201              | 25-1098928 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) GREATER PGH COMMUNITY FOOD BANK<br>1 N LINDEN ST DUQUESNE, PA 15110              | 25-1420599 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (9) GREATER PITTSBURGH CHAMBER OF COMMERCE<br>11 STANWIX ST PITTSBURGH, PA 15222     | 25-0399620 | 501(C)(6)                       | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) GREENVILLE AREA SCHOOL DISTRICT<br>9 DONATON RD GREENVILLE, PA 16125            | 25-6011926 | GOVERNMENT                      | 35,100.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) GWENS GIRLS<br>711 W COMMONS PITTSBURGH, PA 15212                               | 75-3114136 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (12) HALL OF FAME HEALTH LLC<br>27401 LOS ALTOS MISSION VIEJO, CA 92691              | 85-3983217 | N/A                             | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

Attach to Form 990.

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) HAMOT HEALTH FOUNDATION<br>201 STATE ST ERIE, PA 16550                            | 25-1400999 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | HEALTHCARE SUPPORT                 |
| (2) HEINZ HISTORY CENTER<br>1212 SMALLMAN ST PITTSBURGH, PA 15222                     | 25-0965391 | 501(C)(3)                       | 162,500.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) HELLO NEIGHBOR<br>6587 HAMILTON AVE PITTSBURGH, PA 15206                          | 82-3695047 | 501(C)(3)                       | 10,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) HILLEL ACADEMY OF PGH<br>5685 BEACON ST PITTSBURGH, PA 15217                      | 25-1067130 | 501(C)(3)                       | 8,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) UNIVERSITY OF PGH CANCER INST CANCER SVCS<br>5115 CENTRE AVE PITTSBURGH, PA 15232 | 25-1899326 | 501(C)(3)                       | 17,667.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) HISTORICAL SOCIETY OF WESTERN PA<br>1212 SMALLMAN ST PITTSBURGH, PA 15222         | 25-0965391 | 501(C)(3)                       | 22,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) HOLLIDAYSBURG AREA YMCA<br>2459 RESERVOIR RD HOLLIDAYSBURG, PA 16648              | 23-1352603 | 501(C)(3)                       | 5,050.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) HUMANE ANIMAL RESCUE<br>6000 VERONA ROAD VERONA, PA 15147                         | 25-0325750 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) INDEPENDENCE VISITOR CENTER CORPORATION<br>599 MARKET ST PHILADELPHIA, PA 19106   | 23-2952488 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) INDIANA HEALTHCARE FOUNDATION<br>835 HOSPITAL RD INDIANA, PA 15701               | 25-1574302 | 501(C)(3)                       | 8,000.                   |                                  |                                                       |                                       | HEALTHCARE SUPPORT                 |
| (11) IOTA PHI FOUNDATION OF PITTSBURGH<br>1423 LIVERPOOL ST PITTSBURGH, PA 15233      | 23-2907335 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) JADE WELLNESS CENTER<br>4105 MONROEVILLE BLVD MONROEVILLE, PA 15146              | 27-0891251 | N/A                             | 19,375.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

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|----------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) JEWISH FEDERATION OF GREATER PITTSBURGH<br>2000 TECHNOLOGY DR PITTSBURGH, PA 15219 | 25-1017602 | 501(C)(3)                       | 30,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (2) JEWISH HEALTHCARE FOUNDATION PGH<br>625 LIBERTY AVE PITTSBURGH, PA 15222           | 25-1624347 | 501(C)(3)                       | 201,000.                 |                                  |                                                       |                                       | HEALTHCARE SUPPORT                 |
| (3) JMI SPORTS<br>PO BOX 310603 DES MOINES, IA 50331                                   | 81-4387679 | N/A                             | 50,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) JUNIOR ACHIEVEMENT OF WESTERN PA INC<br>120 MARSHALL DR WARRENDALE, PA 15086       | 25-0983059 | 501(C)(3)                       | 42,500.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (5) JUVENILE DIABETES RESEARCH FDN<br>960 PENN AVE PITTSBURGH, PA 15222                | 23-1907729 | 501(C)(3)                       | 70,000.                  |                                  |                                                       |                                       | DIABETES RESEARCH                  |
| (6) KAPPA SCHOLARSHIP ENDOWMENT FUND OF W PA<br>PO BOX 5013 PITTSBURGH, PA 15206       | 25-1672589 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) KIDS VOICE<br>437 GRANT ST PITTSBURGH, PA 15219                                    | 25-0983060 | 501(C)(3)                       | 13,334.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (8) LAKEMONT PARK CENTER LLC<br>5107 KISSELL AVE ALTOONA, PA 16601                     | 83-1591378 | N/A                             | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) LEBO PRIDE<br>255 LINDENWOOD AVE PITTSBURGH, PA 15228                              | 88-3718863 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) LENDING HEARTS<br>114 HOODRIDGE DR PITTSBURGH, PA 15228                           | 45-1783751 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) LIBERTY ARENA INC<br>1500 SYCAMORE RD MONTICELLO, PA 17754                        | 41-2136702 | 501(C)(3)                       | 22,250.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) LUMINARI INC<br>400 BROAD ST SEWICKLEY, PA 15143                                  | 26-4196781 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2022**

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Inspection**

Employer identification number

20-8295721

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

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|-------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| <b>(1)</b> LYCOMING COLLEGE                           |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 1 COLLEGE PL WILLIAMSPORT, PA 17701                   | 24-0795965 | 501(C)(3)                       | 51,099.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(2)</b> LYCOMING COUNTY FAIR ASSOCIATION           |            |                                 |                          |                                  |                                                       |                                       |                                    |
| PO BOX 116 HUGHESVILLE, PA 17737                      | 24-0777607 | 501(C)(3)                       | 40,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(3)</b> LYCOMING COUNTY UNITED WAY                 |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 1 W 3RD ST WILLIAMSPORT, PA 17701                     | 24-0828149 | 501(C)(3)                       | 8,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(4)</b> MAGEE WOMENS RESEARCH INSTITUTE AND FND    |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 3240 CRAFT PL PITTSBURGH, PA 15213                    | 25-1462312 | 501(C)(3)                       | 100,500.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(5)</b> MARCH OF DIMES INC                         |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 1550 CRYSTAL DR ARLINGTON, VA 22202                   | 13-1846366 | 501(C)(3)                       | 45,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(6)</b> MARIO LEMIEUX FOUNDATION                   |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 112 WASHINGTON PLACE PITTSBURGH, PA 15219             | 25-1708231 | 501(C)(3)                       | 30,321.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(7)</b> MATTRESS FACTORY LTD                       |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 500 SAMPSONIA WAY PITTSBURGH, PA 15212                | 25-1338941 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(8)</b> MCKEESPORT HOSPITAL FOUNDATION             |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 1500 FIFTH AVE MCKEESPORT, PA 15132                   | 25-1380418 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | HEALTHCARE SUPPORT                 |
| <b>(9)</b> MELANOMA RESEARCH FOUNDATION               |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 1420 K ST NW WASHINGTON, DC 20005                     | 76-0514428 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(10)</b> MENTAL HEALTH AMER OF WESTMORELAND COUNTY |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 409 COULTER AVE GREENSBURG, PA 15601                  | 25-1142972 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(11)</b> MIGHTY PENGUINS SLED HOCKEY INC           |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 8000 CRAN SPRGS DR CRANBERRY TWP, PA 16066            | 27-5095701 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| <b>(12)</b> MON YOUGH CHAMBER OF COMMERCE             |            |                                 |                          |                                  |                                                       |                                       |                                    |
| 3001 JACKS RUN RD WHITE OAK, PA 15131                 | 25-0654640 | 501(C)(6)                       | 5,350.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2022**

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Inspection**

Employer identification number

20-8295721

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|--------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) MONROEVILLE AREA CHAMBER OF COMMERCE<br>2790 MOSSIDE BLVD MONROEVILLE, PA 15146        | 25-1293687 | 501(C)(6)                       | 16,250.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) MONROEVILLE FOUNDATION INC<br>2700 MONROEVILLE BLVD MONROEVILLE, PA 15146              | 20-1073113 | 501(C)(3)                       | 12,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) MOUNT ALOYSIUS COLLEGE<br>7373 ADM PERRY HWY CRESSON, PA 16630-1999                    | 25-1114320 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) MT ARARAT COMMUNITY ACTIVITY CENTER<br>745 N NEGLEY AVE PITTSBURGH, PA 15206           | 25-1628168 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) MUNICIPALITY OF MONROEVILLE<br>2700 MONROEVILLE BLVD MONROEVILLE, PA 15146             | 25-6004094 | GOVERNMENT                      | 10,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) NAMI KEYSTONE PENNSYLVANIA<br>105 BRAUNLICH DR PITTSBURGH, PA 15237                    | 25-1477291 | 501(C)(3)                       | 5,900.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) NATIONAL ASSOCIATION OF HISPANIC NURSES<br>201 E MAIN ST LEXINGTON, KY 40507           | 91-1010677 | 501(C)(3)                       | 8,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) NATIONAL BLACK NURSES ASSOCIATION INC<br>8630 FENTON ST SILVER SPRING, MD 20910        | 23-7194995 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) NATIONAL KIDNEY FOUNDATION INC<br>30 E 33RD ST NEW YORK, NY 10016                      | 13-1673104 | 501(C)(3)                       | 30,000.                  |                                  |                                                       |                                       | KIDNEY RESEARCH                    |
| (10) NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>215 BEECHAM DR PITTSBURGH, PA 15205            | 25-1066473 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | MS RESEARCH                        |
| (11) NATL ASSOC OF HEALTH SERVICES EXECUTIVES<br>1050 CONNECTICUT AVE WASHINGTON, DC 20036 | 62-1312239 | 501(C)(3)                       | 9,950.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) NEW VISIONS FOR NEW CASTLE<br>PO BOX 5095 NEW CASTLE, PA 16105                        | 25-1529709 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,  
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|--------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) NORTHWEST HOSPITAL FOUNDATION<br>100 FAIRFIELD DRIVE SENECA, PA 16346            | 25-1483624 | 501(C)(3)                       | 11,705.                  |                                  |                                                       |                                       | 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 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) OFF THE FLOOR PITTSBURGH<br>901 ALLEGHENY AVE PITTSBURGH, PA 15233               | 45-5436414 | 501(C)(3)                       | 9,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) ORTHOPAEDIC RESEARCH AND EDUCATION FOUND<br>9400 W HIGGINS RD ROSEMONT, IL 60018 | 36-6009467 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | ORTHOPAEDIC RES                    |
| (6) OWENS & MINOR INC<br>9120 LOCKWOOD BLVD MECHANICSVILLE, VA 23116                 | 54-2049200 | N/A                             | 43,632.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) PA BREAST CANCER COALITION<br>2397 QUENTIN RD LEBANON, PA 17042                  | 25-1722323 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | BREAST CANCER RES                  |
| (8) PA CHAMBER OF BUSINESS & INDUSTRY<br>417 WALNUT STREET HARRISBURG, PA 17101      | 23-0961100 | 501(C)(6)                       | 20,000.                  |                                  |                                                       |                                       | 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 EMERGENCY HEALTH SVCS COUNCIL<br>600 WILSON LN MECHANICSBURG, PA 17055       | 23-2042802 | 501(C)(3)                       | 6,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) PA ORG FOR WOMEN IN EARLY RECOVERY<br>907 WEST ST PITTSBURGH, PA 15221          | 25-1643651 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | 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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Department of the Treasury  
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) PANCREATIC CANCER ACTION NETWORK<br>1500 ROSECRANS AVE MHTN BEACH, CA 90266     | 33-0841281 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | CANCER SUPPORT                     |
| (2) PASSAVANT HOSPITAL FOUNDATION<br>9100 BABCOCK BLVD PITTSBURGH, PA 15237         | 25-1407815 | 501(C)(3)                       | 5,500.                   |                                  |                                                       |                                       | HEALTHCARE SUPPORT                 |
| (3) PENN STATE UNIVERSITY<br>4701 COLLEGE DR ERIE, PA 16563                         | 24-6000376 | 501(C)(3)                       | 7,550.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) PENNSYLVANIA RESOURCE COUNCIL<br>828 W NORTH AVE PITTSBURGH, PA 15233           | 23-6403971 | 501(C)(3)                       | 22,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) PENNSYLVANIANS FOR MODERN COURTS<br>1601 CHERRY ST PHILADELPHIA, PA 19102       | 23-2434262 | 501(C)(3)                       | 17,150.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) PEOPLES OAKLAND<br>3433 BATES ST PITTSBURGH, PA 15213                           | 23-7407933 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) PERSAD CENTER INC<br>5150 PENN AVE PITTSBURGH, PA 15224                         | 25-1234680 | 501(C)(3)                       | 45,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) PITTSBURGH ACTION AGAINST RAPE<br>81 SOUTH 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)                       | 24,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) PITTSBURGH BALLET THEATRE INC<br>2900 LIBERTY AVE PITTSBURGH, PA 15201-1500    | 23-7101094 | 501(C)(3)                       | 23,750.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) PITTSBURGH CHINESE CULTURE CENTER INC<br>1613 PENN AVENUE PITTSBURGH, PA 15222 | 47-5463866 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) PITTSBURGH CURE SARCOMA<br>2731 COLE ROAD WEXFORD, PA 15090                    | 84-3322815 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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

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

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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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OMB No. 1545-0047

**2022**

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Inspection**

Employer identification number

20-8295721

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**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) PITTSBURGH DOWNTOWN PARTNERSHIP<br>307 4TH AVE PITTSBURGH, PA 15222             | 25-1728064 | 501(C)(3)                       | 60,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (2) PITTSBURGH HIRES VETERANS<br>1333 BANKSVILLE ROAD PITTSBURGH, PA 15216          | 27-0124770 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) PITTSBURGH NORTH REGIONAL CHAMBER<br>5000 BROOKTREE RD WEXFORD, PA 15090        | 25-1374594 | 501(C)(6)                       | 5,230.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) PITTSBURGH OPERA<br>2425 LIBERTY AVE PITTSBURGH, PA 15222                       | 25-1073139 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) PITTSBURGH PENGUINS FOUNDATION<br>ONE CHATHAM CENTER PITTSBURGH, PA 15219       | 27-3431123 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) PITTSBURGH PUBLIC THEATER CORP<br>621 PENN AVE PITTSBURGH, PA 15222             | 23-7398683 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) PITTSBURGH SYMPHONY<br>600 PENN AVE PITTSBURGH, PA 15222                        | 25-0986052 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) PITTSBURGH THREE RIVERS MARATHON<br>810 RIVER AVE PITTSBURGH, PA 15212          | 26-2524046 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) PITTSBURGH TRUST FOR CULTURAL RESOURCES<br>803 LIBERTY AVE PITTSBURGH, PA 15222 | 25-1469002 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) PITTSBURGH URBAN MAGNET PROJECT<br>100 ROSS ST PITTSBURGH, PA 15219            | 25-1800835 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) POINT OF PITTSBURGH SAILING LEAGUE<br>PO BOX 24526 PITTSBURGH, PA 15234        | 20-5203392 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) POINT PARK UNIVERSITY<br>201 WOOD STREET PITTSBURGH, PA 15222                  | 25-1094922 | 501(C)(3)                       | 200,000.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

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OMB No. 1545-0047

**2022**

**Open to Public  
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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.

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|------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) PRESBYTERIAN SENIORCARE FOUNDATION<br>1215 HULTON RD OAKMONT, PA 15139         | 56-2289600 | 501(C)(3)                       | 8,300.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) PRESQUE ISLE PARTNERSHIP<br>301 PENINSULA DR ERIE, PA 16505                    | 25-1737521 | 501(C)(3)                       | 13,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) PROGRAM TO AID CITIZEN ENTERPRISE<br>603 STANWIX ST PITTSBURGH, PA 15222       | 25-1205316 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) PROPEL SCHOOLS FOUNDATION<br>3447 E CARSON ST PITTSBURGH, PA 15203             | 20-1100962 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) PROUD HAVEN INC<br>PO BOX 99727 PITTSBURGH, PA 15233                           | 46-2669379 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) PULMONARY FIBROSIS FOUNDATION<br>230 E OHIO ST CHICAGO, IL 60611               | 84-1558631 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) PULSEPOINT FOUNDATION<br>PO BOX 12594 PLEASANTON, CA 94588                     | 45-2725805 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) PYRAMID HEALTHCARE INC<br>PO BOX 967 DUNCANSVILLE, PA 16635                    | 23-3006202 | N/A                             | 11,875.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) QUANTUM THEATRE INC<br>5907 PENN AVE PITTSBURGH, PA 15206                      | 25-1760895 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) READING IS FUNDAMENTAL PITTSBURGH<br>10 CHILDRENS WAY PITTSBURGH, PA 15212    | 25-1558336 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) REHABILITATION AND COMMUNITY PROV ASSOC<br>777 E PARK DR HARRISBURG, PA 17111 | 22-2839539 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) RETREAT & REFRESH STROKE CAMP<br>2000 W PIONEER PKWY PEORIA, IL 61615         | 64-0954851 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Schedule I (Form 990) 2022

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

20-8295721

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|------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) ROBERT MORRIS UNIVERSITY<br>6001 UNIVERSITY BLVD MOON TWP, PA 15108            | 25-1120678 | 501(C)(3)                       | 850,000.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) RONALD MCDONALD HOUSE CHARITIES PGH<br>451 44TH ST PITTSBURGH, PA 15201        | 25-1320272 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (3) ROTARY CLUB OF ALTOONA<br>PO BOX 2538 ALTOONA, PA 16603                        | 23-1034790 | 501(C)(3)                       | 6,500.                   |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (4) RYAN BLANEY FAMILY FOUNDATION<br>1266 SPEEDWAY BLVD SALISBURY, NC 28146        | 83-0955974 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) SHADYSIDE CHAMBER OF COMMERCE<br>5501 WALNUT ST PITTSBURGH, PA 15232           | 25-1373067 | 501(C)(6)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) SISTERS OF CHRISTIAN CHARITY<br>350 BERNARDSVILLE RD MENDHAM, NJ 07945         | 22-2138057 | 501(C)(3)                       | 5,250.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) SISTERS PGH<br>2014 MONONGAHELA AVE PITTSBURGH, PA 15218                       | 82-1600131 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) SOCIETY OF PEDIATRIC NURSES<br>330 N WABASH AVE CHICAGO, IL 60611              | 68-0229220 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) SOLDIERS AND SAILORS MEMORIAL HALL<br>4141 FIFTH AVE PITTSBURGH, PA 15213      | 25-1821862 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) SOMERSET COMMUNITY HOSPITAL FOUNDATION<br>225 S CENTER AVE SOMERSET, PA 15501 | 25-1441863 | 501(C)(3)                       | 16,800.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) SOUTH SIDE CHAMBER OF COMMERCE<br>PO BOX 42345 PITTSBURGH, PA 15203           | 25-1188530 | 501(C)(6)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) SOUTHERN ALLEGHENIES MUSEUM OF ART<br>PO BOX 9 LORETTO, PA 15940              | 25-1271659 | 501(C)(3)                       | 5,700.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Department of the Treasury  
Internal Revenue Service

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|------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) SPECIAL OLYMPICS PENNSYLVANIA<br>2570 BLVD OF THE GEN NORRISTOWN, PA 19403           | 23-2078543 | 501(C)(3)                       | 12,500.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (2) STANLEY M MARKS BLOOD CANCER RESEARCH<br>PO BOX 48042 PITTSBURGH, PA 15232           | 82-3369773 | 501(C)(3)                       | 17,500.                  |                                  |                                                       |                                       | CANCER RESEARCH                    |
| (3) STEELWHEELERS INC<br>7 OAK DR PITTSBURGH, PA 15214                                   | 25-1358502 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) STOP THE VIOLENCE PITTSBURGH<br>1106 SUCCESS STREET PITTSBURGH, PA 15212             | 82-0594337 | N/A                             | 35,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) SUNBURY'S REVITALIZATION INC<br>450 CHESTNUT ST SUNBURY, PA 17801                    | 20-4194890 | 501(C)(3)                       | 11,650.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (6) SUSAN G KOMEN BREAST CANCER FDN<br>13770 NOEL RD DALLAS, TX 75380                    | 75-1835298 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | CANCER RESEARCH                    |
| (7) T CONN SPORTS INC<br>528 SKYLINE DR BELLE VERNON, PA 15012                           | 22-3902543 | N/A                             | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) TANGO2 RESEARCH FOUNDATION INCORPORATION<br>300 PLAZA MIDDLESEX MIDDLETOWN, CT 06457 | 82-3667557 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) JADA HOUSE INTERNATIONAL<br>5111 GLENWOOD AVE PITTSBURGH, PA 15207                   | 47-2123377 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) THE ADVANCED LEADERSHIP INSTITUTE INC<br>500 GRANT ST PITTSBURGH, PA 15219          | 85-3695252 | 501(C)(3)                       | 125,000.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) THE ALS ASSOCIATION<br>1300 WILSON BLVD ARLINGTON, VA 22209                         | 13-3271855 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | ALS RESEARCH                       |
| (12) THE IRELAND FUNDS AMERICA<br>10 POST OFFICE SQ BOSTON, MA 02109                     | 25-1306992 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Name of the organization

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|--------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) THE JEROME BETTIS BUS STOPS HERE FDN<br>15700 W 10 MILE RD SOUTHFIELD, MI 48075  | 38-3378049 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (2) THE CHUCK NOLL FDN FOR BRAIN INJURY<br>3400 S WATER ST PITTSBURGH, PA 15203      | 81-3755463 | 501(C)(3)                       | 55,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) THE FRIENDSHIP CIRCLE OF PITTSBURGH INC<br>1922 MURRAY AVE PITTSBURGH, PA 15217  | 20-8950616 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (4) THE LINKS FOUNDATION INCORPORATED<br>1200 MASSACHUSETTS AVE WASHINGTON, DC 20005 | 52-1170830 | 501(C)(3)                       | 25,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) THE MIDWIFE CENTER FOR BIRTH AND WOMENS<br>2831 PENN AVE PITTSBURGH, PA 15222    | 25-1864282 | 501(C)(3)                       | 22,833.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) THE NATIONAL PANCREAS FOUNDATION<br>3 BETHESDA METRO CENTER BETHESDA, MD 20814   | 23-2935929 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) THE PITTSBURGH PROMISE<br>1901 CENTRE AVE PITTSBURGH, PA 15219                   | 26-1982661 | 501(C)(3)                       | 21,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (8) THE RIVER VALLEY REGIONAL YMCA<br>641 WALNUT ST WILLIAMSPORT, PA 17701           | 24-0795698 | 501(C)(3)                       | 17,250.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (9) THE SALVATION ARMY<br>440 W NYACK RD WEST NYACK, NY 10994                        | 13-5562351 | 501(C)(3)                       | 18,183.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) THE SPRINGBOARD FOUNDATION INC<br>4740 S OCEAN BLVD HIGHLAND BEACH, FL 33487    | 45-2448252 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) THELMA LOVETE YMCA<br>420 FORT DUQUESNE BLVD PITTSBURGH, PA 15222               | 27-2990653 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (12) THREE RIVERS ROWING ASSOC<br>300 WATERFRONT DR PITTSBURGH, PA 15222             | 25-1544798 | 501(C)(3)                       | 21,725.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                         | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) THREE RIVERS YOUTH<br>6117 BROAD ST PITTSBURGH, PA 15206                 | 25-1206924 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (2) TURTLE CREEK VALLEY COG<br>2700 MONROEVILLE BLVD MONROEVILLE, PA 15145   | 25-1214597 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) UNITED WAY OF LAWRENCE COUNTY<br>223 N MERCER ST NEW CASTLE, PA 16101    | 25-0987221 | 501(C)(3)                       | 7,660.                   |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (4) UNITED WAY OF VENANGO COUNTY<br>1999 ALLEGHENY BLVD RENO, PA 16343       | 25-1219187 | 501(C)(3)                       | 607,000.                 |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (5) UNIVERSITY OF PITTSBURGH<br>128 NORTH CRAIG ST PITTSBURGH, PA 15260      | 25-0965591 | 501(C)(3)                       | 120,456,902.             |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) UPMC ALTOONA<br>2500 7TH AVE ALTOONA, PA 16603                           | 23-1352155 | 501(C)(3)                       | 612,606.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) UPTOWN MUSIC COLLECTIVE<br>PO BOX 1224 WILLIAMSPORT, PA 17703            | 20-3851091 | 501(C)(3)                       | 7,500.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) UPTOWN PARTNERS OF PITTSBURGH<br>445 FORT PITT BLVD PITTSBURGH, PA 15219 | 45-0560925 | 501(C)(3)                       | 35,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (9) URBAN AFFAIRS COALITION<br>1207 CHESTNUT ST PHILADELPHIA, PA 19107       | 23-7046393 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (10) URBAN IMPACT FOUNDATION<br>2801 N CHARLES ST PITTSBURGH, PA 15214       | 25-1752269 | 501(C)(3)                       | 15,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (11) URBAN LEAGUE OF GREATER PGH<br>332 FIFTH AVE PITTSBURGH, PA 15222       | 25-0965592 | 501(C)(3)                       | 35,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) VETERANS LEADERSHIP PROGRAM<br>2934 SMALLMAN ST PITTSBURGH, PA 15201    | 25-1434643 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) WAYNE FUSARO PANCREATIC CANCER FUND<br>451 WALNUT ST PITTSBURGH, PA 15238            | 25-1881970 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | CANCER RESEARCH                    |
| (2) WESLEY FAMILY SERVICES<br>221 PENN AVE WILKINSBURG, PA 15221                         | 82-0653875 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (3) WESTERN PA CHAPTER OF THE NTL HEMOPHILIA FD<br>775 4TH ST BEAVER, PA 15009           | 25-1359331 | 501(C)(3)                       | 6,871.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) WESTERN PENNSYLVANIA CONSERVANCY<br>800 WATERFRONT DR PITTSBURGH, PA 15222           | 25-1053485 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) WESTERN REGIONAL EMS<br>1002 CHURCH HILL RD PITTSBURGH, PA 15205                     | 20-1233020 | 501(C)(3)                       | 8,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (6) WESTMINSTER COLLEGE<br>319 S MARKET ST NEW WILMINGTON, PA 16172                      | 25-0981156 | 501(C)(3)                       | 155,475.                 |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) WESTMORELAND WALKS INC<br>PO BOX 537 GREENSBURG, PA 15601                            | 56-2346675 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) WHITE DEER RUN LLC<br>5972 SUSQUEHANNA TRL TURBOTVILLE, PA 17772                     | 22-3168733 | N/A                             | 21,250.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) WILLIAMSPORT AREA SCHOOL DISTRICT<br>2780 W FOURTH ST WILLIAMSPORT, PA 17701         | 24-0859746 | GOVERNMENT                      | 25,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (10) WILLIAMSPORT AREA SCHOOL DIST EDU FDN<br>2780 WEST 4TH ST WILLIAMSPORT, PA 17701    | 35-2230335 | 501(C)(3)                       | 13,300.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (11) WILLIAMSPORT LYCOMING CHAMBER OF COMMERCE<br>102 WEST 4TH ST WILLIAMSPORT, PA 17701 | 24-0762260 | 501(C)(6)                       | 47,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (12) WILLIAMSPORT-LYCOMING ARTS COUNCIL<br>46 WEST 4TH ST WILLIAMSPORT, PA 17701         | 23-2014255 | 501(C)(3)                       | 20,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) WILMERDING COMMUNITY CENTER<br>1 MEMORIAL FIELD WILMERDING, PA 15146              | 83-2495549 | 501(C)(3)                       | 6,000.                   |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (2) WOMENS CENTER AND SHELTER OF GREATER PGH<br>PO BOX 9024 PITTSBURGH, PA 15224      | 25-1264376 | 501(C)(3)                       | 9,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (3) WOODLANDS FOUNDATION<br>134 SHENOT RD WEXFORD, PA 15090                           | 25-1818538 | 501(C)(3)                       | 10,250.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (4) WORKFORCE DEVELOPMENT GLOBAL ALLIANCE<br>2517 HAYMAKER ROAD MONROEVILLE, PA 15146 | 20-5345315 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (5) YMCA OF GREATER PITTSBURGH<br>680 ANDERSON DR PITTSBURGH, PA 15222                | 25-0969497 | 501(C)(3)                       | 138,000.                 |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (6) YORK COLLEGE OF PENNSYLVANIA<br>441 COUNTRY CLUB RD YORK, PA 17403                | 23-1352698 | 501(C)(3)                       | 45,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (7) YORK COUNTY AGRICULTURAL SOCIETY<br>334 CARLISLE AVE YORK, PA 17404               | 23-1241290 | 501(C)(3)                       | 10,000.                  |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (8) YOUNG ADULT SURVIVORS UNITED<br>PO BOX 65 ALLISON PARK, PA 15101                  | 84-4040055 | 501(C)(3)                       | 9,000.                   |                                  |                                                       |                                       | GENERAL SUPPORT                    |
| (9) YWCA NORTHCENTRAL PA<br>815 W FOURTH STREET WILLIAMSPORT, PA 17701                | 24-0796439 | 501(C)(3)                       | 12,520.                  |                                  |                                                       |                                       | COMMUNITY DEVEL                    |
| (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

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

Schedule I (Form 990) 2022



**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, 2023 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 \$370M.

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

Name of the organization

UPMC GROUP

**Compensation Information**

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

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

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

**Part I Questions Regarding Compensation**

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

- |                                                                               |                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

**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 |                                                |                         |                                 |                                                                       |
| FADI SWEISS MD                  | (i)  | 1,540,118.                                                         | 1,515,098.                          | 23,850.                             | 18,541.                                        | 30,947.                 | 3,128,554.                      | NONE                                                                  |
| 1 NEUROSURGEON                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ABHINAV HUMAR MD                | (i)  | 2,192,550.                                                         | 600,000.                            | 10,320.                             | 28,338.                                        | 10,037.                 | 2,841,245.                      | NONE                                                                  |
| 2 TRANSPLANT SURGEON            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CHRISTOPHER SCHMIDT MD          | (i)  | 1,465,681.                                                         | 1,072,741.                          | 10,062.                             | 27,749.                                        | 24,024.                 | 2,600,257.                      | NONE                                                                  |
| 3 ORTHOPAEDIC SURGEON           | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JAMES BRADLEY MD                | (i)  | 1,721,470.                                                         | 176,150.                            | 29,718.                             | 32,940.                                        | 30,485.                 | 1,990,763.                      | NONE                                                                  |
| 4 ORTHOPAEDIC SURGEON           | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DEAN SOTEREANOS MD              | (i)  | 1,463,212.                                                         | 281,265.                            | 15,612.                             | 28,179.                                        | 30,485.                 | 1,818,753.                      | NONE                                                                  |
| 5 ORTHOPAEDIC SURGEON           | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARGARET BELL (AUE)             | (i)  | 143,202.                                                           | 78,000.                             | 3,531.                              | 15,240.                                        | 23,573.                 | 263,546.                        | NONE                                                                  |
| 6 TREASURER/SECRETARY           | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ROBERT BLOSAT (BHM)             | (i)  | 264.                                                               | 150,000.                            | 20,266.                             | 62.                                            | 11,103.                 | 181,695.                        | 19,975.                                                               |
| 7 FORMER BOARD CHAIR AND PRES   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ANDREA BADWAY (BHM)             | (i)  | 242,989.                                                           | 160,000.                            | 9,970.                              | 33,336.                                        | 9,051.                  | 455,346.                        | 2,960.                                                                |
| 8 BOARD MEMBER                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DANIEL KELLY AGNEW MD           | (i)  | 789,185.                                                           | 109,133.                            | 7,224.                              | 27,472.                                        | 34,447.                 | 967,461.                        | NONE                                                                  |
| 9 BOARD MEMBER                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ROBYN BECKWITH MBA (BH)         | (i)  | 188,892.                                                           | 27,962.                             | 1,436.                              | 19,808.                                        | 26,885.                 | 264,983.                        | NONE                                                                  |
| 10 BOARD MEMBER AND SECRETARY   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JAMES HOUSER (CEM)              | (i)  | 185,000.                                                           | 50,000.                             | 384.                                | 17,489.                                        | NONE                    | 252,873.                        | NONE                                                                  |
| 11 PRESIDENT                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DONALD GOODMAN (CEM)            | (i)  | 157,258.                                                           | 69,590.                             | 1,455.                              | 19,979.                                        | 8,455.                  | 256,737.                        | NONE                                                                  |
| 12 BOARD MEMBER AND V PRESIDENT | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DANIEL SWAYZE (CEM)             | (i)  | 205,664.                                                           | 125,350.                            | 1,889.                              | 26,068.                                        | 13,406.                 | 372,377.                        | NONE                                                                  |
| 13 FORMER BOARD SECRETARY       | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARYANN RIGAS (CCH)             | (i)  | 163,582.                                                           | 22,914.                             | 2,020.                              | 16,705.                                        | 26,415.                 | 231,636.                        | NONE                                                                  |
| 14 BOARD MEMBER                 | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JANIE HILFIGER (CCH)            | (i)  | 178,332.                                                           | 112,000.                            | 2,497.                              | 23,886.                                        | 12,552.                 | 329,267.                        | NONE                                                                  |
| 15 PRESIDENT                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CAROLINE DANIELS MD (C)         | (i)  | 239,369.                                                           | 90,175.                             | 783.                                | 19,709.                                        | 25,351.                 | 375,387.                        | NONE                                                                  |
| 16 SECRETARY                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

Schedule J (Form 990) 2022



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**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 |                                                |                         |                                 |                                                                       |
| TERRANCE FOUST DO (COL)       | (i)  | 851,011.                                                           | NONE                                | 2,970.                              | 22,322.                                        | 48,562.                 | 924,865.                        | NONE                                                                  |
| 1 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| AMY HUNT (COL)                | (i)  | 152,422.                                                           | 4,500.                              | 328.                                | 11,532.                                        | 8,229.                  | 177,011.                        | NONE                                                                  |
| 2 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SHERRY WATTS (COL)            | (i)  | 241,218.                                                           | NONE                                | 856.                                | 17,540.                                        | 2,725.                  | 262,339.                        | NONE                                                                  |
| 3 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| KENNETH NASH MD (CCB)         | (i)  | 332,955.                                                           | 64,840.                             | 4,709.                              | 22,019.                                        | 2,661.                  | 427,184.                        | NONE                                                                  |
| 4 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LOREN ROTH MD (CCB)           | (i)  | 45,000.                                                            | NONE                                | NONE                                | 10,093.                                        | 50.                     | 55,143.                         | NONE                                                                  |
| 5 FORMER BOARD MEMBER         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JAMES GIAMMARCO (CCB)         | (i)  | 237,478.                                                           | 130,000.                            | 3,457.                              | 30,548.                                        | 7,215.                  | 408,698.                        | NONE                                                                  |
| 6 TREASURER & CFO             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MATTHEW HURFORD (CCB)         | (i)  | 348,531.                                                           | 390,000.                            | 17,124.                             | 70,041.                                        | 11,112.                 | 836,808.                        | 15,021.                                                               |
| 7 PRESIDENT                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LAURA NK MILLER ESQ (CC       | (i)  | 201,470.                                                           | 165,260.                            | 696.                                | 37,602.                                        | 28,194.                 | 433,222.                        | NONE                                                                  |
| 8 SECRETARY                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| WILLIAM A NIGRO (CRP)         | (i)  | 159,677.                                                           | 24,900.                             | 533.                                | 18,345.                                        | 7,521.                  | 210,976.                        | NONE                                                                  |
| 9 BOARD MEMBER, TREAS AND CFO | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| BRYANT WESLEY ESQ (CRP        | (i)  | 217,883.                                                           | 178,800.                            | 35,461.                             | 42,142.                                        | 2,070.                  | 476,356.                        | 33,320.                                                               |
| 10 SECRETARY                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| PHILIP M CACCHIONE MD         | (i)  | 499,987.                                                           | 118,485.                            | 42,592.                             | 28,901.                                        | 21,258.                 | 711,223.                        | NONE                                                                  |
| 11 BOARD CHAIR AND PRESIDENT  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ROBERT GEIGER DO (EPN)        | (i)  | 456,699.                                                           | 115,403.                            | 42,744.                             | 27,276.                                        | 14,941.                 | 657,063.                        | NONE                                                                  |
| 12 BOARD MEMBER               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JENNIFER VENNARE (HNA)        | (i)  | 128,787.                                                           | 20,250.                             | 385.                                | 11,256.                                        | 13,025.                 | 173,703.                        | NONE                                                                  |
| 13 PRESIDENT                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| NANCI CASE (HNF)              | (i)  | 203,935.                                                           | 84,000.                             | 2,930.                              | 22,705.                                        | 24,336.                 | 337,906.                        | NONE                                                                  |
| 14 PRESIDENT                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ZACHARY LENHART (JMC)         | (i)  | 138,870.                                                           | 11,750.                             | 5,153.                              | 9,635.                                         | 10,124.                 | 175,532.                        | NONE                                                                  |
| 15 BOARD MEMBER               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DARIUS ABADI DO (LHS)         | (i)  | 416,489.                                                           | 10,000.                             | 2,877.                              | 25,782.                                        | 25,841.                 | 480,989.                        | NONE                                                                  |
| 16 BOARD MEMBER               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

Schedule J (Form 990) 2022

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| (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 |                                                |                         |                                 |                                                                       |
| MELISSA DAVIS (LHS)        | (i)  | 168,432.                                                           | 108,000.                            | 535.                                | 15,180.                                        | 26,076.                 | 318,223.                        | NONE                                                                  |
| 1 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JEFFREY ALVAREZ (MYC)      | (i)  | 168,934.                                                           | NONE                                | 469.                                | 13,802.                                        | 682.                    | 183,887.                        | NONE                                                                  |
| 2 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAWNDRRA JONES (MYC)       | (i)  | 223,773.                                                           | 131,100.                            | 2,284.                              | 29,062.                                        | 19,929.                 | 406,148.                        | NONE                                                                  |
| 3 FORMER BOARD MEMBER      | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CAROL VANZILE (MYC)        | (i)  | 140,230.                                                           | NONE                                | 1,274.                              | 10,640.                                        | 26,037.                 | 178,181.                        | NONE                                                                  |
| 4 BOARD SECRETARY          | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID BOBRZYNSKI (MYC)     | (i)  | 155,185.                                                           | 101,500.                            | 3,437.                              | 22,837.                                        | 24,293.                 | 307,252.                        | NONE                                                                  |
| 5 BOARD TREASURER          | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARK ZACHARIA ESQ (MYC)    | (i)  | 175,381.                                                           | 104,000.                            | 1,025.                              | 17,705.                                        | 28,145.                 | 326,256.                        | NONE                                                                  |
| 6 BOARD VICE CHAIR         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| NATHAN MOORE MD (RHS)      | (i)  | 213,339.                                                           | 74,471.                             | 1,125.                              | 25,831.                                        | 26,994.                 | 341,760.                        | NONE                                                                  |
| 7 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MBEMBO BONGUTU MD (RHS)    | (i)  | 325,479.                                                           | 60,652.                             | 2,580.                              | 28,884.                                        | 27,971.                 | 445,566.                        | NONE                                                                  |
| 8 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| AJAIPAL KANG MD (RHS)      | (i)  | 936,327.                                                           | 644,744.                            | 4,281.                              | 24,554.                                        | 20,938.                 | 1,630,844.                      | NONE                                                                  |
| 9 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LYNN RUPP (RHS)            | (i)  | 230,317.                                                           | 137,000.                            | 6,370.                              | 27,344.                                        | 10,866.                 | 411,897.                        | NONE                                                                  |
| 10 PRESIDENT               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID KRUSZEWSKI MD (S)    | (i)  | 427,529.                                                           | 96,008.                             | 47,528.                             | 28,896.                                        | 29,459.                 | 629,420.                        | NONE                                                                  |
| 11 BOARD CHAIR             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CHARLES HAGERTY (SHB)      | (i)  | 211,625.                                                           | 95,164.                             | 3,018.                              | 23,571.                                        | 14,965.                 | 348,343.                        | NONE                                                                  |
| 12 BOARD VICE CHAIR        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARK YAROS MD (SOH)        | (i)  | 267,803.                                                           | 12,500.                             | 4,206.                              | 23,581.                                        | 26,631.                 | 334,721.                        | NONE                                                                  |
| 13 BOARD MEMBER            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DANIEL GRANT (SCS)         | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 14 FORMER BOARD MEMBER     | (ii) | NONE                                                               | 20,500.                             | NONE                                | 972.                                           | 1,465.                  | 22,937.                         | NONE                                                                  |
| ROGER DAVIS (SCS)          | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 15 BOARD MEMBER            | (ii) | 150,049.                                                           | 32,000.                             | 654.                                | 14,752.                                        | 34,549.                 | 232,004.                        | NONE                                                                  |
| NANCY PASTORIUS (SCS)      | (i)  | 109,851.                                                           | 40,000.                             | 2,685.                              | 14,067.                                        | 24,031.                 | 190,634.                        | NONE                                                                  |
| 16 BOARD SECRETARY AND COO | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

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|---------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                         |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 BOARD MEMBER<br>ZACHARY RITTER (SHF)                  | (i)  | 416,432.                                                           | 167,439.                            | 900.                                | 22,326.                                        | 19,091.                 | 626,188.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 2 BOARD MEMBER<br>VWAIRE ORHURHU MD (SHF)               | (i)  | 555,932.                                                           | 731,338.                            | 12,036.                             | 16,789.                                        | 28,255.                 | 1,344,350.                      | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 3 BOARD MEMBER<br>RUTUL DALAL MD (SHS)                  | (i)  | 319,564.                                                           | 4,160.                              | 564.                                | 19,273.                                        | 12,355.                 | 355,916.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 4 BOARD MEMBER<br>RONALD DISIMONE MD (SP)               | (i)  | 1,074,506.                                                         | 15,900.                             | 29,718.                             | 26,027.                                        | 14,523.                 | 1,160,674.                      | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 5 BOARD MEMBER<br>CHRISTOPHER DOMAREW (S)               | (i)  | 381,869.                                                           | 195,450.                            | 702.                                | 22,326.                                        | 31,593.                 | 631,940.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 6 BOARD MEMBER<br>ALEXANDER NESBITT MD (                | (i)  | 349,537.                                                           | 12,000.                             | 6,553.                              | 25,899.                                        | 35,572.                 | 429,561.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 7 PRESIDENT<br>MARK BONDI (THS)                         | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
|                                                         | (ii) | 205,613.                                                           | 135,225.                            | 5,959.                              | 28,951.                                        | 28,676.                 | 404,424.                        | NONE                                                                  |
| 8 BOARD MEMBER<br>DAVID NACE MD (THS)                   | (i)  | 227,154.                                                           | 21,400.                             | 46,958.                             | 25,871.                                        | 1,181.                  | 322,564.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 9 BOARD PRESIDENT<br>NOREEN FREDRICK (TLC)              | (i)  | 194,041.                                                           | 141,528.                            | 4,351.                              | 24,499.                                        | 13,869.                 | 378,288.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 10 BOARD CHAIR<br>STANLEY MARKS MD (UPC)                | (i)  | 1,466,173.                                                         | NONE                                | 163,496.                            | 274,796.                                       | 30,789.                 | 1,935,254.                      | 117,382.                                                              |
|                                                         | (ii) | 1,726,890.                                                         | 93,311.                             | NONE                                | NONE                                           | NONE                    | 1,820,201.                      | NONE                                                                  |
| 11 BOARD MEMBER<br>ROBERT FERRIS (UPC)                  | (i)  | 1,052,550.                                                         | 68,331.                             | 5,520.                              | 30,183.                                        | 9,851.                  | 1,166,435.                      | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 12 BOARD MEMBER AND PRESIDENT<br>ELIZABETH A WILD (UPC) | (i)  | 402,141.                                                           | 403,750.                            | 19,213.                             | 76,866.                                        | 4,922.                  | 906,892.                        | 17,938.                                                               |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 13 TREASURER AND CFO<br>CHARLES FLACH (UPC)             | (i)  | 126,129.                                                           | 54,370.                             | 404.                                | 14,591.                                        | 2,972.                  | 198,466.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 14 SECRETARY<br>KRISTIN LASHER (UHC)                    | (i)  | 123,813.                                                           | 15,000.                             | 258.                                | 6,551.                                         | 4,742.                  | 150,364.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 15 BOARD MEMBER<br>SAMIR SABA (UPP)                     | (i)  | 630,617.                                                           | 125,000.                            | 51,541.                             | 31,074.                                        | 9,380.                  | 847,612.                        | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 16 BOARD MEMBER<br>PABLO SANCHEZ MD (UPP)               | (i)  | 982,135.                                                           | NONE                                | 27,114.                             | 22,326.                                        | 9,976.                  | 1,041,551.                      | NONE                                                                  |
|                                                         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |



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|-----------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                   |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| VICTOR MORELL MD (UPP)            | (i)  | 2,277,960.                                                         | 180,000.                            | 64,974.                             | 30,532.                                        | 10,517.                 | 2,563,983.                      | NONE                                                                  |
| 1 BOARD MEMBER                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JANET WATERS (UPP)                | (i)  | 349,851.                                                           | NONE                                | 4,760.                              | 27,982.                                        | 2,840.                  | 385,433.                        | NONE                                                                  |
| 2 FORMER BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CHRISTINA PATTERSON (U            | (i)  | 286,954.                                                           | NONE                                | 44,119.                             | 22,383.                                        | 3,291.                  | 356,747.                        | NONE                                                                  |
| 3 FORMER BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ELIZABETH PICCIONE MD             | (i)  | 497,719.                                                           | 219,997.                            | 7,813.                              | 82,855.                                        | 34,036.                 | 842,420.                        | NONE                                                                  |
| 4 FORMER BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MAREK A RADOMSKI (UPP)            | (i)  | 417,709.                                                           | NONE                                | 39,490.                             | 23,878.                                        | 3,323.                  | 484,400.                        | NONE                                                                  |
| 5 BOARD MEMBER                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| HEATH SKINNER MD (UPP)            | (i)  | 282,925.                                                           | 23,735.                             | 968.                                | 18,803.                                        | 2,714.                  | 329,145.                        | NONE                                                                  |
| 6 BOARD MEMBER AND DEPT CHAIR     | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOE SUYAMA MD (UPP)               | (i)  | 390,549.                                                           | NONE                                | 90,139.                             | 29,693.                                        | 2,991.                  | 513,372.                        | NONE                                                                  |
| 7 BOARD MEMBER                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| RICKQUEL TRIPP (UPP)              | (i)  | 378,485.                                                           | NONE                                | 9,778.                              | 19,021.                                        | 20,075.                 | 427,359.                        | NONE                                                                  |
| 8 FORMER BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MACALUS HOGAN MD (UPP)            | (i)  | 1,010,620.                                                         | 50,000.                             | 39,370.                             | 19,998.                                        | 8,406.                  | 1,128,394.                      | NONE                                                                  |
| 9 BOARD MEMBER                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| FREDDIE H FU MD (UPP)             | (i)  | NONE                                                               | 108,750.                            | NONE                                | NONE                                           | 1,991.                  | 110,741.                        | NONE                                                                  |
| 10 FORMER BOARD MEMBER & DEPT CHA | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JULES SUMKIN MD (UPP)             | (i)  | 468,440.                                                           | 226,209.                            | 21,016.                             | 36,873.                                        | 8,989.                  | 761,527.                        | NONE                                                                  |
| 11 BOARD MEMBER AND SECRETARY     | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID A LEWIS MD (UPP)            | (i)  | 348,542.                                                           | 311,934.                            | 28,408.                             | 32,733.                                        | 6,803.                  | 728,420.                        | NONE                                                                  |
| 12 BOARD MEMBER AND DEPT CHAIR    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| GEORGE MICHALOPOULOS M            | (i)  | 321,618.                                                           | 242,307.                            | 13,230.                             | 37,129.                                        | 5,675.                  | 619,959.                        | NONE                                                                  |
| 13 BOARD MEMBER AND DEPT CHAIR    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOEL S GREENBERGER MD             | (i)  | 144,740.                                                           | 294,820.                            | 6,106.                              | 24,400.                                        | 4,158.                  | 474,224.                        | NONE                                                                  |
| 14 BOARD MEMBER AND DEPT CHAIR    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LOUIS D FALO JR MD (UP            | (i)  | 222,703.                                                           | 258,227.                            | 7,809.                              | 33,967.                                        | 3,956.                  | 526,662.                        | NONE                                                                  |
| 15 BOARD MEMBER AND DEPT CHAIR    | (ii) | 256,182.                                                           | 70,000.                             | NONE                                | 31,800.                                        | 23,824.                 | 381,806.                        | NONE                                                                  |
| MELINDA HAMILTON MD (U            | (i)  | 250,320.                                                           | NONE                                | 69,030.                             | 24,570.                                        | 3,437.                  | 347,357.                        | NONE                                                                  |
| 16 BOARD MEMBER                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |



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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 |                                                |                         |                                 |                                                                       |
| JAMES D LUKETICH MD (U<br>1 BOARD MEMBER AND DEPT CHAIR    | (i)  | 2,185,440.                                                         | 250,000.                            | 30,480.                             | 36,719.                                        | 10,037.                 | 2,512,676.                      | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SYLVIA OWUSU-ANSAH (UP<br>2 BOARD MEMBER                   | (i)  | 238,688.                                                           | 12,837.                             | 23,374.                             | 15,895.                                        | 3,059.                  | 293,853.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| J PETER RUBIN MD (UPP)<br>3 BOARD MEMBER AND DEPT CHAIR    | (i)  | 738,440.                                                           | 186,250.                            | 9,469.                              | 20,863.                                        | 9,811.                  | 964,833.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| GWENDOLYN SOWA MD (UPP)<br>4 BOARD MEMBER AND DEPT CHAIR   | (i)  | 220,659.                                                           | 160,185.                            | 2,178.                              | 23,285.                                        | 3,299.                  | 409,606.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARK GLADWIN MD (UPP)<br>5 BOARD MEMBER AND DEPT CHAIR     | (i)  | 148,932.                                                           | 225,413.                            | 3,067.                              | 21,350.                                        | 4,907.                  | 403,669.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ROBERT M FRIEDLANDER M<br>6 BOARD MEMBER AND DEPT CHAIR    | (i)  | 1,341,404.                                                         | 303,880.                            | 10,488.                             | 24,914.                                        | 10,037.                 | 1,690,723.                      | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| TERENCE DERMODY MD (UP<br>7 BOARD MEMBER AND DEPT CHAIR    | (i)  | 439,904.                                                           | 70,937.                             | 16,032.                             | 26,116.                                        | 6,315.                  | 559,304.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| WILLIAM DONALDSON MD (U<br>8 BOARD MEMBER AND INTERIM DEPT | (i)  | 956,010.                                                           | NONE                                | 94,902.                             | 36,703.                                        | 9,941.                  | 1,097,556.                      | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOSE SAHEL MD (UPP)<br>9 BOARD MEMBER AND DEPT CHAIR       | (i)  | 648,414.                                                           | 316,359.                            | 27,310.                             | 26,116.                                        | 7,396.                  | 1,025,595.                      | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| AMAN MAHAJAN MD PHD (U<br>10 BOARD MEMBER AND DEPT CHAIR   | (i)  | 762,542.                                                           | 163,830.                            | 4,778.                              | 22,241.                                        | 9,747.                  | 963,138.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JONAS JOHNSON MD (UPP)<br>11 BOARD MEMBER AND TREASURER    | (i)  | 311,599.                                                           | 416,950.                            | 18,068.                             | 36,314.                                        | 10,733.                 | 793,664.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MONICA BOLLAND MD (UPP)<br>12 BOARD MEMBER                 | (i)  | 353,464.                                                           | 90,000.                             | 32,485.                             | 24,085.                                        | 3,882.                  | 503,916.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| TRACEY CONTI MD (UPP)<br>13 BOARD MEMBER AND DEPT CHAIR    | (i)  | 187,948.                                                           | 35,678.                             | 1,427.                              | 23,170.                                        | 1,029.                  | 249,252.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ANN EVANS (UPP)<br>14 FORMER CHIEF FINANCIAL OFFICER       | (i)  | NONE                                                               | 250,000.                            | 402,523.                            | NONE                                           | 7,725.                  | 660,248.                        | 333,643.                                                              |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CLIFTON CALLAWAY MD (U<br>15 FORMER BOARD MEMBER           | (i)  | 148,175.                                                           | NONE                                | 1,909.                              | 18,209.                                        | 2,336.                  | 170,629.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| HYAGRIV SIMHAN MD (UPP)<br>16 FORMER BOARD MEMBER          | (i)  | 435,082.                                                           | NONE                                | 2,481.                              | 29,395.                                        | 3,884.                  | 470,842.                        | NONE                                                                  |
|                                                            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

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| (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 |                                                |                         |                                 |                                                                       |
| JOSEPH LOSEE MD (UPP)             | (i)  | 405,350.                                                           | 30,000.                             | 168,247.                            | 30,359.                                        | 4,414.                  | 638,370.                        | NONE                                                                  |
| 1 FORMER BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| TRENT EMERICK MD (UPP)            | (i)  | 483,703.                                                           | NONE                                | 25,287.                             | 19,879.                                        | 7,280.                  | 536,149.                        | NONE                                                                  |
| 2 FORMER BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LOUIS ALARCON MD (UPP)            | (i)  | 653,420.                                                           | 171,000.                            | 67,907.                             | 30,832.                                        | 9,118.                  | 932,277.                        | NONE                                                                  |
| 3 FORMER BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JANE LIEBSCHUTZ (UPP)             | (i)  | 139,505.                                                           | 7,162.                              | 2,233.                              | 11,659.                                        | 2,354.                  | 162,913.                        | NONE                                                                  |
| 4 BOARD MEMBER                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LISA A NEWCOMB (UPM)              | (i)  | 135,613.                                                           | 19,300.                             | 3,208.                              | 14,216.                                        | 13,858.                 | 186,195.                        | NONE                                                                  |
| 5 ASST. SECRETARY                 | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ARTHUR S LEVINE MD (U)            | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 6 FORMER BOARD MEMBER             | (ii) | 1,462,803.                                                         | NONE                                | 36,587.                             | 34,800.                                        | 18,627.                 | 1,552,817.                      | NONE                                                                  |
| ANANTHA SHEKHAR MD (UP)           | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 7 BOARD MEMBER                    | (ii) | 995,834.                                                           | 350,000.                            | 33,057.                             | 123,200.                                       | 34,575.                 | 1,536,666.                      | NONE                                                                  |
| PATRICK GALLAGHER (UPM)           | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 8 BOARD MEMBER                    | (ii) | 689,355.                                                           | NONE                                | 15,030.                             | 34,800.                                        | 105,169.                | 844,354.                        | NONE                                                                  |
| EDWARD T KARLOVICH (UP)           | (i)  | 741,598.                                                           | 1,350,000.                          | 117,736.                            | 160,233.                                       | 26,302.                 | 2,395,869.                      | 107,710.                                                              |
| 9 EVP & CFO                       | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DEREK ANGUS MD (UPM)              | (i)  | 610,545.                                                           | 650,000.                            | 48,165.                             | 33,753.                                        | 10,455.                 | 1,352,918.                      | 20,500.                                                               |
| 10 FORMER EVP & CHIEF INNOVATION  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARK SEVCO (UPM)                  | (i)  | 744,588.                                                           | 700,000.                            | 135,137.                            | 159,222.                                       | 31,091.                 | 1,770,038.                      | 125,333.                                                              |
| 11 EVP & PRESIDENT HSD            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| TIMOTHY BILLIAR MD (UP)           | (i)  | 703,127.                                                           | 650,000.                            | 142,531.                            | 172,971.                                       | 11,037.                 | 1,679,666.                      | 127,784.                                                              |
| 12 EVP & CHIEF SCIENTIFIC OFFICER | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JEANNE CUNICELLI (UPM)            | (i)  | 722,271.                                                           | 900,000.                            | 26,359.                             | 144,852.                                       | 27,346.                 | 1,820,828.                      | 20,500.                                                               |
| 13 EVP & PRESIDENT ENTERPRISES    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOON SUP LEE MD (UPM)             | (i)  | 796,909.                                                           | 710,000.                            | 57,579.                             | 171,760.                                       | 35,179.                 | 1,771,427.                      | 20,500.                                                               |
| 14 EVP & PRES PHYSICIAN SRV       | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ROBERT A DEMICHIEI (UP)           | (i)  | NONE                                                               | 100,000.                            | 1,734,603.                          | NONE                                           | 6,913.                  | 1,841,516.                      | 1,728,477.                                                            |
| 15 FORMER EVP & CFO               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| W THOMAS MCGOUGH ESQ (            | (i)  | 613,318.                                                           | 1,552,901.                          | 374,777.                            | 161,162.                                       | 22,844.                 | 2,725,002.                      | 347,933.                                                              |
| 16 EVP & CHIEF LEGAL OFFICER      | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

Schedule J (Form 990) 2022

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**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 |                                                |                         |                                 |                                                                       |
| STEVEN D SHAPIRO MD (U            | (i)  | NONE                                                               | NONE                                | 4,041,420.                          | NONE                                           | NONE                    | 4,041,420.                      | 4,041,420.                                                            |
| 1 FORMER EVP & CHIEF MED & SCI O  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID FARNER (UPM)                | (i)  | 866,224.                                                           | 2,176,248.                          | 599,382.                            | 184,297.                                       | 36,576.                 | 3,862,727.                      | 590,368.                                                              |
| 2 EVP & CHIEF OF STAFF            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| C TALBOT HEPPENSTALL J            | (i)  | 115,143.                                                           | NONE                                | 275,949.                            | 16,757.                                        | 31,505.                 | 439,354.                        | 274,286.                                                              |
| 3 FORMER EVP, TREAS., & PRES ENT  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOHN C STILLEY (UPM)              | (i)  | 541,928.                                                           | 550,000.                            | 46,771.                             | 103,513.                                       | 30,823.                 | 1,273,035.                      | 43,600.                                                               |
| 4 SENIOR VP, TREAS., & CIO        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| EDWARD MCCALLISTER (UP            | (i)  | 589,385.                                                           | 570,000.                            | 78,639.                             | 122,601.                                       | 34,434.                 | 1,395,059.                      | 69,425.                                                               |
| 5 CHIEF INFORMATION OFFICER       | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOEL B NELSON MD (UPM)            | (i)  | 823,731.                                                           | 375,000.                            | 15,840.                             | 33,868.                                        | 12,803.                 | 1,261,242.                      | NONE                                                                  |
| 6 EVP,UPMC CHIEF CLIN OFF & CMO   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ALISON BEAM (UPM)                 | (i)  | 323,752.                                                           | NONE                                | 86,888.                             | 17,850.                                        | 19,279.                 | 447,769.                        | NONE                                                                  |
| 7 SVP, UPMC & CHIEF GOV'T AFFAIR  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JAMES KONIECZNY (UPM)             | (i)  | 165,995.                                                           | 68,627.                             | 1,533.                              | 20,222.                                        | 25,667.                 | 282,044.                        | NONE                                                                  |
| 8 ASST TREASURER                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CHARLES BOGOSTA (UPM)             | (i)  | 726,933.                                                           | 1,445,492.                          | 312,780.                            | 157,612.                                       | 35,222.                 | 2,678,039.                      | 299,355.                                                              |
| 9 EVP & PRES INT'L                | (ii) | 10,000.                                                            | NONE                                | 600.                                | 1,200.                                         | 206.                    | 12,006.                         | NONE                                                                  |
| DIANE HOLDER (UPM)                | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 10 EVP, PRES INS SVC & CEO UPMC H | (ii) | 1,090,916.                                                         | 3,065,811.                          | 481,743.                            | 231,344.                                       | 33,580.                 | 4,903,394.                      | 444,712.                                                              |
| JEFFREY A ROMOFF (UPM             | (i)  | NONE                                                               | 8,621,532.                          | 9,245,507.                          | NONE                                           | 19,662.                 | 17,886,701.                     | NONE                                                                  |
| 11 FORMER PRESIDENT & CEO         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MICHELE P JEGASOTHY ES            | (i)  | 204,006.                                                           | 166,000.                            | 6,705.                              | 43,075.                                        | 26,081.                 | 445,867.                        | 5,076.                                                                |
| 12 SECRETARY                      | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARSHALL WEBSTER MD (U            | (i)  | 505,323.                                                           | 872,680.                            | 162,935.                            | 115,247.                                       | 10,474.                 | 1,666,659.                      | 80,850.                                                               |
| 13 SENIOR VP                      | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOHN GALLEY (UPM)                 | (i)  | 624,765.                                                           | 650,000.                            | 102,710.                            | 131,867.                                       | 18,358.                 | 1,527,700.                      | 94,288.                                                               |
| 14 SENIOR VP & CHIEF HR OFFICER   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LESLIE C DAVIS (UPM)              | (i)  | 1,695,461.                                                         | 8,330,000.                          | 714,178.                            | 550,314.                                       | 24,809.                 | 11,314,762.                     | 688,760.                                                              |
| 15 PRESIDENT & CEO                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARGARET EALY (APP)               | (i)  | 166,568.                                                           | 70,000.                             | 820.                                | 12,091.                                        | 6,648.                  | 256,127.                        | NONE                                                                  |
| 16 BOARD MEMBER, TREAS & CFO      | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |



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**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 RUSSELL (ALT)        | (i)  | 223,040.                                                           | 241,290.                            | 30,056.                             | 19,013.                                        | 2,716.                  | 516,115.                        | 28,772.                                                               |
| 1 FORMER BOARD MEMBER      | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MICHAEL SCHLECHTER MD      | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 2 BOARD MEMBER             | (ii) | 337,499.                                                           | 169,781.                            | 2,598.                              | 27,298.                                        | 10,237.                 | 547,413.                        | NONE                                                                  |
| ROBERT SULLIVAN MD (AL     | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 3 BOARD MEMBER             | (ii) | 255,781.                                                           | 7,584.                              | 5,207.                              | 14,399.                                        | 3,558.                  | 286,529.                        | NONE                                                                  |
| MATTHEW BOUCHARD MD (A     | (i)  | 739,562.                                                           | NONE                                | 2,335.                              | 55,991.                                        | 25,936.                 | 823,824.                        | NONE                                                                  |
| 4 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MATTHEW NEWLIN MD (ALT     | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 5 BOARD MEMBER             | (ii) | 441,823.                                                           | NONE                                | 2,349.                              | 23,669.                                        | 8,185.                  | 476,026.                        | NONE                                                                  |
| GERALD MURRAY (ALT)        | (i)  | NONE                                                               | NONE                                | 390,641.                            | NONE                                           | NONE                    | 390,641.                        | 235,786.                                                              |
| 6 FORMER PRESIDENT         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JAN E FISHER (ALT)         | (i)  | 419,992.                                                           | 373,000.                            | 63,340.                             | 85,353.                                        | 27,830.                 | 969,515.                        | 53,695.                                                               |
| 7 PRESIDENT                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARIO WILFONG (ALT)        | (i)  | 193,442.                                                           | 126,000.                            | 1,134.                              | 22,710.                                        | 25,763.                 | 369,049.                        | NONE                                                                  |
| 8 FORMER TREASURER AND CFO | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID BURWELL MD (ALF)     | (i)  | 407,823.                                                           | 85,000.                             | 15,952.                             | 37,658.                                        | 25,817.                 | 572,250.                        | 14,505.                                                               |
| 9 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOSEPH ANTONOWICZ MD (     | (i)  | 181,492.                                                           | NONE                                | NONE                                | 49,680.                                        | 23,542.                 | 254,714.                        | NONE                                                                  |
| 10 FORMER BOARD MEMBER     | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| TIMOTHY BALCONI (ALF)      | (i)  | 172,391.                                                           | 45,000.                             | 1,910.                              | 18,816.                                        | 26,743.                 | 264,860.                        | NONE                                                                  |
| 11 PRESIDENT               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MONICA KLATT (APH)         | (i)  | 142,737.                                                           | 45,000.                             | 294.                                | 14,548.                                        | 15,940.                 | 218,519.                        | NONE                                                                  |
| 12 BOARD SECY, TREAS & CFO | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID BAER MD (BDF)        | (i)  | 187,555.                                                           | 79,026.                             | 7,849.                              | 31,008.                                        | 26,763.                 | 332,201.                        | NONE                                                                  |
| 13 BOARD MEMBER            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| TIMOTHY HORSKY DO (BDF     | (i)  | 263,988.                                                           | NONE                                | 3,346.                              | 13,301.                                        | 6,393.                  | 287,028.                        | NONE                                                                  |
| 14 FORMER BOARD MEMBER     | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ELLIOTT BILOFSKY MD (B     | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 15 FORMER BOARD MEMBER     | (ii) | 594,789.                                                           | 165,066.                            | 8,395.                              | 26,719.                                        | 6,212.                  | 801,181.                        | NONE                                                                  |
| JOSEPH TALARICO DO (BD     | (i)  | 380,692.                                                           | 17,126.                             | 11,019.                             | 32,394.                                        | 23,244.                 | 464,475.                        | 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 |                                                |                         |                                 |                                                                       |
| JAMES DONNELLY (CHS)            | (i)  | 199,663.                                                           | 120,600.                            | 2,676.                              | 24,176.                                        | 25,230.                 | 372,345.                        | NONE                                                                  |
| 1 BOARD MEMBER                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CECIL MILLER (CHS)              | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 2 SECRETARY                     | (ii) | 144,536.                                                           | 55,409.                             | 1,249.                              | 16,046.                                        | 5,266.                  | 222,506.                        | NONE                                                                  |
| RACHEL BERGER (CHP)             | (i)  | 67,002.                                                            | NONE                                | 373.                                | 7,213.                                         | 382.                    | 74,970.                         | NONE                                                                  |
| 3 FORMER BOARD MEMBER           | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DIANE HUPP (CHP)                | (i)  | 358,128.                                                           | 248,002.                            | 3,371.                              | 71,319.                                        | 3,723.                  | 684,543.                        | 2,462.                                                                |
| 4 SECRETARY & VP OF OPERATIONS  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| FRANCIS SOLANO MD (CMI)         | (i)  | 542,736.                                                           | 340,083.                            | 79,623.                             | 103,745.                                       | 31,983.                 | 1,098,170.                      | 74,980.                                                               |
| 5 BOARD MEMBER AND PRESIDENT    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DONNA OTTOVIANI MSN (CM)        | (i)  | 210,222.                                                           | 130,000.                            | 9,251.                              | 28,571.                                        | 11,593.                 | 389,637.                        | NONE                                                                  |
| 6 BOARD MEMBER SECY, VP & COO   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DEBORAH S BRODINE (CPS)         | (i)  | 368,520.                                                           | 385,000.                            | 52,960.                             | 81,335.                                        | 26,912.                 | 914,727.                        | 49,925.                                                               |
| 7 BOARD CHAIR AND PRESIDENT     | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JEROME SHAFFER (CPS)            | (i)  | NONE                                                               | 31,500.                             | 1,591.                              | NONE                                           | 3,987.                  | 37,078.                         | NONE                                                                  |
| 8 FORMER BOARD MEMBER TREASURER | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARC CORDERO MD (EAS)           | (i)  | 388,342.                                                           | NONE                                | 1,290.                              | 23,903.                                        | 28,165.                 | 441,700.                        | NONE                                                                  |
| 9 BOARD MEMBER                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LAWSON BERNSTEIN MD (E)         | (i)  | 379,185.                                                           | NONE                                | 9,680.                              | 26,183.                                        | 11,647.                 | 426,695.                        | NONE                                                                  |
| 10 BOARD MEMBER                 | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| KOTAYYA KONDAVEETI MD           | (i)  | 487,500.                                                           | 85,000.                             | NONE                                | NONE                                           | NONE                    | 572,500.                        | NONE                                                                  |
| 11 BOARD MEMBER                 | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MATTHEW HARINSTEIN MD           | (i)  | 677,382.                                                           | 155,150.                            | 21,623.                             | 63,916.                                        | 9,718.                  | 927,789.                        | 20,500.                                                               |
| 12 BOARD MEMBER                 | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LAURENE TIMMONS (EAS)           | (i)  | 162,851.                                                           | 91,588.                             | 2,285.                              | 20,620.                                        | 6,288.                  | 283,632.                        | NONE                                                                  |
| 13 BOARD SECY, TREAS & CFO      | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARK O'HERN (EAS)               | (i)  | 272,933.                                                           | 241,000.                            | 4,044.                              | 50,058.                                        | 7,579.                  | 575,614.                        | 3,480.                                                                |
| 14 PRESIDENT                    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| RICHARD WADAS MD (EMI)          | (i)  | 531,986.                                                           | 210,000.                            | 32,083.                             | 58,221.                                        | 30,532.                 | 862,822.                        | 23,253.                                                               |
| 15 BOARD MEMBER AND PRESIDENT   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DONALD M YEALY MD (EMI)         | (i)  | 777,605.                                                           | 550,000.                            | 144,750.                            | 150,190.                                       | 1,560.                  | 1,624,105.                      | 62,612.                                                               |
| 16 BOARD MEMBER AND V PRESIDENT | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

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|--------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                        |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 RUSSELL MEYERS (EMI)<br>BOARD TREASURER              | (i)  | 122,917.                                                           | 60,500.                             | 248.                                | 13,573.                                        | 8,309.                  | 205,547.                        | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 2 TERRENCE LEWIS ESQ (EM)<br>SECRETARY                 | (i)  | 171,000.                                                           | 102,000.                            | 1,010.                              | 18,109.                                        | 12,859.                 | 304,978.                        | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 3 JAMES SCHUSTER MD (FYO)<br>FORMER BOARD MEMBER       | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
|                                                        | (ii) | 536,448.                                                           | 570,000.                            | 33,239.                             | 116,388.                                       | 36,382.                 | 1,292,457.                      | 20,500.                                                               |
| 4 JOHN LOVELACE (FYO)<br>BOARD MEMBER AND PRESIDENT    | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
|                                                        | (ii) | 542,558.                                                           | 576,000.                            | 50,437.                             | 117,686.                                       | 20,668.                 | 1,307,349.                      | 20,500.                                                               |
| 5 GORDON GEBBENS (FYO)<br>BOARD MEMBER AND TREASURER   | (i)  | 452,023.                                                           | 446,000.                            | 70,914.                             | 95,558.                                        | 23,926.                 | 1,088,421.                      | 61,224.                                                               |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 6 SHERYL KASHUBA ESQ (FY)<br>BOARD MEMBER, SECTY & CLO | (i)  | 417,752.                                                           | 422,000.                            | 25,810.                             | 87,360.                                        | 30,098.                 | 983,020.                        | 20,500.                                                               |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 7 STEPHEN PERKINS MD (FY)<br>FORMER BOARD MEMBER       | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | 290,000.                            | NONE                                | 918.                                           | 7,194.                  | 298,112.                        | 17,760.                                                               |
| 8 BRENDAN HARRIS (HMT)<br>BOARD MEMBER                 | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
|                                                        | (ii) | 250,779.                                                           | 152,600.                            | 2,189.                              | 20,848.                                        | 25,789.                 | 452,205.                        | 1,515.                                                                |
| 9 CARRIE ENNIS (HMT)<br>BOARD SECRETARY                | (i)  | 139,201.                                                           | 47,300.                             | 422.                                | 13,145.                                        | 14,604.                 | 214,672.                        | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 10 DAVID GIBBONS (HMT)<br>PRESIDENT                    | (i)  | 524,205.                                                           | 475,000.                            | 68,354.                             | 104,116.                                       | 10,652.                 | 1,182,327.                      | 64,225.                                                               |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 11 MICHAEL BONINGER (HCM)<br>BOARD MEMBER & PRESIDENT  | (i)  | 272,650.                                                           | 63,000.                             | 4,514.                              | 30,570.                                        | 3,012.                  | 373,746.                        | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 12 DONALD BECKSTEAD (HNV)<br>BOARD MEMBER              | (i)  | 332,879.                                                           | 5,000.                              | 9,418.                              | 82,812.                                        | 13,003.                 | 443,112.                        | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 13 PATRICIA MCGEE (HNV)<br>BOARD MEMBER                | (i)  | 170,276.                                                           | 13,000.                             | 1,632.                              | 15,689.                                        | 977.                    | 201,574.                        | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 14 SUSAN DUCHMAN (HNV)<br>BOARD MEMBER                 | (i)  | 193,823.                                                           | 124,000.                            | 5,319.                              | 22,239.                                        | 5,278.                  | 350,659.                        | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 15 SUSAN THOMPSON (HNV)<br>BOARD MEMBER                | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
|                                                        | (ii) | 194,785.                                                           | 100.                                | 1,511.                              | 16,178.                                        | 2,653.                  | 215,227.                        | NONE                                                                  |
| 16 DIANA WOY (HNV)<br>FORMER BOARD MEMBER              | (i)  | 154,813.                                                           | NONE                                | 1,338.                              | 54,088.                                        | 9,928.                  | 220,167.                        | NONE                                                                  |
|                                                        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

Schedule J (Form 990) 2022

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|----------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                            |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| AMY SWINDELL DO (HNV)      | (i)  | 243,917.                                                           | NONE                                | 778.                                | 18,859.                                        | 1,515.                  | 265,069.                        | NONE                                                                  |
| 1 FORMER BOARD MEMBER      | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| HOLLY LORENZ (HHW)         | (i)  | 245,936.                                                           | 328,500.                            | 42,241.                             | 24,400.                                        | 10,611.                 | 651,688.                        | 38,095.                                                               |
| 2 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ROBERT GRIFFITH (HHW)      | (i)  | 184,064.                                                           | 27,200.                             | 412.                                | 16,533.                                        | 9,895.                  | 238,104.                        | NONE                                                                  |
| 3 CFO AND TREASURER        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| PAULA THOMAS (HHW)         | (i)  | 187,389.                                                           | 119,600.                            | 5,044.                              | 25,851.                                        | 8,745.                  | 346,629.                        | NONE                                                                  |
| 4 PRESIDENT                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| AMY MEISTER (HHW)          | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 5 BOARD MEMBER             | (ii) | 390,096.                                                           | 134,500.                            | 2,059.                              | 37,571.                                        | 29,302.                 | 593,528.                        | NONE                                                                  |
| MELANIE SMITH-FORTNEY      | (i)  | 194,465.                                                           | 57,000.                             | 965.                                | 23,308.                                        | 14,513.                 | 290,251.                        | NONE                                                                  |
| 6 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| TULIO ESTRADA MD (HRZ)     | (i)  | 413,601.                                                           | NONE                                | 11,872.                             | 28,388.                                        | 25,985.                 | 479,846.                        | NONE                                                                  |
| 7 BOARD MEMBER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DONALD OWREY (HRZ)         | (i)  | NONE                                                               | 80,000.                             | 367,044.                            | NONE                                           | NONE                    | 447,044.                        | 147,347.                                                              |
| 8 FORMER PRESIDENT         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ROBERT JACKSON (HRZ)       | (i)  | NONE                                                               | 36,018.                             | 179,934.                            | NONE                                           | 3,944.                  | 219,896.                        | NONE                                                                  |
| 9 FORMER PRESIDENT         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JONI MURRAY (HRF)          | (i)  | 72,524.                                                            | NONE                                | 880.                                | 9,533.                                         | 23,224.                 | 106,161.                        | NONE                                                                  |
| 10 FORMER BOARD MEMBER     | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MICHAEL TRACY (HRF)        | (i)  | 151,777.                                                           | 18,300.                             | 592.                                | 11,388.                                        | 11,678.                 | 193,735.                        | NONE                                                                  |
| 11 CHIEF FINANCIAL OFFICER | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| FRANCIS FOTI MD (KAN)      | (i)  | 239,670.                                                           | 86,000.                             | 3,532.                              | 26,233.                                        | 27,614.                 | 383,049.                        | NONE                                                                  |
| 12 BOARD MEMBER            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ELIZABETH RITTER (KAN)     | (i)  | 216,587.                                                           | 96,500.                             | 455.                                | 28,083.                                        | 31,203.                 | 372,828.                        | NONE                                                                  |
| 13 FORMER BOARD MEMBER     | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MARK PAPALIA (KAN)         | (i)  | 129,436.                                                           | 48,000.                             | 7,173.                              | 11,465.                                        | 8,173.                  | 204,247.                        | NONE                                                                  |
| 14 PRESIDENT               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| BHARAT ADROJA MD (ULH)     | (i)  | 461,597.                                                           | NONE                                | 5,169.                              | 13,043.                                        | 30,263.                 | 510,072.                        | NONE                                                                  |
| 15 BOARD MEMBER            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DANIEL GLUNK MD (ULH)      | (i)  | 234,854.                                                           | 146,894.                            | 4,936.                              | 24,949.                                        | 1,584.                  | 413,217.                        | 1,562.                                                                |
| 16 BOARD MEMBER            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

Schedule J (Form 990) 2022



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**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 |                                                |                         |                                 |                                                                       |
| PATRICIA JACKSON-GEHRI        | (i)  | 296,638.                                                           | 108,900.                            | 527.                                | 34,568.                                        | 13,399.                 | 454,032.                        | NONE                                                                  |
| 1 BOARD MEMBER, PRES & SECY   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID LOPATOFSKY MD (U        | (i)  | 376,650.                                                           | 340,869.                            | 54,070.                             | 75,473.                                        | 33,076.                 | 880,138.                        | 49,312.                                                               |
| 2 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LOUIS BAVERSO (LOC)           | (i)  | 442,253.                                                           | 375,000.                            | 57,209.                             | 86,885.                                        | 37,765.                 | 999,112.                        | 54,897.                                                               |
| 3 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| BYRON WADE (LOC)              | (i)  | 147,048.                                                           | 40,571.                             | 187.                                | 11,228.                                        | 5,849.                  | 204,883.                        | NONE                                                                  |
| 4 BOARD PRESIDENT             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ROBERT P EDWARDS MD (M        | (i)  | 262,133.                                                           | 249,681.                            | 15,819.                             | 32,458.                                        | 5,651.                  | 565,742.                        | NONE                                                                  |
| 5 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOHN COMERCI (MAG)            | (i)  | 687,550.                                                           | NONE                                | 64,758.                             | 28,848.                                        | 9,457.                  | 790,613.                        | NONE                                                                  |
| 6 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| GABRIELLA GOSMAN (MAG)        | (i)  | 281,841.                                                           | NONE                                | 59,217.                             | 27,199.                                        | 2,884.                  | 371,141.                        | NONE                                                                  |
| 7 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| STEPHEN EMERY (MAG)           | (i)  | 394,124.                                                           | NONE                                | 69,633.                             | 29,671.                                        | 3,335.                  | 496,763.                        | NONE                                                                  |
| 8 FORMER BOARD MEMBER         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SUKETU MANSURIA (MAG)         | (i)  | 715,233.                                                           | NONE                                | 50,130.                             | 26,265.                                        | 8,467.                  | 800,095.                        | NONE                                                                  |
| 9 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| RICHARD BEIGI MD (MAG)        | (i)  | 351,801.                                                           | 310,000.                            | 92,750.                             | 69,734.                                        | 3,408.                  | 827,693.                        | 27,020.                                                               |
| 10 BOARD MEMBER AND PRESIDENT | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| RONALD DEEMS (MAG)            | (i)  | 178,104.                                                           | 88,700.                             | 503.                                | 14,037.                                        | 2,211.                  | 283,555.                        | NONE                                                                  |
| 11 BOARD MEMBER & CFO         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| NICOLE DONNELLAN MD (M        | (i)  | 388,725.                                                           | NONE                                | 46,683.                             | 14,584.                                        | 3,243.                  | 453,235.                        | NONE                                                                  |
| 12 BOARD MEMBER               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| THOMAS DIACOVO MD (MAG        | (i)  | 200,447.                                                           | 9,361.                              | 3,458.                              | 13,265.                                        | 3,510.                  | 230,041.                        | NONE                                                                  |
| 13 FORMER BOARD MEMBER        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| KENNETH PLOWEY MD (MCK        | (i)  | 253,601.                                                           | 85,491.                             | 1,182.                              | 20,217.                                        | 25,160.                 | 385,651.                        | NONE                                                                  |
| 14 FORMER BOARD MEMBER        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SUSAN MARTIN (MER)            | (i)  | 166,099.                                                           | 71,200.                             | 4,519.                              | 24,680.                                        | 24,496.                 | 290,994.                        | NONE                                                                  |
| 15 FORMER BOARD MEMBER        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOHN WARD (MER)               | (i)  | 529,916.                                                           | NONE                                | 5,462.                              | 28,275.                                        | 34,043.                 | 597,696.                        | 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 |                                                |                         |                                 |                                                                       |
| PHILIP POLLICE (MER)             | (i)  | 1,441,128.                                                         | 221,627.                            | 10,062.                             | 27,832.                                        | 34,798.                 | 1,735,447.                      | NONE                                                                  |
| 1 BOARD MEMBER                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ADAM YATES MD (MER)              | (i)  | 272,834.                                                           | NONE                                | 44,428.                             | 22,943.                                        | 2,762.                  | 342,967.                        | NONE                                                                  |
| 2 BOARD MEMBER                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MICHAEL GRACE (MER)              | (i)  | NONE                                                               | NONE                                | 84,155.                             | NONE                                           | NONE                    | 84,155.                         | 84,155.                                                               |
| 3 FORMER BOARD MEMBER AND PRESID | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAWNDR A JONES (MER)             | (i)  | 23,773.                                                            | 131,100.                            | 2,284.                              | 29,062.                                        | 19,929.                 | 206,148.                        | NONE                                                                  |
| 4 BOARD MEMBER                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| AJ PINEVICH MD (MER)             | (i)  | 308,672.                                                           | 160,000.                            | 12,340.                             | 37,479.                                        | 18,811.                 | 537,302.                        | 7,611.                                                                |
| 5 BOARD SECRETARY                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOHN MCKEATING MD (MER)          | (i)  | 436,274.                                                           | NONE                                | 7,431.                              | 29,970.                                        | 25,985.                 | 499,660.                        | NONE                                                                  |
| 6 FORMER BOARD MEMBER            | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| CHRISTINE NOLAN DPM (M           | (i)  | 269,786.                                                           | 40,677.                             | 540.                                | 19,176.                                        | 35,731.                 | 365,910.                        | NONE                                                                  |
| 7 BOARD MEMBER                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| RANDALL BOGGESS DO (NW           | (i)  | 370,525.                                                           | 59,400.                             | 3,959.                              | 24,826.                                        | 25,690.                 | 484,400.                        | NONE                                                                  |
| 8 BOARD MEMBER                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID MCCANDLESS MD (N           | (i)  | 138,022.                                                           | 70,041.                             | 6,059.                              | 21,759.                                        | 13,370.                 | 249,251.                        | NONE                                                                  |
| 9 BOARD MEMBER                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| LINDA BARNHART MD (NWH           | (i)  | 478,982.                                                           | NONE                                | 1,066.                              | 23,449.                                        | 25,431.                 | 528,928.                        | NONE                                                                  |
| 10 BOARD MEMBER                  | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MICHAEL WARD MD (NWH)            | (i)  | 521,563.                                                           | 55,529.                             | 1,965.                              | 22,910.                                        | 29,810.                 | 631,777.                        | NONE                                                                  |
| 11 FORMER BOARD MEMBER           | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| BRIAN DURNIOK (NWH)              | (i)  | 299,917.                                                           | 220,000.                            | 28,243.                             | 60,275.                                        | 9,891.                  | 618,326.                        | 25,062.                                                               |
| 12 BOARD MEMBER AND PRESIDENT    | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| BRADLEY DINGER (NWH)             | (i)  | 173,253.                                                           | 88,500.                             | 2,408.                              | 20,542.                                        | 14,034.                 | 298,737.                        | NONE                                                                  |
| 13 CFO AND TREASURER             | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SERGIO GIANCOLA MD (NW           | (i)  | 619,487.                                                           | NONE                                | 3,364.                              | 25,694.                                        | 31,200.                 | 679,745.                        | NONE                                                                  |
| 14 FORMER BOARD MEMBER           | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JEFFREY KNORR (BHO)              | (i)  | 138,440.                                                           | 105,000.                            | 254.                                | 12,824.                                        | 3,852.                  | 260,370.                        | NONE                                                                  |
| 15 SECRETARY                     | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| TRACEY BEIRIGER ESQ(OV           | (i)  | 227,409.                                                           | 190,000.                            | 21,737.                             | 48,439.                                        | 27,056.                 | 514,641.                        | 18,912.                                                               |
| 16 BOARD SECRETARY               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

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|-------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                       | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| JAMES W BOYLE MD (PSV)<br>1 BOARD MEMBER              | (i) 380,431.                                                       | (ii) 63,096.                        | (iii) 6,798.                        | 29,896.                                        | 11,784.                 | 492,005.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DANIEL R SULLIVAN MD (<br>2 BOARD SECRETARY           | (i) 112,610.                                                       | (ii) NONE                           | (iii) 63,015.                       | 14,448.                                        | 886.                    | 190,959.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| MATTHEW EL-KADI MD (PS<br>3 BOARD MEMBER              | (i) NONE                                                           | (ii) NONE                           | (iii) NONE                          | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
|                                                       | (ii) 1,979,033.                                                    | (iii) 391,373.                      | 14,646.                             | NONE                                           | 4,741.                  | 2,389,793.                      | NONE                                                                  |
| BRIAN FRITZ (PSV)<br>4 FORMER CHIEF FINANCIAL OFFICER | (i) 226,271.                                                       | (ii) 159,900.                       | (iii) 818.                          | 25,397.                                        | 15,415.                 | 427,801.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| NAFIS HILL (PSV)<br>5 CHIEF FINANCIAL OFFICER         | (i) 149,996.                                                       | (ii) 22,100.                        | (iii) 666.                          | 13,218.                                        | 24,484.                 | 210,464.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID T MARTIN (PSV)<br>6 FORMER PRESIDENT            | (i) 493,380.                                                       | (ii) 600,000.                       | (iii) 94,647.                       | 112,163.                                       | 25,941.                 | 1,326,131.                      | 77,550.                                                               |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SUSAN HOOLAHAN (PSV)<br>7 PRESIDENT                   | (i) 395,338.                                                       | (ii) 367,500.                       | (iii) 43,681.                       | 85,425.                                        | 15,294.                 | 907,238.                        | 39,525.                                                               |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JAMES D TEW MD (PRY)<br>8 BOARD MEMBER                | (i) 374,041.                                                       | (ii) 3,913.                         | (iii) 59,114.                       | 24,797.                                        | 2,881.                  | 464,746.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JAMES F PINGPANK MD (P<br>9 BOARD MEMBER              | (i) 575,428.                                                       | (ii) NONE                           | (iii) 60,732.                       | 25,343.                                        | 9,139.                  | 670,642.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| EILEEN SIMMONS (PRY)<br>10 CHIEF FINANCIAL OFFICER    | (i) 430,271.                                                       | (ii) 420,000.                       | (iii) 52,925.                       | 91,075.                                        | 15,413.                 | 1,009,684.                      | 48,517.                                                               |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JARED WEINER (PRY)<br>11 CHIEF FINANCIAL OFFICER      | (i) 245,991.                                                       | (ii) 150,000.                       | (iii) 486.                          | 24,386.                                        | 15,657.                 | 436,520.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ALAN WELLS MD (PRY)<br>12 FORMER BOARD MEMBER         | (i) 343,638.                                                       | (ii) NONE                           | (iii) 67,958.                       | 30,072.                                        | 2,826.                  | 444,494.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| WILLIAM BARRINGTON MD<br>13 FORMER BOARD MEMBER       | (i) 464,848.                                                       | (ii) 117,600.                       | (iii) 83,945.                       | 33,082.                                        | 8,071.                  | 707,546.                        | NONE                                                                  |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JOHN INNOCENTI (PRY)<br>14 PRESIDENT                  | (i) 689,934.                                                       | (ii) 665,000.                       | (iii) 126,096.                      | 146,024.                                       | 21,780.                 | 1,648,834.                      | 107,775.                                                              |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SANDRA RADER (PRY)<br>15 PRESIDENT                    | (i) 516,185.                                                       | (ii) 344,400.                       | (iii) 56,352.                       | 97,649.                                        | 30,280.                 | 1,044,866.                      | 49,080.                                                               |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ALEXANDER J CIOCCA ESQ<br>16 FORMER BOARD MEMBER      | (i) NONE                                                           | (ii) NONE                           | (iii) 84,616.                       | NONE                                           | NONE                    | 84,616.                         | 123,167.                                                              |
|                                                       | (ii) NONE                                                          | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |

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| (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 |                                                |                         |                                 |                                                                       |
| SANDRA MCANALLEN (SMH)        | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 1 FORMER BOARD MEMBER         | (ii) | 3,304.                                                             | 455,000.                            | 234,176.                            | 277.                                           | 8,091.                  | 700,848.                        | 232,812.                                                              |
| MARSHALL STAFFORD MD (        | (i)  | 273,736.                                                           | NONE                                | 2,632.                              | 29,669.                                        | 13,010.                 | 319,047.                        | NONE                                                                  |
| 2 FORMER BOARD MEMBER         | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| DAVID PATTON (SMH)            | (i)  | 254,888.                                                           | 139,464.                            | 20,648.                             | 50,170.                                        | 24,452.                 | 489,622.                        | 19,336.                                                               |
| 3 PRESIDENT                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| RONALD REYNOLDS (SUN)         | (i)  | 158,177.                                                           | 101,000.                            | 1,429.                              | 18,062.                                        | 5,323.                  | 283,991.                        | NONE                                                                  |
| 4 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| KENNETH YOUNG ESQ (SUN)       | (i)  | 243,796.                                                           | 158,255.                            | 8,362.                              | 44,932.                                        | 12,404.                 | 467,749.                        | 3,320.                                                                |
| 5 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| ALFREDO BLAS MD (SUS)         | (i)  | 362,639.                                                           | 11,200.                             | 1,158.                              | 22,569.                                        | 31,293.                 | 428,859.                        | NONE                                                                  |
| 6 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| STEPHEN NIMMO ESQ (SUS)       | (i)  | 327,828.                                                           | 334,000.                            | 47,220.                             | 75,470.                                        | 31,061.                 | 815,579.                        | 41,670.                                                               |
| 7 BOARD MEMBER                | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| KIMBERLY ZYNN (SUS)           | (i)  | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 8 BOARD MEMBER                | (ii) | 239,533.                                                           | 151,870.                            | 4,518.                              | 22,730.                                        | 27,727.                 | 446,378.                        | 2,217.                                                                |
| TAMRA MINNIER (UTS)           | (i)  | 621,467.                                                           | 531,250.                            | 93,618.                             | 126,592.                                       | 23,888.                 | 1,396,815.                      | 85,025.                                                               |
| 9 PRESIDENT                   | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SHELIAH HECKLA (UTS)          | (i)  | 264,620.                                                           | 190,000.                            | 11,254.                             | 46,408.                                        | 13,453.                 | 525,735.                        | 10,338.                                                               |
| 10 BOARD MEMBER               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| JILL BURNS MD (WEL)           | (i)  | 355,896.                                                           | 100,150.                            | 8,638.                              | 22,644.                                        | 31,091.                 | 518,419.                        | NONE                                                                  |
| 11 BOARD MEMBER               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| SUSAN BRANTON MD (WIL)        | (i)  | 463,340.                                                           | 86,353.                             | 4,128.                              | 25,782.                                        | 20,980.                 | 600,583.                        | NONE                                                                  |
| 12 BOARD MEMBER               | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| STEVEN JOHNSON (WIL)          | (i)  | 539,554.                                                           | 548,120.                            | 92,250.                             | 108,755.                                       | 10,445.                 | 1,299,124.                      | 78,850.                                                               |
| 13 BOARD MEMBER AND PRESIDENT | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| KEVIN KIST DO (WIL)           | (i)  | 436,208.                                                           | 6,160.                              | 5,702.                              | 26,027.                                        | 32,931.                 | 507,028.                        | NONE                                                                  |
| 14 FORMER BOARD MEMBER        | (ii) | NONE                                                               | NONE                                | NONE                                | NONE                                           | NONE                    | NONE                            | NONE                                                                  |
| 15                            | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                               | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| 16                            | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                               | (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). 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**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 section 501(c)(29) organizations only).

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

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|     |                                 |                                                               |                                | Yes            | No |
| (1) |                                 |                                                               |                                |                |    |
| (2) |                                 |                                                               |                                |                |    |
| (3) |                                 |                                                               |                                |                |    |
| (4) |                                 |                                                               |                                |                |    |
| (5) |                                 |                                                               |                                |                |    |
| (6) |                                 |                                                               |                                |                |    |

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

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

**Part II**

**Loans to and/or From Interested Persons.**

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total . . . . .               |                                    |                     |                                       |      |                               | \$              |                 |    |                                     |    |                        |    |

**Part III**

**Grants or Assistance Benefiting Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1)                           |                                                                 |                          |                        |                           |
| (2)                           |                                                                 |                          |                        |                           |
| (3)                           |                                                                 |                          |                        |                           |
| (4)                           |                                                                 |                          |                        |                           |
| (5)                           |                                                                 |                          |                        |                           |
| (6)                           |                                                                 |                          |                        |                           |
| (7)                           |                                                                 |                          |                        |                           |
| (8)                           |                                                                 |                          |                        |                           |
| (9)                           |                                                                 |                          |                        |                           |
| (10)                          |                                                                 |                          |                        |                           |

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

Schedule L (Form 990) 2022



**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 102,859.00  
 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 420,139.00  
 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 26,039.00  
 D DESCRIPTION OF TRANSACTION COMPENSATION  
 E SHARING OF ORGANIZATIONS REVENUES NO

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

**Part I Types of Property**

|                                                                              | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art - Works of art . . . . .                                               | X                             | 1                                                      | 60.                                                                                | FAIR MARKET VALUE                                            |
| 2 Art - Historical treasures . . . . .                                       |                               |                                                        |                                                                                    |                                                              |
| 3 Art - Fractional interests . . . . .                                       |                               |                                                        |                                                                                    |                                                              |
| 4 Books and publications . . . . .                                           | X                             |                                                        | 1,273.                                                                             | FAIR MARKET VALUE                                            |
| 5 Clothing and household<br>goods . . . . .                                  | X                             |                                                        | 26,373.                                                                            | 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,<br>or trust interests . . . . .            |                               |                                                        |                                                                                    |                                                              |
| 12 Securities - Miscellaneous . . . . .                                      |                               |                                                        |                                                                                    |                                                              |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |                                                        |                                                                                    |                                                              |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |                                                        |                                                                                    |                                                              |
| 15 Real estate - Residential . . . . .                                       |                               |                                                        |                                                                                    |                                                              |
| 16 Real estate - Commercial . . . . .                                        |                               |                                                        |                                                                                    |                                                              |
| 17 Real estate - Other . . . . .                                             |                               |                                                        |                                                                                    |                                                              |
| 18 Collectibles . . . . .                                                    | X                             | 12                                                     | 3,510.                                                                             | FAIR MARKET VALUE                                            |
| 19 Food inventory . . . . .                                                  | X                             | 27                                                     | 13,642.                                                                            | FAIR MARKET VALUE                                            |
| 20 Drugs and medical supplies . . . . .                                      |                               |                                                        |                                                                                    |                                                              |
| 21 Taxidermy . . . . .                                                       |                               |                                                        |                                                                                    |                                                              |
| 22 Historical artifacts . . . . .                                            |                               |                                                        |                                                                                    |                                                              |
| 23 Scientific specimens . . . . .                                            |                               |                                                        |                                                                                    |                                                              |
| 24 Archeological artifacts . . . . .                                         |                               |                                                        |                                                                                    |                                                              |
| 25 Other ▶ (SEE SUPP PAGE ) . . . . .                                        |                               | 323.                                                   | 855,102.                                                                           |                                                              |
| 26 Other ▶ ( ) . . . . .                                                     |                               |                                                        |                                                                                    |                                                              |
| 27 Other ▶ ( ) . . . . .                                                     |                               |                                                        |                                                                                    |                                                              |
| 28 Other ▶ ( ) . . . . .                                                     |                               |                                                        |                                                                                    |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** NONE

|                                                                                                                                                                                                                                                                                                               | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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? . . . . . |     | 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? . . . . .                                                                                                                                                                                   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .                                                                                                                                                                    |     | 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.                                                                                                                                                                     |     |    |

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

25000M 597Y

V22-7.11

358

**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                           | 470,708.              | FAIR MARKET VAL           |
| ADVERTISING     | X         | 8                           | 161,125.              | FAIR MARKET VAL           |
| MISCELLANEOUS   | X         | 94                          | 87,873.               | FAIR MARKET VAL           |
| GIFT CERTIFICAT | X         | 74                          | 81,282.               | FAIR MARKET VAL           |
| TOYS            | X         | 53                          | 16,795.               | FAIR MARKET VAL           |
| ADMISSION TICKE | X         | 36                          | 15,279.               | FAIR MARKET VAL           |
| GIFT BASKETS    | X         | 39                          | 10,368.               | FAIR MARKET VAL           |
| TRIPS, TOURS, S | X         | 4                           | 4,554.                | FAIR MARKET VAL           |
| JEWELRY         | X         | 2                           | 3,210.                | FAIR MARKET VAL           |
| SPORTS EVENT    | X         | 10                          | 2,908.                | FAIR MARKET VAL           |
| ENTERTAINMENT   | X         | 2                           | 1,000.                | FAIR MARKET VAL           |
| TOTALS          |           | 323.                        | 855,102.              |                           |



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**PART 1 SUMMARY**

PART 1, LINE 5 AND PART V LINE 2A

THE TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2022 OF 77,356  
IS REPRESENTATIVE OF THE SUM OF ALL INDIVIDUALS EMPLOYED BY EACH OF THE  
71 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 06/30/2023

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

UPMC, A WORLD-RENOWNED HEALTH CARE PROVIDER AND INSURER, IS INVENTING NEW  
MODELS OF PATIENT-CENTERED, COST-EFFECTIVE, ACCOUNTABLE CARE. WITH A  
CENTRAL MISSION OF PROVIDING OUTSTANDING, ACCESSIBLE PATIENT CARE, UPMC  
IS SHAPING TOMORROW'S HEALTH CARE THROUGH CLINICAL AND TECHNOLOGICAL  
INNOVATION, RESEARCH, AND EDUCATION.

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UPMC'S HEALTH SERVICES DIVISION ENCOMPASSES A COMPREHENSIVE ARRAY OF CLINICAL CAPABILITIES. THIS DIVISION INCLUDES ACADEMIC, COMMUNITY, AND REGIONAL HOSPITALS; PRE- AND POST-ACUTE CARE CAPABILITIES; SPECIALTY SERVICE LINES, SUCH AS TRANSPLANTATION SERVICES, WOMEN'S HEALTH, BEHAVIORAL HEALTH, PEDIATRICS, CANCER CARE, AND REHABILITATION SERVICES; CONTRACT SERVICES, SUCH AS EMERGENCY MEDICINE, PHARMACY, AND LABORATORY; AND MORE THAN 5,000 EMPLOYED PHYSICIANS WITH ASSOCIATED PRACTICES. UPMC'S ORGAN TRANSPLANT CENTER IS ONE OF THE LARGEST AND BUSIEST IN THE WORLD, PERFORMING MORE THAN 20,000 TRANSPLANTS SINCE 1981. THE UPMC HILLMAN CANCER CENTER IS ONE OF THE LARGEST INTEGRATED COMMUNITY CANCER NETWORKS IN THE UNITED STATES WITH MORE THAN 70 CENTERS IN PENNSYLVANIA, OHIO, NEW YORK, AND MARYLAND, AND MORE THAN 2,000 PHYSICIANS, RESEARCHERS, AND STAFF.

UPMC'S EXPERTISE IN ACADEMIC-BASED AND SPECIALIZED MEDICAL CARE, INCLUDING TRANSPLANTATION AND ONCOLOGY, IS KEY TO THE GLOBALIZATION EFFORTS BEING UNDERTAKEN THROUGH ITS INTERNATIONAL DIVISION, WHICH PROMOTES THE EXCHANGE OF SCIENTIFIC KNOWLEDGE WORLDWIDE, WHILE GENERATING REVENUE THAT IS REINVESTED LOCALLY.

UPMC GROUP REFLECTS THE COMBINED INFORMATION AND OPERATIONS OF 71 TAX EXEMPT ENTITIES, INCLUDING 22 HOSPITAL ENTITIES, 13 PHYSICIAN SERVICE ENTITIES, 3 SKILLED NURSING FACILITIES, AND 33 OTHER ANCILLARY SERVICE AND SUPPORT ENTITIES FROM WITHIN THE UPMC INTEGRATED DELIVERY AND FINANCE

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SYSTEM IDFS. THIS 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 2023, (JULY 2022 - JUNE 2023), THE HOSPITAL ENTITIES WITHIN UPMC GROUP ADMITTED 185,235 INPATIENTS, RECORDED 1,287,506 INPATIENT DAYS, 715,355 EMERGENCY ROOM VISITS, 4,722,908 OUTPATIENT VISITS, 201,388 SURGERIES, AND 702 TRANSPLANTS. THEY PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT COST, OF OVER \$1,595,000. 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 \$428,000,000. UPMC GROUP ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN EXCESS OF \$516,000,000.

THE TWENTY-TWO 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 SUNBURY, UPMC LOCK HAVEN, UPMC MUNCY, CHARLES COLE MEMORIAL HOSPITAL AND UPMC SOMERSET.

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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



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TRANSPLANTATION, ONCOLOGY, CARDIOLOGY AND CARDIOTHORACIC SURGERY,  
CRITICAL CARE MEDICINE AND TRAUMA SERVICES, NEUROSURGERY, ORTHOPEDICS,  
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 OFFER PRIVATE ROOMS AND FLEXIBLE SPACES WITH NATURAL  
LIGHT THROUGHOUT THE GLASS EXTERIOR FACADE. NEARLY ONE-FOURTH OF THE  
PATIENT ROOMS IN THE TOWER ARE 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 ENHANCES THE PATIENT  
STAY, CONNECTING PATIENTS AND FAMILIES WITH THE SHARED RESOURCES AND  
EXPERTISE OF UPMC. THE UNIVERSAL PATIENT UNIT SUPPORTS ALL LEVELS OF  
ACUITY AND PROVIDES 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 FOCUSES ON CONDITION  
MANAGEMENT BY FLOOR. THROUGH PIONEERING ACUITY-ADAPTABLE FLOORS WHERE THE  
PATIENT TRANSITIONS THROUGH THEIR CARE ON THE SAME UNIT, UPMC IS LIMITING

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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, 2023, THE HOSPITAL ADMITTED 38,787 PATIENTS, RENDERING 318,942 PATIENT DAYS. UPMC PRESBYTERIAN SHADYSIDE HAD 89,646 EMERGENCY ROOM VISITS, 607,437 OUTPATIENT VISITS AND PERFORMED 38,473 SURGERIES.

UPMC PRESBYTERIAN SHADYSIDE, INCLUSIVE OF ALL CAMPUSES, PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$505,500,000 DURING THE YEAR ENDED JUNE 30, 2023. 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 \$190,850,000. UPMC PRESBYTERIAN SHADYSIDE ALSO FUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$258,370,000.

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

UPMC PRESBYTERIAN SHADYSIDE WAS NAMED THE SECOND-BEST REGIONAL HOSPITAL IN PENNSYLVANIA IN US NEWS AND WORLD REPORT'S ANNUAL RANKINGS. PRESBYTERIAN WAS NATIONALLY RANKED FOR THE FOLLOWING SPECIALTIES: CANCER 15TH, CARDIOLOGY 48TH, DIABETES/ENDOCRINOLOGY 25TH, EAR/NOSE/THROAT 44TH, GASTROENTEROLOGY AND SURGERY 27TH, GERIATRICS 30TH, NEUROLOGY/NEUROSURGERY 43RD, PULMONARY/LUNG SURGERY 35TH, AND 33RD 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.

UPMC PRESBYTERIAN SHADYSIDE HAS BEEN DESIGNATED AS A COMPREHENSIVE RADIOPHARMACEUTICAL THERAPY CENTER OF EXCELLENCE BY THE SOCIETY OF NUCLEAR MEDICINE & MOLECULAR IMAGING (SNMMI), WHICH RECOGNIZES FACILITIES THAT OFFER THE LATEST TECHNOLOGY, CUTTING-EDGE RESEARCH, FOOD AND DRUG ADMINISTRATION-APPROVED RADIOPHARMACEUTICAL THERAPIES AND THE BEST HEALTH CARE POSSIBLE IN THIS FIELD OF MEDICINE.

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 501(R) REQUIREMENTS. INCORPORATING INPUT FROM COMMUNITY STAKEHOLDERS AND PUBLIC HEALTH EXPERTS, THESE ASSESSMENTS HELP IDENTIFY ACTIONS AND CREATE IMPLEMENTATION PLANS TO IMPROVE COMMUNITY HEALTH. UPMC PRESBYTERIAN

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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 AND 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 COMMUNITY-BASED PROGRAMS PROVIDING



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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, 2023, THE HOSPITAL ADMITTED 5,039 PATIENTS, RENDERING 65,484 PATIENT DAYS. WPIC HAD 11,070 EMERGENCY ROOM VISITS AND 364,309 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

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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 ON SEVERAL TOPICS INCLUDING  
- UNDERSTANDING MENTAL HEALTH AND WELLNESS PANELS; DEMENTIA AND DOWN  
SYNDROME; CRISIS SERVICES AND RESOLVE; ENDURANCE: CRISIS AND COPING;  
VIOLENCE AND THREAT MANAGEMENT; FIREARMS AND SUICIDE; GUN VIOLENCE  
REDUCTION; COPING WITH MASS CASUALTY EVENTS; SUICIDE RISK: SCREENING,  
UNDERSTANDING AND MITIGATION; THE GUN TALK: HOW TO HAVE MEANINGFUL  
CONVERSATIONS WITH FAMILIES ABOUT FIREARMS; AND VIOLENCE 301: HOW  
ANTIRACISM AND DIVERSITY HELP US MANAGE VIOLENT RISK.

TO HELP MEET THE GROWING NEED FOR SPECIALIZED CHILD AND ADOLESCENT  
BEHAVIORAL HEALTH SERVICES, UPMC WESTERN BEHAVIORAL HEALTH OPENED A NEW  
FACILITY, UPMC MATILDA H. THEISS CHILD DEVELOPMENT CENTER, WHICH WILL  
INCREASE COMMUNITY ACCESS TO CARE. LOCATED IN PITTSBURGH'S SOUTHSIDE  
NEIGHBORHOOD, THE FACILITY INCLUDES A WIDE VARIETY OF BEHAVIORAL HEALTH  
CARE SERVICES FOR UPMC CENTER FOR AUTISM & DEVELOPMENT DISORDERS, THE  
EARLY INTENSIVE BEHAVIORAL INTERVENTION PROGRAM, AND THE THERAPEUTIC  
EARLY AUTISM PROGRAM.

THE NEW FACILITY INCLUDES SERVICES FOR YOUNG CHILDREN WITH EMOTIONAL  
NEEDS, CHILDREN AND ADOLESCENTS THROUGH AGE 17 WHO HAVE EXPERIENCED

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TRAUMA, AND MOTHERS EXPERIENCING MOOD CHALLENGES DURING AND AFTER  
PREGNANCY OR THE BIRTH OF A CHILD.

THE EARLY CHILDHOOD MENTAL HEALTH THERAPEUTIC PROGRAMS AT MATILDA THEISS  
PROVIDE A FOUNDATION FOR THE ENDURING EMOTIONAL AND BEHAVIORAL HEALTH OF  
YOUNG CHILDREN WITH PSYCHIATRIC DISORDERS, OR THOSE WHO ARE AT HIGH RISK  
OF DEVELOPING PSYCHIATRIC OR DEVELOPMENTAL DIFFICULTIES. THE CENTER  
PROVIDES A COMPREHENSIVE, COORDINATED PROGRAM OF SERVICES WITH AN  
AGE-APPROPRIATE, NATURALISTIC ENVIRONMENT THAT PROVIDES SUPPORT,  
NURTURING CARE, HEALTHY ATTACHMENTS AND EMOTIONAL BONDS WITH PARENTS AND  
CAREGIVERS TO ENHANCE A CHILD'S CAPACITY FOR TRUST, EMPATHY, AND  
COMPASSION.

THIS LOCATION IS ALSO THE NEW HOME FOR AN ARRAY OF TRAUMA-FOCUSED  
SERVICES FOR CHILDREN, WHICH PROVIDES THERAPEUTIC CARE FOR CHILDREN WITH  
SPECIAL NEEDS RELATED TO EMOTIONAL AND BEHAVIORAL DISTURBANCES, PRENATAL  
DRUG AND ALCOHOL EXPOSURE AND PARENTS' MENTAL HEALTH CONDITIONS AS WELL  
AS ADOLESCENT AND CHILD OUTPATIENT FOR TRAUMA, ALL WITH A GREATER  
CAPACITY FOR MORE PATIENTS. THE UPMC MATILDA H. THEISS EARLY CHILDHOOD  
TRAUMA PROGRAMS ARE PART OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK,  
AND THROUGH THAT NETWORK, CONDUCT RESEARCH ON THE EFFECTIVENESS OF EARLY  
CHILDHOOD TREATMENT FOR TRAUMA.

RENOWNED FOR ITS OUTSTANDING CLINICAL SERVICES, RESEARCH PROGRAMS AND  
MEDICAL EDUCATION, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH (CHILDREN'S)

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HAS HELPED TO ESTABLISH STANDARDS OF EXCELLENCE IN PEDIATRIC CARE.  
CHILDREN'S HAS BEEN AWARDED THE PRESTIGIOUS MAGNET DESIGNATION FOR THE  
THIRD TIME. 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 AND WELL-BEING OF CHILDREN, TEENAGERS, AND YOUNG  
ADULTS THROUGH EXCELLENCE IN PATIENT CARE, TEACHING, RESEARCH AND  
ADVOCACY.

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, IN COLLABORATION WITH UPMC  
WESTERN PSYCHIATRIC HOSPITAL, OPENED A PEDIATRIC BEHAVIORAL HEALTH  
WALK-IN CLINIC WHERE PATIENTS UP TO THE AGE OF 18 CAN BE SEEN FOR A  
VARIETY OF BEHAVIORAL HEALTH CONCERNS. UPMC CHILDREN'S HOSPITAL PEDIATRIC  
BEHAVIORAL HEALTH WALK-IN CLINIC, LOCATED ON THE THIRD FLOOR OF THE MAIN  
HOSPITAL, OFFERS A WELCOMING AND COMFORTABLE ENVIRONMENT FOR CHILDREN AND  
TEENS WITH A MENTAL HEALTH CONCERN TO GET EXPERT CARE. IN ADDITION TO THE  
WALK-IN CLINIC, UPMC CHILDREN'S SUPPORTS BEHAVIORAL HEALTH IN A VARIETY  
OF WAYS INCLUDING CLINICAL EVALUATORS IN THE EMERGENCY DEPARTMENT WHO  
ASSIST THE MEDICAL TEAM IN PROVIDING ASSESSMENTS AND RESOURCES FOR  
PATIENTS AND FAMILIES. ALSO, THE BEHAVIORAL SCIENCE DIVISION  
PSYCHOLOGISTS ARE EMBEDDED IN THE INPATIENT AND OUTPATIENT SETTINGS, AND  
A BEHAVIORAL HEALTH NURSE CLINICIAN WORKS WITH INPATIENTS.

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

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH RECOGNIZES THAT THE NEED FOR



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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 315-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 HOSPITAL OF PITTSBURGH TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED 14,678 PATIENTS, RENDERING 91,088 PATIENT DAYS. CHILDREN'S HAD 76,216 EMERGENCY ROOM VISITS, 346,817 OUTPATIENT VISITS AND PERFORMED 19,815 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

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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 EIGHTH 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 EIGHTH POSITION ON THE 2023-2024 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 8TH, DIABETES AND ENDOCRINOLOGY 5TH, UROLOGY 9TH, PULMONOLOGY 9TH; AND IN THE TOP 20 FOR NEONATOLOGY 16TH, NEUROLOGY AND NEUROSURGERY 17TH. OVERALL, UPMC CHILDREN'S RANKED IN ALL TEN SPECIALTIES, WITH NINE

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SPECIALTIES PLACING IN THE TOP 20. UPMC CHILDREN'S HOSPITAL OF PITTSBURGH HAS BEEN RECOGNIZED BY CRIBS FOR KIDS AS A GOLD SAFE SLEEP HOSPITAL, WHICH IS THE HIGHEST DESIGNATION IN THE ORGANIZATION'S NATIONAL SAFE SLEEP CERTIFICATION PROGRAM. THIS DESIGNATION MEANS THAT EVERY PATIENT, UNDER THE AGE OF ONE, IS ENSURED SAFE SLEEP CARE, AND THEIR CAREGIVERS ARE EDUCATED IN SAFE SLEEP PRACTICES. CRIBS FOR KIDS CITED UPMC'S LEADERSHIP AND HEALTH CARE TEAM MEMBERS' COMMITMENT TO BEST PRACTICES, EDUCATION, AND COMMUNITY OUTREACH AS COMMENDABLE.

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH HAS BEEN DESIGNATED AS A COMPREHENSIVE RADIOPHARMACEUTICAL THERAPY CENTER OF EXCELLENCE BY THE SOCIETY OF NUCLEAR MEDICINE & MOLECULAR IMAGING (SNMMI), WHICH RECOGNIZES FACILITIES THAT OFFER THE LATEST TECHNOLOGY, CUTTING-EDGE RESEARCH, FOOD AND DRUG ADMINISTRATION-APPROVED RADIOPHARMACEUTICAL THERAPIES AND THE BEST HEALTH CARE POSSIBLE IN THIS FIELD OF MEDICINE.

CHILDREN'S PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICARE AND MEDICAID SHORTFALLS, AT A COST OF OVER \$32,800,000 DURING FISCAL YEAR 2023. 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 \$15,900,000. CHILDREN'S SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$51,700,000 DURING FISCAL YEAR 2023.

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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 WERE UNINSURED OR UNDERINSURED AND WOULD NOT HAVE HAD 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 774 FAMILIES IN NEED AND OFFERED PARENTS AND CAREGIVERS OF PATIENTS FREE FLU SHOTS.

CHILDREN'S HOSPITAL VISITS THE WOMEN'S SHELTER OF PITTSBURGH MONTHLY TO



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SEE PATIENTS AND HAS PROVIDED CARE FOR 360 PATIENTS DURING FISCAL YEAR 2023. CHILDREN'S PROVIDED ART AND MUSIC THERAPY TO ATTENDEES AT CAMP CHIHOPI, CHILDREN'S SOLID ORGAN TRANSPLANT CAMP, AT THE EMMA KAUFMANN CAMP IN MORGANTOWN, WEST VIRGINIA AND AT CAMP INSPIRE, A CHILDREN'S HOSPITAL SPONSORED CAMP AT THE WOODLANDS FOUNDATION FOR CHILDREN WITH TRACHEOSTOMY AND VENTILATOR SUPPORT. PEDIATRIC DENTAL EXAMS WERE PROVIDED TO THE AMISH COMMUNITY.

CHILDREN'S PARTICIPATED IN UPMC MAGEE'S MOMMY & ME EVENT TO EDUCATE THE PUBLIC ABOUT IMPORTANT TOPICS SUCH AS LABOR PAIN MANAGEMENT, BRINGING BABY HOME, INFANT CPR, PREGNANCY YOGA, BELLY WRAPPING, DIET AND NUTRITION. PARTICIPANTS WERE ABLE TO HAVE ONE-ON-ONES WITH THE EXPERTS INCLUDING LACTATION CONSULTANTS, PEDIATRICIANS, OB-GYN PHYSICIANS, DOULAS, MIDWIVES, FAMILY DOCTORS, AND MENTAL HEALTH PROFESSIONALS. HEALTH SCREENINGS FOR BLOOD PRESSURE, GLUCOSE AND CHOLESTEROL WERE OFFERED.

THE RONALD MCDONALD'S CARE MOBILE IS A STATE-OF-THE-ART PEDIATRIC AND ADOLESCENT MEDICAL SERVICE MOBILE UNIT THAT IS STAFFED BY CHILDREN'S HOSPITAL OF PITTSBURGH PROVIDERS INCLUDING PHYSICIANS, ADVANCED PRACTICE PROVIDERS (CRNP) AND NURSES. THE CARE MOBILE TEAM CAN PROVIDE COMMUNITY RESOURCES TO PATIENTS AND FAMILIES WHO RECEIVE MEDICAL SERVICES, SUCH AS FOOD RESOURCES, WARM HAND-OFF TO A PRIMARY CARE PROVIDER, COORDINATING CARE FOR BEHAVIORAL HEALTH. THE CARE MOBILE PARTNERS WITH MANY SCHOOL DISTRICTS, PUBLIC SITES, FAMILY CENTERS AND OUT-OF-SCHOOL PROGRAMS.

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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. IN ADDITIONAL TO WOMEN'S HEALTH EXPERTISE MAGEE ALSO PROVIDES AN EXPANDED RANGE OF SERVICES TO PATIENTS INCLUDING DIAGNOSTIC IMAGING, INCLUDING CT AND MRI, A HEART CENTER, BARIATRIC SURGERY, ORTHOPEDICS, DIGESTIVE DISORDER TREATMENT, PULMONOLOGY, PLASTIC SURGERY, VASCULAR SURGERY, CANCER TREATMENT, AND UROLOGY.

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

MAGEE TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED 18,556 PATIENTS, RENDERING 95,559 PATIENT DAYS. MAGEE HAD 28,135 EMERGENCY ROOM VISITS, 650,158 OUTPATIENT VISITS AND PERFORMED 19,991 SURGERIES.

MAGEE HAS ACHIEVED MAGNET DESIGNATION BECAUSE 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

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FACILITY FOR OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, AND  
NEONATOLOGY FOR THE UNIVERSITY OF PITTSBURGH ("THE UNIVERSITY"). MEMBERS  
OF THE MEDICAL STAFF HOLD ACADEMIC APPOINTMENTS AT THE UNIVERSITY AND ARE  
ACTIVELY INVOLVED IN EDUCATION AND RESEARCH, AS WELL AS PATIENT CARE.  
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 1,900 INFANTS IN 2023.

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. ADDITIONALLY, UPMC MAGEE-WOMEN'S HOSPITAL WAS IDENTIFIED  
AS ONE OF FEWER THAN 30 HOSPITALS IN THE U.S. THAT ARE HIGH PERFORMING IN  
MATERNITY CARE AND ACHIEVING EXCELLENT OUTCOMES FOR CESAREAN SECTION AND  
UNEXPECTED NEWBORN COMPLICATIONS AMONG BLACK PATIENTS.

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MAGEE WAS RECOGNIZED BY PRACTICE GREEN HEALTH 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 HAS BEEN RECOGNIZED BY CRIBS FOR KIDS AS A GOLD SAFE SLEEP HOSPITAL, WHICH IS THE HIGHEST DESIGNATION IN THE ORGANIZATION'S NATIONAL SAFE SLEEP CERTIFICATION PROGRAM. THIS DESIGNATION MEANS THAT EVERY PATIENT, UNDER THE AGE OF ONE, IS ENSURED SAFE SLEEP CARE, AND THEIR CAREGIVERS ARE EDUCATED IN SAFE SLEEP PRACTICES. CRIBS FOR KIDS CITED UPMC'S LEADERSHIP AND HEALTH CARE TEAM MEMBERS' COMMITMENT TO BEST PRACTICES, EDUCATION, AND COMMUNITY OUTREACH AS COMMENDABLE.

MAGEE IS ACTIVELY INVOLVED IN THE COMMUNITY, SERVING INFANTS, TEENS, WOMEN, MEN, AND THEIR FAMILIES. DURING THE FISCAL YEAR ENDED JUNE 30, 2023, MAGEE PROVIDED CHARITABLE CONTRIBUTIONS AND COMMUNITY SERVICE PROGRAMS AND SIMILAR FUNDING OF APPROXIMATELY \$5,400,000. MAGEE PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF OVER \$23,400,000. MAGEE PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED



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CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF  
APPROXIMATELY \$183,000,000.

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, BLOOD PRESSURE, BONE DENSITY,  
CHOLESTEROL, AND DIABETES AT NO CHARGE TO COMMUNITY MEMBERS WITHOUT  
HEALTH INSURANCE.

UPMC MERCY (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

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TEACHINGS OF THE CHURCH.

MERCY HAS 435 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, ORTHOPEDICS, 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, 2023, THE HOSPITAL ADMITTED 11,904 PATIENTS, RENDERING 95,429 PATIENT DAYS. MERCY HAD 48,358 EMERGENCY ROOM VISITS, 136,130 OUTPATIENT VISITS AND PERFORMED 14,308 SURGERIES.

MERCY PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$147,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2023. MERCY ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH VARIOUS OUTREACH AND OTHER COMMUNITY SERVICES PROGRAMS AT A COST OF OVER \$7,500,000 AND PROVIDED FUNDING OF OVER \$20,000,000 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,

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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 VISION INSTITUTE WHICH OPENED IN 2023, WHICH WAS 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 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 IN PITTSBURGH'S UPTOWN NEIGHBORHOOD INCLUDES MANY RESOURCES FOR THEIR EXPERTS, PATIENTS, VISITORS AND NEIGHBORS SUCH AS: 410,000 SQUARE FEET OF CLINICAL AND RESEARCH SPACE, A DEDICATED CLINICAL TRIALS CENTER, CUTTING-EDGE BIOTHERAPY TREATMENTS, PATIENT-CENTERED RESOURCES, INCLUDING A LIFE SKILLS APARTMENT, STREET LAB AND ROOFTOP SENSORY GARDEN, COMPLETE LOW-VISION REHAB TECHNOLOGIES AND SERVICES, AND ENHANCED AND PROACTIVE SCREENING AND CARE FOR UNDERSERVED

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POPULATIONS. THE DOCTORS AT THE UPMC VISION INSTITUTE HAVE SPECIAL TRAINING TO HANDLE ALL TYPES OF OCULAR SYSTEM PROBLEMS, INCLUDING CORNEA DISORDERS, DIABETIC RETINOPATHY, GLAUCOMA, MACULAR DEGENERATION, RETINITIS PIGMENTOSA AND OTHER GENETIC RETINAL DYSTROPHIES. OTHER VISION SERVICES FOR PATIENTS 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 OFFERS AN URGENT CARE EYE CLINIC FOR EYE AND VISION EMERGENCIES WITH EXTENDED HOURS WHERE PATIENTS CAN ACCESS OPHTHALMOLOGIST SPECIALISTS DIRECTLY.

UPMC ST. MARGARET (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, 2023, THE HOSPITAL ADMITTED 7,780 PATIENTS, RENDERING 44,612 PATIENT DAYS. ST. MARGARET HAD 29,760 EMERGENCY ROOM VISITS, 158,623 OUTPATIENT VISITS AND PERFORMED 14,024 SURGERIES. IT PROVIDED FINANCIAL ASSISTANCE



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AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS,  
AT A COST OF APPROXIMATELY \$60,100,000. 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 \$1,600,000 IN THE FISCAL YEAR ENDED JUNE 30, 2023.  
UPMC ST. MARGARET ALSO FUNDED HEALTH PROFESSIONS AND MEDICAL RESIDENCY  
PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF OVER  
\$11,600,000 IN FISCAL YEAR 2023.

UPMC ST. MARGARET WAS RANKED IN AMERICA'S 100 BEST JOINT REPLACEMENT  
FACILITIES FOR THREE YEARS (2022-2024) AND AMERICA'S 100 BEST SPINE  
SURGERY FOR THE LAST TWO YEARS (2023-2024) BY HEALTHGRADES. HEALTHGRADES  
AMERICA'S 100 BEST HOSPITALS AWARD RECOGNIZES THE TOP 100 HOSPITALS AS  
THE TOP 2% IN THE NATION FOR CONSISTENT CLINICAL EXCELLENCE BASED ON  
ANALYSIS OF RISK-ADJUSTED MORTALITY AND COMPLICATIONS RATES FOR COMMON  
PROCEDURES AND CONDITIONS.

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. FREE FLU SHOTS WERE PROVIDED TO MEMBERS OF THE SOMALI BANTU  
COMMUNITY IN NORTHVIEW HEIGHTS. UPMC ST. MARGARET PARTNERED WITH UPMC

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HEALTH PLAN IN THEIR NATIONAL SENIOR HEALTH AND FITNESS DAY AT THE PITTSBURGH ZOO. THE EVENT SERVED COMMUNITY MEMBERS 60 AND OLDER AND PROVIDED FREE ACCESS TO THE ZOO THAT DAY WHILE GETTING FREE HEALTH SCREENINGS AND EDUCATION. UPMC ST. MARGARET OFFERED BLOOD PRESSURE SCREENINGS AND STROKE RISK ANALYSIS. BLOOD PRESSURE SCREENINGS ALMOST DOUBLED FROM 2022. OTHER DEPARTMENTS WERE IN ATTENDANCE INCLUDING ED, PHARMACY AND RESIDENTS, NUTRITION DEPARTMENT, SOCIAL SERVICES AND THE GERIATRIC CENTER.

UPMC ST. MARGARET SPONSORED AND PARTICIPATED IN THE FIRST ASPINWALL'S BIG NIGHT OUT. THE EVENT WAS A SUCCESS WITH 1600 ATTENDEES. UPMC ST. MARGARET HAD REPRESENTATION FROM ORTHOPEDICS AND STROKE EDUCATION. STROKE EDUCATION DISTRIBUTED PACKETS WITH STROKE BOOKLETS AND STROKE SCREENING FORMS AND GAVE A QUICK OVERVIEW TO 300 PARTICIPANTS. THEY PROVIDED FREE HEARTSAVER CPR SESSIONS AND BLOOD PRESSURE SCREENINGS. UPMC ST. MARGARET PROVIDES HEALTH SCREENINGS AT THE ROOTS OF FAITH IN SHARPSBURG ON THE 3RD THURSDAY OF THE MONTH. THIS PARTNERSHIP HAS BEEN ONGOING FOR THE PAST SIX YEARS. ST. MARGARET'S FOOD & NUTRITION DEPARTMENT ORDERED FRESH FRUIT THAT WAS GIVEN OUT AT THE EVENT AND PROVIDED HEALTH SCREENINGS TO THE PUBLIC.

FOUNDED IN 1849, UPMC PASSAVANT (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

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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.

UPMC PASSAVANT COMPLETED A TWO-YEAR CONSTRUCTION PROJECT WITH THE ADDITION OF THE UPMC PASSAVANT PAVILION WHICH PROVIDES AN ADDITIONAL 88-BED, 200,000 SQUARE FEET, SEVEN-STORY TOWER. THE PAVILION PROVIDES ADDITIONAL CAPACITY FOR THE UPMC HILLMAN CANCER CENTER AT UPMC PASSAVANT, EMERGENCY DEPARTMENT, AND SURGICAL SERVICES, AS WELL AS ADDITIONAL INTENSIVE CARE UNITS, PROGRESSIVE CARE BEDS, AND MEDICAL-SURGICAL UNIT BEDS. AS THE FIRST LEED -CERTIFIED HOSPITAL ADDITION IN THE NORTH HILLS, UPMC PASSAVANT'S PAVILION LED THE WAY IN ENVIRONMENTALLY SOUND CONSTRUCTION. THE PAVILION FEATURES NATURAL LIGHTING, NON-TOXIC MATERIALS, WATER CONSERVATION METHODS, SUCH AS LOW-FLUSH TOILETS AND SPECIAL LIGHTING DESIGNED TO REDUCE THE LIGHT POLLUTION.

THE EMERGENCY DEPARTMENT AT UPMC PASSAVANT FEATURES A "FAST-TRACK" AREA (FOR MORE MINOR MEDICAL ISSUES), STATE-OF-THE-ART CRITICAL CARE ROOMS, THREE TRAUMA ROOMS, 26 ACUTE TREATMENT ROOMS AND A 10-BED OBSERVATION AREA. A STROKE TELEMEDICINE PROGRAM WAS ESTABLISHED TO PROVIDE ER PHYSICIANS AT BOTH PASSAVANT CAMPUSES IMMEDIATE, 24-HOUR ACCESS TO EXPERTS AT THE UPMC STROKE INSTITUTE IN OAKLAND VIA STATE-OF-THE-ART VIDEOCONFERENCING TECHNOLOGY. THE SURGICAL SERVICE IMPROVEMENTS INCLUDE 6 STATE-OF-THE-ART OPERATING ROOMS FOR VASCULAR, SPINAL, AND ONCOLOGY

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CASES, AN ONSITE BLOOD BANK, TWO ROOMS DEDICATED TO IMAGE-GUIDED  
PROCEDURES AND SATELLITE PHARMACY AND PATHOLOGY LABS FOR IMPROVED  
EFFICIENCY.

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,  
ORTHOPEDICS, 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.

UPMC PASSAVANT TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO  
PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED  
12,830 PATIENTS, RENDERING 80,301 PATIENT DAYS. PASSAVANT HAD 56,699  
EMERGENCY ROOM VISITS, 294,851 OUTPATIENT VISITS AND PERFORMED 16,329  
SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC PASSAVANT PROVIDED  
FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND  
MEDICARE SHORTFALLS, AT A COST OF OVER \$116,500,000.

PASSAVANT PROVIDED MANY SUPPORT PROGRAMS AND COMMUNITY OUTREACH IN FISCAL



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YEAR 2023 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 \$4,800,000 IN THE FISCAL YEAR ENDED JUNE 30, 2023. PASSAVANT ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2023 AT A COST OF OVER \$6,100,000.

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

THE COMMUNITY BENEFITED 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 COLON CANCER SCREENING, 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.

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UPMC PASSAVANT PROVIDED SEMINARS ON BETTER BREATHING, HEART FAILURE,  
STRESS, TAKING CARE OF YOUR HEART, AND WOMEN'S HEART HEALTH TO INFORM  
PEOPLE ABOUT THE SIGNS AND SYMPTOMS OF HEART ATTACK FOR EARLY  
RECOGNITION, REVIEW RISK FACTORS FOR HEART DISEASE AND OUTLINE POSITIVE  
LIFESTYLE BEHAVIORS TO PROMOTE WELLNESS.

IN 2020, PASSAVANT WAS A MAJOR SPONSOR OF THE CREATION OF AN 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 2021 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

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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 SERVE 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.

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 (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,

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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, 2023, THE HOSPITAL ADMITTED 3,488  
PATIENTS, RENDERING 11,738 PATIENT DAYS. HORIZON HAD 29,795 EMERGENCY  
ROOM VISITS, 246,706 OUTPATIENT VISITS AND PERFORMED 4,477 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, HORIZON PROVIDED FINANCIAL  
ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE  
SHORTFALLS, AT A COST IN EXCESS OF \$37,100,000. THE COMMUNITIES SERVED BY  
HORIZON ARE IN AN ECONOMICALLY DISTRESSED AND MEDICALLY UNDERSERVED AREA.  
IN THE YEAR ENDED JUNE 30, 2023, UPMC HORIZON PROVIDED COMMUNITY SERVICE  
PROGRAMS AND OTHER FUNDING AT A COST OF OVER \$3,500,000 AND FUNDING FOR  
EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$3,700,000.

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 USAGE AT A LOCAL



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RETIREMENT HOME.

UPMC HORIZON PARTNERED WITH UPMC MAGEE-WOMENS HOSPITAL TO PROVIDE  
COMPREHENSIVE MATERNITY AND INFANT CARE TO MOTHERS AND THEIR BABIES.  
LOCATED AT THE SHENANGO VALLEY HOSPITAL CAMPUS, BIRTH PLACE OFFERS  
ADVANCED MATERNITY CARE IN A COMFORTABLE, HOME-LIKE SETTING, WHILE  
WIRELESS FETAL MONITORING ALLOWS OUR LABORING PATIENTS MORE FREEDOM TO  
MOVE AROUND AND SEEK COMFORT MEASURES SUCH AS HYDROTHERAPY. THEIR  
SERVICES INCLUDE LABOR, DELIVERY, AND RECOVERY ROOMS; ANTEPARTUM/TRIAGE  
ROOMS; A MOTHER-BABY UNIT; LEVEL 1 & 2 NURSERIES; COUPLET CARE (MOTHERS  
MAY HAVE THEIR BABIES STAY WITH THEM IN THEIR ROOMS); SURGICAL SUITE FOR  
CAESAREAN SECTIONS; EPIDURAL AVAILABILITY 24 HOURS A DAY, 7 DAYS A WEEK;  
TELEMEDICINE PROGRAMS WITH UPMC MAGEE (MATERNAL-FETAL MEDICINE) AND UPMC  
CHILDREN'S HOSPITAL OF PITTSBURGH (NEONATOLOGY); CERTIFIED LACTATION  
CONSULTANT AND BREASTFEEDING COUNSELORS, AND A CERTIFIED CAR SEAT  
TECHNICIAN.

UPMC NORTHWEST (NORTHWEST), FOUNDED IN 1899, SERVES THE RESIDENTS OF THE  
FRANKLIN, OIL CITY AND SURROUNDING PENNSYLVANIA COMMUNITIES. UPMC  
NORTHWEST IN SENECA, CRANBERRY TOWNSHIP, HAS 96 PRIVATE ROOMS, INCLUDING  
30 THAT CAN BE CONVERTED FOR SEMI-PRIVATE OCCUPANCY, YIELDING AS MANY AS  
126 BEDS 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 2023 PATIENTS WERE MEDICARE OR STATE MEDICAID PATIENTS.

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STATE-OF-THE-ART TREATMENT TECHNOLOGY EQUIPS UPMC NORTHWEST TO MEET THEIR PATIENTS' HEALTH CARE NEEDS. UPMC NORTHWEST USES INNOVATIONS SUCH AS: ELECTRONIC HEALTH RECORD WITH VARIOUS APPLICATIONS, INCLUDING COMPUTERIZED PHYSICIAN ORDER ENTRY, A PATIENT PORTAL, AND EMERGENCY ROOM AUTOMATION; NURSE SERVER CARTS THAT PROVIDE COMPUTERIZED DOCUMENTATION AND RECORD KEEPING AS WELL AS A MOBILE MEDICATION CART THAT ALLOWS FOR POSITIVE PATIENT IDENTIFICATION FOR MEDICATION ADMINISTRATION; ACUDOSE MEDICATION MANAGEMENT SYSTEM THAT AUTOMATES ACQUISITION AND DISPENSING OF DRUGS, MAKING THE PROCESS FASTER AND SAFER; RESPONDER NURSE CALL SYSTEM THAT USES POCKET PAGERS AND WIRELESS PHONES INSTEAD OF INTERCOMS AND OVERHEAD PAGING; TRANSLOGIC PNEUMATIC TUBE SYSTEM WHICH PROVIDES HIGH-SPEED DELIVERY OF MEDICATIONS, LAB SPECIMENS, AND OTHER ITEMS THROUGHOUT THE FACILITY; AND HALO INFANT PROTECTION SYSTEM THAT USES ELECTRONIC ID/SECURITY TECHNOLOGY TO ENSURE SAFETY OF NEWBORNS.

UPMC NORTHWEST TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED 5,141 PATIENTS, RENDERING 28,784 PATIENT DAYS. NORTHWEST HAD 25,789 EMERGENCY ROOM VISITS, 156,052 OUTPATIENT VISITS AND PERFORMED 4,519 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, NORTHWEST PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$33,000,000. 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,

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AND THE COMMUNITY, AS WELL AS DONATIONS AND VOLUNTEER SERVICES. NORTHWEST  
ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN  
FISCAL YEAR 2023 AT A COST OF OVER \$556,000.

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

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, 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 (MCKEESPORT) IS A 195-BED, NONPROFIT  
ACUTE CARE COMMUNITY HOSPITAL THAT PRIMARILY SERVES THE RESIDENTS OF THE  
MONONGAHELA, YOUGHIOGHENY, AND TURTLE CREEK VALLEYS. MCKEESPORT IS A  
TEACHING HOSPITAL, WITH RESIDENCY PROGRAMS IN BOTH FAMILY PRACTICE AND  
INTERNAL MEDICINE.

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UPMC MCKEESPORT PROVIDES A WIDE RANGE OF QUALITY HEALTH CARE SERVICES. MCKEESPORT IS LOCATED 15 MILES SOUTHEAST OF PITTSBURGH, 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, 2023, THE HOSPITAL ADMITTED 4,378 PATIENTS, RENDERING 33,594 PATIENT DAYS. MCKEESPORT HAD 23,985 EMERGENCY ROOM VISITS, 96,572 OUTPATIENT VISITS AND PERFORMED 1,551 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC MCKEESPORT PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$46,500,000. 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 \$2,000,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$6,500,000.



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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 A STROKE READY 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 MCKEESPORT WAS THE FIRST HOSPITAL IN WESTERN PENNSYLVANIA TO EARN THE NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS (NICHE) DESIGNATION. THE RECOGNITION DEMONSTRATES THE SPECIALIZED TRAINING OF HOSPITAL STAFF IN CARING FOR AND TREATING OLDER ADULTS. UPMC MCKEESPORT IS ALSO A TEACHING HOSPITAL, WITH RESIDENCY PROGRAMS IN BOTH FAMILY AND INTERNAL MEDICINE.

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 MCKEESPORT HELD A 2023 COMMUNITY DAY AT THE MCKEESPORT AREA SENIOR HIGH SCHOOL TO CONNECT WITH THE COMMUNITY WHILE PROMOTING HEALTH AWARENESS AND

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HEALTHIER LIFESTYLES THROUGH FREE HEALTH SCREENINGS, HEALTH EDUCATION AND  
ACCESS TO LOCAL RESOURCES.

UPMC BEDFORD (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, 2023, THE HOSPITAL ADMITTED 1,240 PATIENTS, RENDERING 3,952  
PATIENT DAYS. BEDFORD HAD 18,511 EMERGENCY ROOM VISITS, 97,594 OUTPATIENT  
VISITS AND PERFORMED 3,120 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC BEDFORD PROVIDED  
FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND  
MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$6,000,000. THE HOSPITAL  
ALSO PROVIDED SERVICES, WITH AN AGGREGATE VALUE OF OVER \$1,400,000, TO  
THE GENERAL POPULATION THROUGH OUTREACH PROGRAMS TARGETED AT PATIENTS,

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PATIENTS' FAMILIES, AND THE COMMUNITY, AND PROVIDED FUNDING OF OVER  
\$27,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION.

FAMILIES BENEFITED FROM BEDFORD'S BREASTFEEDING AND PREPARED CHILDBIRTH  
CLASSES, WHICH DISCUSSED THE BASICS OF LABOR AND DELIVERY. 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 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 BEDFORD HOSTED A DIABETES HEALTH FAIR PROVIDING INFORMATION ABOUT  
MEAL PLANNING, BLOOD SUGAR MONITORING, MEDICATIONS, BREATHING PROBLEMS,  
WELLNESS AND PREVENTION TIPS, HOME HEALTH, AND DIABETES PRODUCTS AND  
SHOES. AT THIS EVENT, THEY PROVIDED FREE FOOT AND EYE EXAMS AND BLOOD  
PRESSURE CHECKS. UPMC BEDFORD PROVIDED COVID INFORMATION, TESTING KITS  
AND MASK TO ATTENDEES OF THE BEDFORD COUNTY FAIR.

UPMC BEDFORD'S WOUND CARE CENTER IS ESPECIALLY HELPFUL FOR INDIVIDUALS  
SUFFERING FROM A CHRONIC OR COMPLEX WOUND. CHRONIC WOUNDS ARE CAUSED WHEN  
THE BODY'S HEALING PROCESS IS DELAYED, USUALLY BECAUSE OF COMMON HEALTH  
PROBLEMS SUCH AS DIABETES OR POOR CIRCULATION. UPMC WOUND HEALING  
SERVICES AT BEDFORD OFFERS THE LATEST WOUND HEALING TECHNOLOGIES AND A

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RANGE OF ADVANCED, EFFECTIVE OUTPATIENT TREATMENTS INCLUDING NEGATIVE  
PRESSURE WOUND THERAPY, BIOENGINEERED SKIN SUBSTITUTE AND ADVANCED  
DRESSINGS, ADVANCED MEDICAL AND SURGICAL WOUND CARE, COMPRESSION WRAPS,  
WHEELCHAIRS, CRUTCHES OR CASTS FOR FOOT ULCERS, OSTOMY CARE, NUTRITION  
HELP AND RESOURCES AND AMPUTATION PREVENTION.

UPMC EAST (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 AN ARRAY OF PATIENT-CENTERED OUTPATIENT SERVICES TO  
THE GREENSBURG AREA. SERVICES AVAILABLE INCLUDE UPMC'S ORTHOPEDIC AND  
SPORTS MEDICINE, HEART AND VASCULAR, PAIN MANAGEMENT, GASTROENTEROLOGY,  
GENERAL SURGERY, AND MAGEE WOMEN'S HEALTH SERVICES.

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

UPMC EAST IMPLEMENTED THE DA VINCI SURGICAL SYSTEM, WHICH ALLOWS SURGEONS



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TO MAKE SMALL INCISIONS AND PERFORM ROBOTIC SURGERY WITH TINY ROBOTIC  
SURGICAL INSTRUMENTS AND CAMERAS. THIS SYSTEM IS A DUAL-CONSOLE SYSTEM  
ALLOWING A SECOND SURGEON TO ASSIST IN THE PROCEDURE. THE DA VINCI SYSTEM  
AT UPMC EAST IS USED FOR GENERAL SURGERY ALONG WITH UROLOGY, GYNECOLOGY,  
THORACIC AND COLORECTAL PROCEDURES.

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, 2023, THE HOSPITAL ADMITTED 7,275 PATIENTS, RENDERING 47,202  
PATIENT DAYS. UPMC EAST HAD 34,903 EMERGENCY ROOM VISITS, 88,369  
OUTPATIENT VISITS AND PERFORMED 9,462 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, EAST PROVIDED FINANCIAL  
ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE  
SHORTFALLS, AT A COST OF APPROXIMATELY \$33,000,000. THE HOSPITAL ALSO  
PROVIDED SERVICES WITH AN AGGREGATE VALUE OF OVER \$1,200,000 FOR OUTREACH  
PROGRAMS AND DONATIONS AND PROVIDED FUNDING OF OVER \$2,900,000 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 EPILEPSY,  
BACK PAIN, HERNIA HEALTH, 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 EAST  
PARTNERED WITH MOTHER OF SORROWS CHURCH AND PARTICIPATED IN THE ANNUAL

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COMMUNITY FESTIVAL. UPMC EAST HAD A TABLE ALLOWING COMMUNITY MEMBERS TO BUILD THEIR OWN FIRST AID KIT WHILE THEY RECEIVED HEALTH EDUCATION FROM UPMC'S EAST PRE-HOSPITAL CARE TEAM.

UPMC HAMOT (HAMOT) IS A 445-BED TERTIARY MEDICAL CENTER WITH SPECIALTIES THAT INCLUDE CARDIOLOGY, NEUROSCIENCE, CRITICAL CARE, ORTHOPEDICS, AND WOMEN'S HEALTH SERVICES. THE MEDICAL CENTER REACHES OUT TO MORE THAN 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.

UPMC HAMOT IS A LEVEL II TRAUMA CENTER AND IS THE ONLY ACCREDITED TRAUMA CENTER IN THE ERIE REGION. TRAUMA CENTERS CARE FOR PATIENTS WITH MAJOR INJURIES THAT MAY BE LIFE-THREATENING. TO BE ACCREDITED AS A TRAUMA CENTER, A HOSPITAL MUST MEET STRICT GUIDELINES SET BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION (PTSF). AN ACCREDITED TRAUMA CENTER HAS ACCESS 24 HOURS A DAY, 7 DAYS A WEEK, TO A TEAM OF SKILLED MEDICAL PROFESSIONALS WHO ARE SPECIALLY TRAINED TO PROVIDE THE HIGHEST LEVEL OF CARE AVAILABLE TO SEVERELY INJURED OR ILL PATIENTS. AT UPMC HAMOT, THE TRAUMA STAFF INCLUDES EMERGENCY PHYSICIANS AND NURSES, GENERAL AND TRAUMA SURGEONS,

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NEUROSURGEONS, INTERVENTIONAL RADIOLOGISTS, ORTHOPEDIC SURGEONS,  
CARDIOVASCULAR SURGEONS, RADIOLOGISTS, ANESTHESIOLOGISTS AND  
RECONSTRUCTIVE SURGEONS.

HAMOT TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE  
FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED 17,331 PATIENTS,  
RENDERING 101,859 PATIENT DAYS. HAMOT HAD 61,199 EMERGENCY ROOM VISITS,  
238,535 OUTPATIENT VISITS AND PERFORMED 13,548 SURGERIES.

HAMOT PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE,  
INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY  
\$90,000,000 DURING FISCAL YEAR 2023. SERVICES WERE PROVIDED TO THE  
COMMUNITY THROUGH DONATIONS, OUTREACH PROGRAMS, SCREENINGS, AND  
EDUCATIONAL CLASSES AT A COST OF \$9,700,000. HAMOT SUPPORTED UNFUNDED  
RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$5,600,000 DURING  
FISCAL YEAR 2023.

HAMOT HAS BEEN RECOGNIZED AS A MAGNET DESIGNATED HOSPITAL SINCE 2016.  
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, COMPREHENSIVE STROKE CENTER, AND  
JOINT COMMISSION COMPREHENSIVE CARDIA CENTER IN THE NORTHWESTERN

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HAMOT REACHED THE COMMUNITY THROUGH PROGRAMS LIKE WEAR RED WHICH WAS A COMMUNITY EVENT WITH THE AMERICAN HEART ASSOCIATION TO RAISE AWARENESS ABOUT CARDIOVASCULAR DISEASE, ESPECIALLY THE FACTORS THAT INCREASE RISK TO WOMEN'S HEALTH. THE EVENT INCLUDED EDUCATION, COUNSELING, AND SCREENING ACTIVITIES INCLUDING BLOOD PRESSURE SCREENINGS, WEIGHT MANAGEMENT, CHOLESTEROL AND PERIPHERAL VASCULAR DISEASE SCREENINGS, SMOKING CESSATION, DIABETES MANAGEMENT, DIET AND EXERCISE INFORMATION, AND MORE.

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



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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, 2023, THE HOSPITAL ADMITTED 15,065 PATIENTS, RENDERING  
80,763 PATIENT DAYS. ALTOONA HAD 45,103 EMERGENCY ROOM VISITS, 370,015  
OUTPATIENT VISITS AND PERFORMED 12,242 SURGERIES.

UPMC ALTOONA PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE,  
INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$81,100,000  
IN THE FISCAL YEAR ENDED JUNE 30, 2023. 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  
\$12,800,000 IN THE FISCAL YEAR ENDED JUNE 30, 2023. UPMC ALTOONA ALSO  
FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS  
WELL AS MEDICAL RESEARCH AT A COMBINED COST OF \$12,200,000 IN FISCAL YEAR  
2023.

UPMC ALTOONA EARNED THE THROMBECTOMY-CAPABLE STROKE CENTER CERTIFICATION  
FROM THE JOINT COMMISSION (JOINT COMM) AND AMERICAN HEART  
ASSOCIATION/AMERICAN STROKE ASSOCIATION. THE TCS CENTER DESIGNATION IS  
THE SECOND HIGHEST LEVEL OF EXCELLENCE RECOGNIZED BY THE JOINT COMM,

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REQUIRING A RIGOROUS PROCESS BASED ON STANDARD OF QUALITY MEASURES AND EVIDENCE-BASED PRACTICE DATA PERFORMANCE. UPMC ALTOONA HAS BEEN RECOGNIZED BY CRIBS FOR KIDS AS A GOLD SAFE SLEEP HOSPITAL, WHICH IS THE HIGHEST DESIGNATION IN THE ORGANIZATION'S NATIONAL SAFE SLEEP CERTIFICATION PROGRAM. THIS DESIGNATION MEANS THAT EVERY PATIENT, UNDER THE AGE OF ONE, IS ENSURED SAFE SLEEP CARE, AND THEIR CAREGIVERS ARE EDUCATED IN SAFE SLEEP PRACTICES. CRIBS FOR KIDS CITED UPMC'S LEADERSHIP AND HEALTH CARE TEAM MEMBERS' COMMITMENT TO BEST PRACTICES, EDUCATION, AND COMMUNITY OUTREACH AS COMMENDABLE.

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

UPMC ALTOONA PROVIDED FREE, WALK-IN SCREENING MAMMOGRAPHY DAYS AT SEVERAL LOCATIONS. UPMC ALTOONA PROVIDED NUMEROUS PRESENTATIONS TO PROVIDE HEALTH EDUCATION TO THE COMMUNITY INCLUDING PREVENTING HEART DISEASE AND VARIOUS OTHER DISEASES AND CONDITIONS THAT AFFECT THE HEART, INCLUDING VALVE REPLACEMENT AND REPAIR, CORONARY ARTERY BYPASS SURGERY, AND SURGICAL TREATMENTS FOR ATRIAL FIBRILLATION. THE HOSPITAL PROMOTED HEALTH BY PERFORMING FREE SCREENINGS AND PROVIDING INFORMATION AT THEIR HEALTH AND WELLNESS FAIRS. DIABETES SELF-MANAGEMENT & EDUCATION CLASSES WERE PROVIDED TO PATIENTS WITH DIABETES TO HELP THEM BETTER MANAGE THEIR CONDITION. ALTOONA CURVE BASEBALL HAD A MENTAL HEALTH AWARENESS NIGHT FOR PROGRAMS AND SET-UP TABLES WITH EDUCATION MATERIALS AND OTHER OFFERINGS FOR THE PUBLIC TO VIEW AND ASK QUESTIONS ABOUT THE PROGRAMS THOSE SERVICES OFFER.

FREE MEDICATIONS WERE DISTRIBUTED BY UPMC ALTOONA TO PATIENTS UPON

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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 (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, 2023, THE HOSPITAL ADMITTED 4,981 PATIENTS, RENDERING 25,693 PATIENT DAYS. JAMESON HAD 26,956 EMERGENCY ROOM VISITS, 142,302 OUTPATIENT VISITS AND PERFORMED 5,359 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC JAMESON PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$19,600,000. UPMC JAMESON PROVIDED COMMUNITY SERVICE PROGRAMS AND OTHER FUNDING AT A COST OF OVER \$10,700,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$1,500,000.

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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.

THE UPMC JAMESON REHABILITATION INSTITUTE AT UPMC JAMESON IS A 12-BED  
UNIT OFFERING STATE-OF-THE-ART TECHNOLOGY AND COMPLETE INPATIENT CARE FOR  
NEUROLOGICAL DISORDERS, LIMB LOSS AND TRAUMA, INJURIES TO JOINTS, BONES,  
MUSCLES, TENDONS AND NERVES, STROKE AND GENERAL DEBILITATION. SERVICES  
INCLUDE EXPERT CARE FROM THE UPMC PHYSICAL MEDICINE AND REHAB TEAM,  
PHYSICAL, OCCUPATIONAL, AND SPEECH-LANGUAGE THERAPY, HEART AND LUNG  
DISEASE REHAB, AND DIET AND NUTRITION SERVICES, SOCIAL SUPPORT AND CASE  
MANAGEMENT.

UPMC KANE (KANE) IS A 14-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 ORTHOPEDICS, THE FULL RANGE OF  
REHABILITATION SERVICES ( PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES)  
AND PAIN MANAGEMENT; KANE CARDIAC REHAB, CARDIOLOGY AND GASTROENTEROLOGY



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(DIGESTIVE HEALTH) CLINICS IN COOPERATION WITH UPMC HAMOT; 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, 2023, THE HOSPITAL ADMITTED 227 PATIENTS, RENDERING 870 PATIENT DAYS. KANE HAD 7,085 EMERGENCY ROOM VISITS, 63,440 OUTPATIENT VISITS AND PERFORMED 1,052 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC KANE PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$5,000,000. THE HOSPITAL PROVIDED FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF \$539,000 THROUGH COMMUNITY OUTREACH PROGRAMS TARGETED AT PATIENTS, THEIR FAMILIES, AND THE COMMUNITY, AS WELL AS DONATIONS, VOLUNTEER SERVICES, AND RESEARCH AND EDUCATION PROGRAMS.

UPMC KANE IS A PARTICIPANT IN THE PA RURAL HEALTH MODEL (PARHM), A JOINT EFFORT BETWEEN THE PA DEPARTMENT OF HEALTH AND THE CENTER FOR MEDICARE

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AND MEDICAID INNOVATION (CMMI) THAT PROVIDES FINANCIAL STABILITY TO RURAL  
PA HOSPITALS TRANSITIONING TO VALUE-BASED CARE THROUGH GLOBAL BUDGET  
PAYMENTS. PARHM IS AIMED AT DEVELOPING INNOVATIVE MODELS TO SUSTAIN EVERY  
LEVEL OF ACTIVITY IN RURAL COMMUNITIES, WITH THE HIGHEST LEVELS OF  
QUALITY AND PATIENT SAFETY, AND IN A WAY THAT REDUCES COSTS.

THE COMMUNITY BENEFITED FROM A VARIETY OF PROGRAMS OFFERED BY KANE. THE  
HOSPITAL COLLABORATED WITH COMMUNITY PARTNERS TO HOST MULTIPHASIC BLOOD  
SCREENINGS, PARTICIPATED ON LOCAL BOARDS AND COMMITTEES TO PROMOTE  
COMMUNITY WELLNESS, AND IMPLEMENTED NEW TELEMEDICINE SPECIALTY CONSULTS  
TO IMPROVE LOCAL ACCESS TO SPECIALIST CARE. THEY SUPPORTED COMMUNITY  
BLOOD BANK DRIVES QUARTERLY AND PROVIDED RESOURCES AT SENIOR EXPOS AND  
WELLNESS FAIRS FOR THE LOCAL SCHOOL DISTRICT.

UPMC LOCK HAVEN (LOCK HAVEN) HOSPITAL WAS A 109-BED FACILITY WITH  
COMPLETE INPATIENT AND OUTPATIENT CARE, INCLUDING EMERGENCY, MEDICAL, AND  
SURGICAL CARE. AS OF JANUARY 2023, UPMC LOCK HAVEN'S OPERATIONS FOR  
INPATIENT SERVICES TRANSFERRED TO UPMC WILLIAMSPORT BUT THEY CONTINUED TO  
OPERATE A FREE-STANDING 24-HOUR EMERGENCY ROOM. A JOINT  
COMMISSION-ACCREDITED FACILITY, THE LOCK HAVEN SITE ALSO INCLUDES A  
90-BED SKILLED NURSING FACILITY, HAVEN PLACE WITH A 34-BED DEMENTIA UNIT.

UPMC LOCK HAVEN'S, FULL-SERVICE OUTPATIENT EMERGENCY DEPARTMENT, IS  
EQUIPPED WITH HIGHLY TRAINED MEDICAL PROFESSIONALS AND HAS A COMMITMENT

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TO PROVIDING QUALITY PATIENT CARE. THE OUTPATIENT ER OFFERS A WIDE RANGE OF SERVICES TO PATIENTS SUCH AS DIAGNOSTIC IMAGING, FORENSIC NURSE EXAMINER PROVIDING VICTIM-CENTERED CARE TO SEXUAL ASSAULT OR ABUSE VICTIMS OF ANY AGE AND GENDER, LABORATORY SERVICES, LIFE-THREATENING CARE INCLUDING TRAUMA, HEART ATTACK AND STROKE, MANAGEMENT OF CHRONIC CONDITIONS SUCH AS ASTHMA AND DIABETES AND TREATMENT FOR MINOR INJURIES AND ILLNESSES, INCLUDING CUTS, SPRAINS AND FEVERS.

UPMC LOCK HAVEN HOSPITAL TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED 563 PATIENTS, RENDERING 29,649 PATIENT DAYS. UPMC LOCK HAVEN HAD 7,605 EMERGENCY ROOM VISITS, 25,653 OUTPATIENT VISITS AND PERFORMED 553 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, LOCK HAVEN HOSPITAL PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$12,700,000. LOCK HAVEN HOSPITAL PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS IN FISCAL YEAR 2023. THE VALUE OF THESE PROGRAMS TO THE COMMUNITY WAS APPROXIMATELY \$230,000.

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

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

UPMC MUNCY (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 138 LONG TERM CARE BEDS. FOR THE FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED 770 PATIENTS, RENDERING 37,553 PATIENT DAYS. MUNCY HAD 9,737 EMERGENCY ROOM VISITS, 36,197 OUTPATIENT VISITS AND PERFORMED 3,067 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC MUNCY PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$12,600,000. MUNCY PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND EDUCATIONAL SUPPORT IN FISCAL YEAR 2023. THE VALUE OF THESE PROGRAMS TO THE COMMUNITY WAS APPROXIMATELY \$236,000. 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.



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THE EASTERN LYCOMING YMCA HOSTED A YMCA HALLOWEEN SPOOKTACULAR EVENT FOR THE COMMUNITY WHICH INCLUDED GAMES, CANDY, ETC. AND STAFF FROM THE UPMC MUNCY SPORTS & PHYSICAL THERAPY CLINIC HANDED OUT CANDY AND SPOKE ABOUT THEIR SERVICES.

UPMC MUNCY, MUNCY PLACE, MUNCY ROTARY, AND THE BLESSING INSURANCE AGENCY JOINED FORCES TO DONATE 50 BACKPACKS FULL OF SCHOOL SUPPLIES FOR STUDENTS IN NEED AT WARD L. MYERS ELEMENTARY SCHOOL IN MUNCY. DUE TO THE OVERWHELMING GENEROSITY OF COMMUNITY DONATIONS, BACKPACKS WERE STUFFED WITH PENCILS, NOTEBOOKS, AND HAND SANITIZER WITH EXTRA SUPPLIES ALSO AVAILABLE FOR TEACHERS.

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, 2023, THE HOSPITAL ADMITTED 1,517 PATIENTS, RENDERING 6,791 PATIENT DAYS. UPMC WELLSBORO HAD 12,191 EMERGENCY ROOM VISITS, 60,970 OUTPATIENT VISITS AND PERFORMED 1,383 SURGERIES. UPMC WELLSBORO TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY.

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DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC WELLSBORO PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE AT A COST OF OVER \$13,300,000. UPMC WELLSBORO PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS IN FISCAL YEAR 2023 VALUED AT APPROXIMATELY \$225,000.

UPMC WELLSBORO WAS GIVEN A FOUR-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 2 SCHOOL 22; HEARTSAVER CPR AND STOP THE BLEED. UPMC WELLSBORO PARTICIPATED IN THE NATIONAL NIGHT OUT EVENT THAT COMMUNICATED CRIME PREVENTION AWARENESS IN THE COMMUNITY THROUGH A MULTITUDE OF LOCAL EVENTS, SUCH AS BLOCK PARTIES, COOKOUTS, PARADES, CONTESTS, YOUTH EVENTS AND SEMINARS. THE FORENSIC NURSING TEAM'S GOAL WAS TO MAKE THE COMMUNITY AWARE OF THEIR SERVICES AND TO PROMOTE CHILD ABUSE PREVENTION IN THE FORM OF "MY BODY IS MINE" COLORING BOOKS.

UPMC WELLSBORO HAS BEEN RECOGNIZED BY CRIBS FOR KIDS AS A GOLD SAFE SLEEP HOSPITAL, WHICH IS THE HIGHEST DESIGNATION IN THE ORGANIZATION'S NATIONAL SAFE SLEEP CERTIFICATION PROGRAM. THIS DESIGNATION MEANS THAT EVERY PATIENT, UNDER THE AGE OF ONE, IS ENSURED SAFE SLEEP CARE, AND THEIR CAREGIVERS ARE EDUCATED IN SAFE SLEEP PRACTICES. CRIBS FOR KIDS CITED UPMC'S LEADERSHIP AND HEALTH CARE TEAM MEMBERS' COMMITMENT TO BEST

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PRACTICES, EDUCATION, AND COMMUNITY OUTREACH AS COMMENDABLE.

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 UPMC ENT CLINIC IN WELLSBORO. UPMC ENT SPECIALISTS OFFER TREATMENT  
FOR CONDITIONS AFFECTING THE EARS, NOSE, THROAT AND RESPIRATORY SYSTEMS  
SUCH AS: SINO-NASAL 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 (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, 2023, THE HOSPITAL ADMITTED  
10,346 PATIENTS, RENDERING 62,491 PATIENT DAYS. UPMC WILLIAMSPORT HAD  
40,005 EMERGENCY ROOM VISITS, 323,351 OUTPATIENT VISITS AND PERFORMED  
10,556 SURGERIES.

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DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC WILLIAMSPORT, INCLUSIVE OF BOTH SITES, PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$121,600,000. UPMC WILLIAMSPORT PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND EDUCATIONAL SUPPORT IN FISCAL YEAR 2023 WITH THE VALUE TO THE COMMUNITY OF APPROXIMATELY \$5,200,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$3,600,000.

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, ORTHOPEDIC SURGEONS, CARDIAC SURGEONS, RADIOLOGISTS, NURSES AND SUPPORT STAFF ALL HAVE



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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.

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

WILLIAMSPORT PROVIDED SCREENING EVENTS WITH NO OR LITTLE COST TO THE COMMUNITY INCLUDING BLOOD SCREENING; OVERALL HEALTH SCREENING; SENIOR

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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. UPMC WILLIAMSPORT JOINED EFFORTS OF  
THE BABY CAFÉ, A MOTHER'S NURSING GROUP, WHICH PROVIDED AN OPPORTUNITY  
FOR PREGNANT OR BREASTFEEDING PARENTS AND LACTATION SPECIALISTS IN A  
COMMUNITY SETTING. SPECIAL GUESTS FROM PEDIATRIC REHAB OT AND PT REVIEWED  
THE IMPORTANCE OF TUMMY TIME FOR NEWBORNS/INFANTS AND PHYSICAL  
MILESTONES.

CHARLES COLE MEMORIAL HOSPITAL (UPMC COLE) IS A PROGRESSIVE, RURAL,  
CRITICAL ACCESS HOSPITAL WITH 93 BEDS THAT PRIMARILY SERVES POTTER COUNTY  
AND SURROUNDING COUNTIES. SINCE OPENING ITS DOORS IN 1967, UPMC COLE HAS  
PROVIDED PATIENTS AND THE COMMUNITIES IT SERVES WITH HIGH-QUALITY,  
PERSONALIZED HEALTH CARE. AS A CRITICAL ACCESS COMMUNITY HOSPITAL, UPMC  
COLE PROVIDES A COMPREHENSIVE OF HIGH-QUALITY HEALTH CARE THROUGH CARING,  
EFFICIENT, TRUSTED, RESPONSIVE AND COURTEOUS SERVICE.

FOLLOWING THEIR 2021 COMMUNITY HEALTH NEEDS ASSESSMENT, A FEW ASPECTS OF  
BEHAVIORAL HEALTH WERE IDENTIFIED - OPIOID ADDICTION, SUBSTANCE ABUSE AND  
ACCESS TO BEHAVIORAL HEALTH SERVICES. ALSO IDENTIFIED WERE COMMUNITY  
PREVENTION AND WELLNESS INITIATIVES. ACTIONS TAKEN TO WORK ON BEHAVIORAL  
HEALTH ISSUES HAVE INCLUDED INCREASING ACCESS TO EDUCATIONAL PROGRAMS  
ABOUT SUICIDE RISK, IMPROVING ACCESS TO MENTAL HEALTH PROVIDERS,  
PROMOTING PUBLIC EDUCATION AND AWARENESS TO HELP PREVENT PRESCRIPTION

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DRUG AND OPIOID MISUSE AND OVERDOES, AND REDUCING ACCESS TO PRESCRIPTION  
DRUGS FOR MISUSE AND ABUSE.

UPMC COLE HAS BEEN RECOGNIZED BY CRIBS FOR KIDS AS A GOLD SAFE SLEEP  
HOSPITAL, WHICH IS THE HIGHEST DESIGNATION IN THE ORGANIZATION'S NATIONAL  
SAFE SLEEP CERTIFICATION PROGRAM. THIS DESIGNATION MEANS THAT EVERY  
PATIENT, UNDER THE AGE OF ONE, IS ENSURED SAFE SLEEP CARE, AND THEIR  
CAREGIVERS ARE EDUCATED IN SAFE SLEEP PRACTICES. CRIBS FOR KIDS CITED  
UPMC'S LEADERSHIP AND HEALTH CARE TEAM MEMBERS' COMMITMENT TO BEST  
PRACTICES, EDUCATION, AND COMMUNITY OUTREACH AS COMMENDABLE.

UPMC COLE HOSTED A COMMUNITY BLOOD DRIVE AT COUDERSPORT WELLNESS CENTER.  
COLE'S REHABILITATION DEPARTMENT AND WELLNESS STAFF PARTNERED UP OVER THE  
SUMMER TO PROVIDE A VARIETY OF SUMMER PROGRAMS FOR KIDS AGED 8-12.

FOR THE FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED 1,050  
PATIENTS, RENDERING 13,039 PATIENT DAYS. COLE HAD 10,337 EMERGENCY ROOM  
VISITS, 105,570 OUTPATIENT VISITS AND PERFORMED 3,873 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, UPMC COLE PROVIDED FINANCIAL  
ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE  
SHORTFALLS, AT A COST OF OVER \$1,300,000. COLE PROVIDED COMMUNITY  
OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND EDUCATIONAL  
SUPPORT IN FISCAL YEAR 2023. THE VALUE OF THESE PROGRAMS TO THE COMMUNITY  
WAS APPROXIMATELY \$13,300,000. UPMC COLE TREATS ALL PATIENTS WITHOUT

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REGARD TO THEIR ABILITY TO PAY.

UPMC SOMERSET (SOMERSET) IS A 111 LICENSED-BED HOSPITAL. THE HOSPITAL PRESENTLY HAS A COMPLEMENT OF MEDICAL/SURGICAL BEDS, PEDIATRIC BEDS, OBSTETRICS/GYNECOLOGY BEDS, NURSERY CRIBS, AN INTENSIVE CORONARY CARE UNIT, SKILLED NURSING BEDS, AND AN ADULT, ADOLESCENT AND CHILD NEUROPSYCHIATRIC SERVICE WITH A 15-BED HOSPITAL-BASED UNIT. OTHER SERVICES INCLUDE MEDICAL ONCOLOGY, A SLEEP LAB, A DIALYSIS CENTER, A CARDIAC CATHETERIZATION LABORATORY, A PAIN MANAGEMENT PROGRAM, OCCUPATIONAL HEALTH, AND COMMUNITY EDUCATION. ROUND THE CLOCK EMERGENCY CARE IS PROVIDED BY THE HOSPITAL. ANCILLARY SERVICES INCLUDE RADIOLOGY, LABORATORY, REHABILITATION, CARDIOPULMONARY SERVICES, ORTHOPEDICS, INPATIENT/OUTPATIENT DRUG AND ALCOHOL SERVICES AND HOSPICE.

UPMC SOMERSET HOSPITAL TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ADMITTED 2,289 PATIENTS, RENDERING 12,113 PATIENT DAYS. SOMERSET HAD 19,270 EMERGENCY ROOM VISITS, 113,257 OUTPATIENT VISITS AND PERFORMED 3,686 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2023, SOMERSET HOSPITAL PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID SHORTFALLS, AT A COST OF OVER \$4,400,000. UPMC SOMERSET PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND SUPPORT OF EDUCATION IN FISCAL YEAR 2023. THE VALUE OF THESE PROGRAMS TO



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THE COMMUNITY WAS APPROXIMATELY \$687,000.

UPMC SOMERSET HOSTED AN INAUGURAL KICK-OFF EVENT FOR MINUTES MATTER THAT INCLUDED HANDS ONLY CPR, AED OPERATION, STOP THE BLEED, OVERDOSE AWARENESS AND TREATMENT, AND MENTAL HEALTH FIRST AID FOR THE COMMUNITY'S BENEFIT. UPMC SOMERSET PLANS TO MAKE THIS PROGRAM AN ANNUAL ONE. STAFF PARTICIPATED IN THE 2023 SENIOR EXPO BY PROVIDING EDUCATION ON STROKE SYSTEMS AND WHAT TO DO IF EXPERIENCING THE SYMPTOMS OF STROKE AS WELL AS INFORMATION ABOUT SERVICES AND PROVIDERS AT THE HOSPITAL.

THERE ARE THIRTEEN PHYSICIAN SERVICE ENTITIES THAT ARE PART OF UPMC GROUP, INCLUDING UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES, UNIVERSITY OF PITTSBURGH PHYSICIANS, UPMC COMMUNITY MEDICINE, INC., UPMC EMERGENCY MEDICINE, INC., REGIONAL HEALTH SERVICES, INC., BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC., UPMC OB/GYN JOINT VENTURE, INC., ERIE PHYSICIAN NETWORK-UPMC, INC., UPMC MEDICAL EDUCATION, JAMESON MEDICAL CARE, INC., UPMC LOCUM CLINICIANS; SUSQUEHANNA PHYSICIAN SERVICES, AND UPMC ADVANCED PRACTICE PROVIDERS.

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

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LATEST ADVANCES IN CANCER PREVENTION, DETECTION, DIAGNOSIS, AND  
TREATMENT.

THE MISSION OF UPMC HILLMAN CANCER CENTER REFLECTS THE OVERALL MISSION OF  
NATIONAL CANCER INSTITUTE AS A PREMIER NATIONAL CANCER  
INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER TO PROVIDE THE HIGHEST  
LEVEL OF CLINICAL CARE TO THE MORE THAN 191,000 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

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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.

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

THE MEDICAL PROFESSIONALS AT UPMC HILLMAN CANCER CENTER ENCOMPASS 15  
AREAS OF EXPERTISE, EACH FOCUSING ON A SPECIFIC TYPE OR TREATMENT OF  
CANCER. THESE INCLUDE A WORLD-RENOWNED MELANOMA PROGRAM, AS WELL AS  
PROGRAMS DEVOTED TO BRAIN CANCERS, BREAST CANCER, COLON AND  
GASTROINTESTINAL CANCERS, HEAD AND NECK CANCERS, PANCREATIC CANCER, LIVER

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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.

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  
2023, UPMC HILLMAN CANCER CENTER FUNDED MANY COMMUNITY BENEFITS PROGRAMS,  
CHARITABLE DONATIONS, AND EDUCATION AND RESEARCH COSTING OVER  
\$26,000,000.

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.



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UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP) IS A MULTI-SPECIALTY  
FACULTY/PHYSICIAN PRACTICE PLAN WHOSE MISSION IS TO SUPPORT THE CLINICAL  
AND ACADEMIC MISSIONS OF UPMC, SUPPORT UPMC'S HEALTH CARE SERVICES  
SUBSIDIARIES AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE, 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 OVER 4,000 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, ORTHOPEDICS, 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 FINANCIAL

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ASSISTANCE AND OTHER UNCOMPENSATED CARE AT A COST OF OVER \$9,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2023. 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 \$4,700,000 AND FUNDED OVER \$82,000,000 IN MEDICAL EDUCATION AND RESEARCH IN THE FISCAL YEAR ENDED JUNE 30, 2023.

IT IS THE MISSION OF UPMC COMMUNITY MEDICINE, INC. (CMI) TO PROVIDE HIGH-QUALITY AND ACCESSIBLE PATIENT CARE THROUGH PRIMARY CARE PHYSICIANS

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AND OTHER PHYSICIAN/MEDICAL SPECIALTIES AT UPMC AND ITS AFFILIATED  
HOSPITALS AND HEALTH CARE ENTITIES. CMI HAS APPROXIMATELY 700 PHYSICIANS  
AND PHYSICIAN EXTENDERS AT OVER 200 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, ORTHOPEDICS, 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 FINANCIAL  
ASSISTANCE OR OTHER UNCOMPENSATED CARE AND COMMUNITY SERVICES, AT A COST  
OF \$3,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2023. 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 \$93,000,000.

AS A PART OF ITS MISSION, CMI PHYSICIANS AND STAFF PROVIDE SERVICES TO

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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. (RHS) 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,



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ENDOCRINOLOGY, AND INFECTIOUS DISEASE SERVICES.

RHS HAS 487 PHYSICIANS AND PHYSICIAN EXTENDERS. THEY HAVE 73 CLINICAL LOCATIONS AND HAD 470,000 PATIENT OFFICE VISITS IN FISCAL YEAR 2023. RHS PROVIDED FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE, AT A COST OF APPROXIMATELY \$5,800,000 IN THE FISCAL YEAR ENDED JUNE 30, 2023, AS WELL AS \$11,800,000 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 \$261,000 WAS PROVIDED FOR FINANCIAL ASSISTANCE AND UNCOMPENSATED CARE IN THE FISCAL YEAR ENDED JUNE 30, 2023. 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 ALMOST 200 GRADUATE MEDICAL EDUCATION PROGRAMS.

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UPMC MEDICAL EDUCATION DEVELOPS, FOCUSES, FACILITATES, AND IMPLEMENTS 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 MORE THAN 20 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.

DURING FISCAL YEAR 2023 UPMC MEDICAL EDUCATION SUPPORTED THE COMMUNITY THROUGH EDUCATIONAL PROGRAMS AT A COST OF OVER \$5,500,000.

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 503 PHYSICIANS AND PHYSICIAN EXTENDERS, ENCOMPASSES 3 MEDICAL GROUPS AT 35 CLINICAL LOCATIONS AND HAD OVER 446,000 PATIENT VISITS DURING FISCAL YEAR 2023. SUSQUEHANNA PHYSICIAN SERVICES TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. DURING THE YEAR THEY PROVIDED COMMUNITY SERVICES INCLUDING FINANCIAL ASSISTANCE AND COMMUNITY PROGRAMS AND SUBSIDIZED SERVICES AT A COST OF OVER \$9,500,000.

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ERIE PHYSICIAN NETWORK-UPMC IS COMPRISED OF A GROUP OF PRIMARY CARE AND SPECIALTY PHYSICIANS THAT PRIMARILY SERVE ERIE AND SURROUNDING AREAS. ERIE PHYSICIAN NETWORK HAS 13 PHYSICIAN AND PHYSICIAN EXTENDERS, AT 5 CLINICAL LOCATIONS AND HAD OVER 56,000 PATIENT OFFICE VISITS DURING FISCAL YEAR 2023. 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 \$134,000.

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 330,000 HOME VISITS THIS FISCAL 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. THEY PROVIDED UNCOMPENSATED CARE AND COMMUNITY PROGRAMS OF OVER \$900,000 DURING THE FISCAL YEAR.

UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA PROVIDES HOME HEALTH SERVICES TO CLIENTS FROM CENTRAL OFFICES IN THE PENNSYLVANIA COUNTIES OF

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HUNTINGDON, JUNIATA, MIFFLIN, SOMERSET, LYCOMING, TIOGA, CLINTON,  
BRADFORD, POTTER, SULLIVAN, MONTGOMERY, 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. THEY PROVIDED OVER 300,000 HOME VISITS IN  
FISCAL YEAR 2023.

THE HEALING PATCH IS A FREE PEER SUPPORT PROGRAM DESIGNED SPECIFICALLY  
FOR CHILDREN AND THEIR FAMILIES THAT HAVE SUFFERED THE LOSS OF A  
SIGNIFICANT PERSON. THE HEALING PATCH OFFERS A SAFE ENVIRONMENT WHERE  
CHILDREN AND THEIR FAMILIES CAN DISCOVER THEY ARE NOT ALONE IN THEIR  
GRIEF BY INTERACTING WITH OTHERS WHO HAVE ENCOUNTERED SIMILAR LOSSES. BY  
SHARING MEMORIES AND EXPERIENCES, FAMILIES DISCOVER THAT WHAT THEY ARE  
GOING THROUGH IS NORMAL AND THAT HOPE, AND HEALING IS POSSIBLE. CHILDREN,  
CAREGIVERS, AND COMMUNITY MEMBERS ARE SUPPORTED THROUGH THE FOLLOWING:  
FAMILY PEER SUPPORT GROUPS, IN-SCHOOL PEER SUPPORT GROUPS, GRIEF  
EDUCATION FOR STUDENTS, AND EDUCATIONAL IN-SERVICES/OUTREACH FOR SCHOOL  
OFFICIALS AND COMMUNITY MEMBERS AND A LENDING LIBRARY OF RESOURCES.

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



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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, 2023, UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA PROVIDED TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFIT PROGRAMS TOTALING APPROXIMATELY \$1,100,000.

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 AFFILIATES PARTICIPATED IN NUMEROUS COMMUNITY EVENTS INCLUDING CENCLEAR CHILD ABUSE SAFETY FAIR; HOLLIDAYSBURG FARMER'S MARKET WHERE THEY PROVIDED INFORMATION ON RECIPES, FOOD PREPARATION AND IN-SEASON PRODUCE; FOREVER MEDIA SAFE TRICK-OR-TREAT; YMCA EASTER BUNNY BRUNCH; MENTAL HEALTH AWARENESS AT ALTOONA CURVE; HOLLIDAYSBURG LIBRARY PRE-SCHOOL PLAYTIME TO DISCUSS WIC (WOMEN, INFANTS & CHILDREN) SERVICES; YMCA HEALTH KIDS DAY TO ENCOURAGE FITNESS AND HEALTHY EATING AND HANDED OUT 3,000 TO STUDENTS THAT ATTENDED ALTOONA CURVE BASEBALL GAMES.

HOME NURSING AGENCY FOUNDATION (FOUNDATION) BENEFITS AND SUPPORTS UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA 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

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NEEDED PROGRAM SUPPLIES. ADDITIONALLY, THE FOUNDATION PROVIDES GRANTS AND CONTRIBUTIONS TO THE HEALING PATCH GRIEF PROGRAM.

THE MISSION OF THE UPMC HORIZON COMMUNITY HEALTH FOUNDATION (FOUNDATION) IS A FEDERALLY TAX-EXEMPT SECTION 501(C)(3) NONPROFIT ORGANIZATION THAT RAISES, MANAGES, AND ALLOCATES FUNDS IN SUPPORT OF UPMC HORIZON AND COMMUNITY HEALTH WITHIN THE HOSPITAL'S SERVICE AREA. THE FOUNDATION SHARES AN IDENTICAL MISSION AND MIRRORED BOARD OF DIRECTORS WITH THE UPMC JAMESON HEALTH CARE FOUNDATION. THE FOUNDATION SEEKS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY BY PROVIDING FINANCIAL RESOURCES TO UPMC HORIZON, FOUNDATION INITIATIVES, AND COMMUNITY HEALTH ORGANIZATIONS. THE FOUNDATION ALSO OPERATES THE MEDICAL EQUIPMENT RECYCLING PROGRAM, A MULTI-LOCATION INITIATIVE WHICH LOANS DURABLE MEDICAL EQUIPMENT, AT NO COST AND WITHOUT DISCRIMINATION, TO AREA RESIDENTS. THE PROGRAM SUPPORTS SEVERAL THOUSAND CUSTOMERS EACH YEAR. THE FOUNDATION CONDUCTS EVENTS AND MAKES APPEALS TO RAISE DONORS, CONTRIBUTIONS AND VOLUNTEERS TO SUPPORT ITS INITIATIVES.

UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES WITH ALMOST 200 STAFF MEMBERS 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. 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

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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 TREAT OVER 3,800 ACTIVE DENTAL PATIENTS, COMPRISED  
OF 74% MEDICAL ASSISTANCE PATIENTS, 19% MEDICARE PATIENTS, AND 1%  
UNINSURED PATIENTS.

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

UPMC ALTOONA FOUNDATION (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 ANNUAL WINTER SPLENDOR TO  
RAISE FUNDS TO SUPPORT NURSING SCHOLARSHIPS FOR LOCAL STUDENTS PURSUING

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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  
PARTICIPATED IN NATIONAL CORE DONOR DAY TO BRING AWARENESS TO THE CORE  
DONOR PROGRAM. THEY PARTICIPATED IN A COMMUNITY BASED MENTAL HEALTH  
AWARENESS PROGRAM, HELD DURING A LOCAL BASEBALL GAME AT THE CURVE STADIUM  
IN ALTOONA, PA. THEY PROVIDED VERBAL AND WRITTEN INFORMATION ON THE  
PROGRAMS OFFERED AT UPMC WESTERN BEHAVIORAL HEALTH.

THE UPMC ALTOONA FOUNDATION CONTINUES TO MAKE A POSITIVE IMPACT IN THE  
LIVES OF UPMC ALTOONA PATIENTS THROUGH THE GENEROUS CONTRIBUTIONS OF ITS  
DONORS. SOME OF THE EFFORTS RECENTLY FUNDED AND SUPPORTED BY THE  
FOUNDATION INCLUDE FUNDING FOR NEW DIGITAL IMAGING SENSORS IN THE DENTAL  
CLINIC AT THE PARTNERSHIP FOR A HEALTH COMMUNITY, PROVIDING DENTAL CARE  
TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, SUPPORTED MANY LOCAL  
EMERGENCY SERVICE PROVIDERS WITH FUNDS TO COVER THE COST OF MEDICAL  
SUPPLIES USED ON AMBULANCE CALLS AND EQUIPMENT TO TREAT PATIENTS AT THE  
SCENE OF MEDICAL EMERGENCIES. THE FOUNDATION SUPPLIED STOP THE BLEED KITS  
AND PROVIDED TRAINING FOR THEIR USE TO A NUMBER OF LOCAL VENUES. THE STOP  
THE BLEED CAMPAIGN TRAINS BYSTANDERS TO RECOGNIZE A BLEEDING EMERGENCY  
AND HOW TO PROVIDE HELP BEFORE PROFESSIONALS ARRIVE. THE FOUNDATION ALSO  
PARTNERED WITH FAMILY SERVICES AND SHOEFLY TO RAISE MONEY TO PURCHASE  
WINTER BOOTS AND SOCKS FOR THOSE IN NEED, WHICH INCLUDED A FREE FOOT AND



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ANKLE EXAMINATION.

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.

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

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COMMUNITY RESOURCES. THIS PROGRAM ALSO PROVIDES HEALTH SELF-MANAGEMENT INFORMATION THROUGH SENIOR CENTERS AND HOUSING. UPMC COMMUNITY PROVIDER SERVICES PROVIDED OVER \$4,300,000 IN SUPPORT FOR COMMUNITY BENEFIT PROGRAMS IN THE FISCAL YEAR ENDED JUNE 30, 2023.

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 (COMMUNITY CARE) IS A BEHAVIORAL HEALTH MANAGED CARE ORGANIZATION BH-MCO WHICH EITHER MANAGES BEHAVIORAL HEALTH SERVICES OR PROVIDES NETWORK SUPPORT FOR APPROXIMATELY 2.1 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,

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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 43 PENNSYLVANIA COUNTIES. AT THE END OF CALENDAR YEAR 2023, THERE WERE APPROXIMATELY 1.3 MILLION HEALTHCHOICES MEMBERS.

WITH A NETWORK OF APPROXIMATELY 8,300 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 2023, THERE WERE APPROXIMATELY 775,000 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

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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 2023, UPMC  
FOR KIDS HAD APPROXIMATELY 35,000 MEMBERS IN 65 COUNTIES THROUGHOUT  
PENNSYLVANIA.

UPMC FOR YOU IS A MANAGED CARE ORGANIZATION (MCO) LICENSED BY THE  
PENNSYLVANIA DEPARTMENT OF HEALTH AND THE PENNSYLVANIA INSURANCE  
DEPARTMENT. THROUGH CONTRACTS WITH THE DEPARTMENT OF HUMAN SERVICES, UPMC  
FOR YOU OFFERS PHYSICAL HEALTH COVERAGE TO ELIGIBLE MEDICAL ASSISTANCE  
RECIPIENTS LIVING IN ALL 67 COUNTIES IN PENNSYLVANIA. UPMC FOR YOU  
CONTINUES TO BE THE LARGEST AND FASTEST GROWING MEDICAL ASSISTANCE MCO IN  
SOUTHWESTERN AND NORTHWESTERN PENNSYLVANIA, SERVING OVER 724,000 MEDICAL  
ASSISTANCE MEMBERS DURING FISCAL YEAR 2023. 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. BESIDES PHYSICAL HEALTH COVERAGE, UPMC FOR YOU  
OFFER TWO ADDITIONAL PRODUCT OFFERINGS. THEY ARE UPMC FOR LIFE DUAL,  
WHICH PROVIDES BENEFITS AND SERVICES FOR THOSE ELIGIBLE FOR BOTH MEDICARE  
AND MEDICAID AND UPMC COMMUNITY HEALTHCHOICES, WHICH PROVIDES BENEFITS  
AND SERVICES FOR THOSE DUALY ELIGIBLE FOR MEDICAID AND MEDICARE OR  
QUALIFY FOR MEDICAID LONG TERM SERVICES AND SUPPORTS. UPMC FOR YOU



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ASSISTED THE COMMUNITY WITH OVER \$9,500,000 IN CHARITABLE DONATIONS IN  
FISCAL YEAR 2023.

UPMC FOR YOU IS ONE OF THE ONLY TWO MEDICAID PLANS IN PENNSYLVANIA TO  
RECEIVE AND OVERALL RATING OF 4.5 OUT OF FIVE STARS IN NCQA'S MEDICAID  
HEALTH PLAN RATINGS 2023. IT 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 HAS AN OVERALL  
RATING OF 4 OUT OF 5 IN THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE NCQA  
HEALTH PLAN RATING FOR 2019-2022.

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

THE CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA (THE CENTER) IS  
DEDICATED TO THE REDUCTION OF MORBIDITY AND MORTALITY BY PROVIDING  
QUALITY EDUCATION PROGRAMS AS WELL AS DESIGNING AND DEVELOPING QUALITY  
EDUCATIONAL PRODUCTS. THE CENTER WAS ORIGINALLY FORMED IN 1978 TO BRING  
THE CITY OF PITTSBURGH AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF  
MEDICINE TOGETHER TO IMPROVE THE QUALITY AND DELIVERY OF EMERGENCY  
MEDICAL SERVICES IN PITTSBURGH. THE CENTER IS A MULTI-HOSPITAL CONSORTIUM  
DEDICATED TO THE ADVANCEMENT OF EMERGENCY MEDICINE THROUGH RESEARCH,  
EDUCATION, AIR MEDICAL TRANSPORT AND QUALITY CARE. CURRENTLY, THE CENTER  
PROVIDES MEDICAL DIRECTION FOR THE CITY OF PITTSBURGH BUREAU OF EMS.

AS A CONSORTIUM, THE CENTER FOR EMERGENCY MEDICINE IS A UNIQUE MODEL OF  
SUCCESS -- AN ADVANCED SYSTEM OF EMERGENCY TRANSPORT, CLINICAL CARE, AND  
EDUCATION AND RESEARCH. THE CENTER HAS BECOME THE WORLD'S LEADING

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INSTITUTE FOR THE ADVANCEMENT OF EMERGENCY MEDICINE RESEARCH AND  
EDUCATION, AND MOST IMPORTANTLY, PATIENT CARE. DURING FISCAL YEAR 2023,  
THE CENTER FOR EMERGENCY MEDICINE PROVIDED UNCOMPENSATED CARE AT A COST  
OF OVER \$2,400,000.

THE CENTER IS COMPRISED OF FOUR DIVISIONS AND EMPLOYS MORE THAN 400  
CLINICIANS, EDUCATORS AND RESEARCHERS THROUGHOUT PENNSYLVANIA, OHIO,  
MARYLAND, AND WASHINGTON DC.

STAT MEDEVAC IS WIDELY RECOGNIZED AS ONE OF THE PREMIER AIR MEDICAL AND  
CRITICAL CARE TRANSPORTATION SERVICES IN THE COUNTRY. IT CURRENTLY  
OPERATES 17 HELICOPTER BASES IN FOUR STATES. THE ORGANIZATION TRANSPORTS  
MORE THAN 12,000 CRITICAL PATIENTS A YEAR AND HAS FLOWN OVER 300,000  
PATIENTS SINCE IT BEGAN OPERATIONS IN 1984.

THE CENTER'S OFFICE OF EDUCATION IS INTERNATIONALLY RECOGNIZED FOR ITS  
PREMIER PARAMEDIC AND EMT TRAINING PROGRAMS AND WORLD-RENOWNED FACILITY.  
EACH YEAR THEIR ACCREDITED PROGRAMS TRAIN HUNDREDS OF EMTS AND PARAMEDICS  
IN A VARIETY OF ORIGINAL AND CONTINUING EDUCATION PROGRAMS. SINCE 1994,  
THE VAST MAJORITY OF EMS PROVIDERS IN THE UNITED STATES HAVE BEEN TRAINED  
USING A NATIONAL STANDARD CURRICULUM DEVELOPED BY THEIR FACULTY.

THE CENTER FOR RESEARCH IN EMERGENCY IS THE NATION'S MOST PROLIFIC  
RESEARCH INSTITUTION IN THE WORLD FOR PREHOSPITAL CARE AND EMERGENCY  
MEDICINE RESEARCH. WITH SEVERAL HUNDRED PUBLICATIONS IN THE PAST 30

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YEARS, STUDIES CONDUCTED BY THEIR RESEARCH FACILITY HAVE HAD A  
SIGNIFICANT IMPACT ON IMPROVING CARE DELIVERED TO PATIENTS BEFORE THEY  
REACH THE HOSPITAL. THEIR RESEARCH TEAM IS WORLD-RENOWNED FOR THEIR WORK  
HAVE RECEIVED DOZENS OF AWARDS FROM NATIONAL ASSOCIATIONS LIKE THE  
AMERICAN HEART ASSOCIATION FOR THEIR NUMEROUS AND VALUABLE CONTRIBUTIONS  
TO SCIENCE.

EMED HEALTH IS THE NEWEST DIVISION OF THE CENTER FOR EMERGENCY MEDICINE  
BUT IS ONE OF THE MOST EXPERIENCED AND LONGEST RUNNING PROGRAMS IN THE  
WORLD THAT USE EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS IN COMMUNITY  
AND PUBLIC HEALTH INITIATIVES. EMED HEALTH HAS DEVELOPED SEVERAL PROGRAMS  
THAT UTILIZE HIGHLY TRAINED, COMMUNITY-BASED EMS PROVIDERS IN PREVENTION,  
SCREENING AND DISEASE MANAGEMENT INITIATIVES DESIGNED TO REDUCE HEALTH  
CARE COSTS AND INCREASE HEALTHCARE QUALITY. THESE PROGRAMS MAKE BETTER  
USE OF EMS PROVIDERS IN THEIR COMMUNITIES BUT WILL HELP PROVIDE CRITICAL  
PUBLIC HEALTH PROGRAMS IN UNDERSERVED AREAS.

SINCE 1993, SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT (SAFE HARBOR)  
OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES FOR PEOPLE IN ERIE COUNTY.  
SAFE HARBOR SERVES AS THE COUNTY'S CRISIS HOTLINE OPERATOR AND COMMUNITY  
CRISIS RESPONDER. SUPPORTED BY ALMOST 200 STAFF MEMBERS SAFE HARBOR IS  
COMMITTED TO PROVIDING QUALITY MENTAL HEALTH CARE.

SAFE HARBOR OFFERS BEHAVIORAL HEALTH ASSISTANCE TO ADULTS AND CHILDREN

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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. CRISIS SERVICES OF ERIE COUNTY, AN EIGHT-BED COMMUNITY ALTERNATIVE TO INPATIENT MENTAL HEALTH HOSPITALIZATIONS, ASSISTS INDIVIDUALS EXPERIENCING A CRISIS 24/7/365 THROUGH TELEPHONE, WALK-IN, OR MOBILE SUPPORT. EXAMPLES OF THE TYPES OF CRISES ARE THOUGHTS OF SUICIDE, SUBSTANCE ABUSE, BEREAVEMENT, UNCOMFORTABLE SYMPTOMS OF MENTAL ILLNESS, RELATIONSHIP DIFFICULTIES, FAMILY CONCERNS, PARENTING NEEDS AND SITUATIONAL STRESS (FINANCIAL, JOB LOSS, HOMELESSNESS).

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. SAFE HARBOR PROVIDED



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QUARTERLY TRAINING TO THE ERIE POLICE DEPARTMENT ON MENTAL ILLNESS,  
SUICIDE PREVENTION, DOMESTIC VIOLENCE, ADDICTION AND RESOURCES IN THE  
COMMUNITY. SAFE HARBOR STAFF VISITED HARBORCREEK SCHOOLS, MERCYHURST  
UNIVERSITY AND FAIRVIEW SCHOOL DISTRICT TO PROVIDE SUICIDE PREVENTION  
INFORMATION FOR THE STUDENTS AND STAFF. SAFE HARBOR STAFF PARTICIPATED IN  
THE ANNUAL SUICIDE PREVENTION/AWARENESS WALK AT PRESQUE ISLE. STAFF  
ATTENDED NUMEROUS HEALTH FAIR EVENTS AND PROVIDED INFORMATION ABOUT  
MENTAL HEALTH AND CRISIS SERVICES WITH THE COMMUNITY.

SAFE HARBOR REPRESENTATIVES PARTICIPATED IN A TABLING EVENT DURING THE  
OUT OF THE DARKNESS COMMUNITY WALK HELD AT PRESQUE ISLE'S ROTARY  
PAVILION. THE PURPOSE OF THE EVENT IT TO RAISE AWARENESS/FUNDS & PROVIDE  
SUPPORT TO THOSE IMPACTED BY SUICIDE. STAFF PROVIDED INFORMATION ABOUT  
LOCAL MENTAL HEALTH AND CRISIS SERVICES TO PARTICIPANTS OF THE EVENT.

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 ALMOST 300 FULL-TIME  
EMPLOYEES AND IS POSITIONED AS ONE OF THE LARGEST EMPLOYERS IN MCKEESPORT

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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.

ANGORA GARDENS IS A FULLY GRANT AND DONATION FUNDED PROGRAM OPEN TO THE  
PUBLIC FOR A VARIETY OF FREE CLASSES, WHICH INCLUDE TOPICS SUCH AS  
NUTRITION, HOLISTIC HEALTH, FITNESS, GARDENING, AND ARTS AND CRAFTS.  
CLASSES ARE DESIGNED TO HELP MANAGE, MAINTAIN AND ENHANCE HEALTH  
LIFESTYLE CHOICES FOR ALL PROGRAM PARTICIPANTS (CONSUMERS LIVING WITH  
MENTAL HEALTH AND INTELLECTUAL DISABILITIES, CONSUMERS OF LIKE AGENCIES,  
AND COMMUNITY MEMBERS FROM THE SURROUNDING AREA.)

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

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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 (FOUNDATION) IS ORGANIZED AND OPERATED  
TO ASSIST ITS RELATED EXEMPT ORGANIZATION TO CARRY OUT ITS CHARITABLE  
HEALTH CARE MISSION. THESE RELATED EXEMPT ORGANIZATIONS INCLUDE UPMC  
WILLIAMSPORT, UPMC MUNCY, UPMC WELLSBORO, AND UPMC LOCK HAVEN. EVERY  
DOLLAR STAYS LOCAL TO THE PROVIDE LIFE-CHANGING MEDICINE IN THE  
SUSQUEHANNA COMMUNITY.

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

THE FOUNDATION MANAGES A FULL COMPLEMENT OF FUNDRAISING PROGRAMS  
INCLUDING ANNUAL CAMPAIGNS, MEMORIAL GIFTS, SPECIAL EVENTS, MAJOR GIFTS,  
CAPITAL CAMPAIGNS, AND PLANNED GIVING. PROGRAMS INCLUDE THE BENEVOLENT  
CARE FUND WHICH OFFERS EMERGENCY, SHORT-TERM FINANCIAL ASSISTANCE TO  
PATIENTS OF UPMC IN NORTH CENTRAL, WHO WOULD OTHERWISE HAVE NO SOURCE OF  
PAYMENT FOR PHYSICIAN PRESCRIBED MEDICATIONS, TRANSPORTATION, INFANT CARE  
NECESSITIES, MEDICAL EQUIPMENT, MEDICAL SUPPLIES, OR CO-PAYS. THE  
FOUNDATION HAS BEEN WORKING WITH LOCAL COMMUNITY ORGANIZATIONS TO HELP  
OFFSET THE COST OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) TO ENSURE  
MORE ARE AVAILABLE FOR THE COMMUNITY.

UPMC SUSQUEHANNA IS ORGANIZED AND OPERATED TO COORDINATE THE ACTIVITIES

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OF FEDERALLY TAX-EXEMPT SECTION 501(C)(3) 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 STOP CHILD ABUSE AND INSPIRE HOPE THROUGH INTERVENTION, PREVENTION, EDUCATION, AND COMMUNITY OUTREACH. CAC WAS CREATED IN 1989 BY A GROUP OF PEOPLE WHO WERE CONCERNED ABOUT THE WELFARE OF ABUSED CHILDREN. IN 1996, IT PARTNERED WITH UPMC JAMESON. CAC OFFERS PROGRAMS THROUGHOUT LAWRENCE COUNTY WITH OFFICES IN NEW CASTLE AND ELLWOOD CITY. THE CENTER'S FOUR MAIN PRINCIPLES ARE PREVENTION, INTERVENTION, EDUCATION, AND OUTREACH.



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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, 161 CHILDREN  
VISITED THE CAC FOR A CHILD ABUSE FORENSIC INTERVIEW. IN ADDITION, THE  
MULTIDISCIPLINARY TEAM REVIEWED 313 CHILDLINE CASES AND MORE THAN 100  
CHILDREN RECEIVED THERAPEUTIC SERVICES AT THE CENTER.

THE LICENSED THERAPISTS AT CAC PROVIDE CHILD-FRIENDLY, TRAUMA-FOCUSED  
THERAPY TO CHILDREN AND THEIR SUPPORTIVE CAREGIVERS WHO HAVE SUFFERED  
ABUSE, HAVE SPECIAL TRAINING IN TREATING CHILDREN FROM BIRTH TO AGE 18,  
KNOW HOW TRAUMA IMPACTS A CHILD'S WELL-BEING AND USE EVIDENCE-BASED  
TREATMENTS TO HELP WITH HEALING. THE GOALS OF ITS THERAPY SERVICES ARE TO  
RESTORE A CHILD'S SENSE OF SAFETY, START THE HEALING PROCESS AND LESSEN  
THE LONG-TERM EFFECTS OF ABUSE. CAC PROVIDE TREATMENTS THAT ADDRESS THE  
IMPACT OF CHILD ABUSE INCLUDES TRAUMA-FOCUSED COGNITIVE BEHAVIORAL

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THERAPY (CBT), ALTERNATE FAMILIES CBT, PARENT-CHILD INTERACTION THERAPY,  
EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) AND CHILD-PARENT  
PSYCHOTHERAPY.

CAC OF LAWRENCE COUNTY'S EXPERT MULTI-DISCIPLINARY TEAM COMES FROM A WIDE  
RANGE OF FIELDS AND INCLUDES LAW ENFORCEMENT, CYS, DISTRICT ATTORNEYS,  
ADVOCATES, SOCIAL WORKERS, AND FORENSIC INTERVIEWERS.

A FAMILY ADVOCATE AT CAC PROVIDES AND ARRANGES SERVICES WITH FAMILIES AND  
COMMUNITIES THAT PROMOTE STRENGTH, HEALTHY LIVING, AND OVERALL  
WELL-BEING. THEY ACT AS A LIAISON BETWEEN FAMILIES, STAFF, LAW  
ENFORCEMENT. THEY DO A NEEDS ASSESSMENT AND MENTAL HEALTH SCREENING ON  
CHILDREN AND MAKE ANY REFERRALS AND PROVIDE RESOURCES.

THE JAMESON HEALTHCARE FOUNDATION (FOUNDATION) IS A FEDERALLY TAX-EXEMPT  
SECTION 501(C)(3) NONPROFIT ORGANIZATION THAT RAISES, MANAGES, AND  
ALLOCATES FUNDS IN SUPPORT OF UPMC JAMESON AND COMMUNITY HEALTH WITHIN  
THE HOSPITAL'S SERVICE AREA. THE MISSION OF THE FOUNDATION IS TO DEVELOP  
THE FINANCIAL RESOURCES NEEDED TO ENHANCE HEALTH AND WELLNESS, AND  
SUPPORT HIGH-QUALITY, ACCESSIBLE HEALTH CARE ACROSS THE REGION. THE  
FOUNDATION HAS A VARIETY OF FUNDS SUPPORTING SPECIFIC AREAS OF COMMUNITY  
AND HOSPITAL HEALTH, INCLUDING FOR CANCER PATIENTS, COMMUNITY ACCESS TO  
CARE, EDUCATION AND STAFF SUPPORT. THE FOUNDATION REGULARLY PROVIDES  
GRANTS TO UPMC JAMESON AS WELL AS HEALTH-FACING COMMUNITY ORGANIZATIONS  
TO ADVANCE HOSPITAL AND COMMUNITY INITIATIVES WHICH IMPROVE LOCAL HEALTH

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AND SOLICITS EXTERNAL GRANTS ON BEHALF OF UPMC JAMESON. THE FOUNDATION IS  
SUPPORTED BY A BOARD OF DIRECTORS MADE UP OF COMMUNITY MEMBERS AND  
HOSPITAL STAFF WHO OVERSEE THE FOUNDATIONS' OPERATIONS AND FINANCES.

TWIN LAKES CENTER, INC. (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  
2023 AND EMPLOYS 75 FULL TIME EMPLOYEES.

THE NEED FOR SUBSTANCE USE DISORDER WITHDRAWAL MANAGEMENT AND RESIDENTIAL  
ADDICTION TREATMENT HAS GROWN SIGNIFICANTLY OVER THE PAST SEVERAL YEARS.  
TWIN LAKES COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IDENTIFIED THAT THE  
MOST PREVALENT HEALTH NEEDS THAT THE COMMUNITY SHOULD BE ADDRESSING  
RELATED TO BEHAVIORAL HEALTH, ESPECIALLY AS IT RELATES TO SUBSTANCE USE  
DISORDER TREATMENT AND THIS HAS HAD REMAINED A PRIORITY OF TWIN LAKES.

IN 2022, UPMC WESTERN BEHAVIORAL HEALTH AT TWIN LAKES BROKE GROUND ON A  
\$16 MILLION EXPANSION PROJECT, WHICH INCREASED THE NUMBER OF BEDS BY 60%  
AND ADDING 20 NEW JOBS. THE NEW BUILDING WAS COMPLETED SEPTEMBER 2023 AND  
RENOVATIONS TO EXISTING BUILDINGS WERE COMPLETED IN DECEMBER 2023.

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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, 2023, SUGARCREEK PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF OVER \$3,800,000. 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 DUALY CERTIFIED BY MEDICARE AND MEDICAID. SPACIOUS GROUNDS, COURTYARDS, AND SINGLE LEVEL DESIGN



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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, 2023,  
CRANBERRY PLACE PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL  
OF APPROXIMATELY \$6,200,000.

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

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, 2023, THE HERITAGE SHADYSIDE PROVIDED FREE OR UNCOMPENSATED CARE  
INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY \$5,700,000.

**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 2023 990

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IS A CALENDAR YEAR AUDIT, INCLUSIVE OF THE PERIOD 1/1/22-12/31/22.

**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, 2023. 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.

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.

**PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE**

SECTION A QUESTION 1 A-B

SECTION A:

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.

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QUESTION 4: UPMC INTERNATIONAL HOLDINGS INC., A SUPPORTING ORGANIZATION UNDER SECTION 509(A) (3) MADE CHANGES TO ITS BYLAWS TO SPECIFICALLY TO LIST THE NAME OF THE SUPPORTED ORGANIZATION. IT ALSO CLARIFIED THAT OF MEMBERSHIP ON ITS BOARD OF DIRECTIONS, WHICH IS AT A MINIMUM OF THREE DIRECTORS, ONE SUCH DIRECTOR MUST ALSO BE A BOARD OF DIRECTORS MEMBER OF THE SUPPORTED ORGANIZATION.

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,

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GROUP, AND HAS, WITH RESPECT TO MOST ENTITIES IN THE GROUP, THE DISCRETION AND AUTHORITY TO INITIATE OR VETO ACTIONS TAKEN BY GROUP MEMBER GOVERNING BODIES. WITH RESPECT TO THE REMAINING MEMBERS, UPMC'S AUTHORITY IS LIMITED SLIGHTLY BUT STILL SIGNIFICANT, ENCOMPASSING MAJOR MATTERS INCLUDING FINANCIAL AND TAX MATTERS. THE COMPLETED GROUP FORM 990 WAS REVIEWED BY THE UPMC CHIEF FINANCIAL OFFICER, MEMBERS OF THE CORPORATE TAX DEPARTMENT, MEMBERS OF THE CORPORATE LEGAL DEPARTMENT, AND OTHER MEMBERS OF UPMC'S MANAGEMENT PRIOR TO ITS FILING. VARIOUS SECTIONS OF THE 990 WERE ALSO REVIEWED BY THE CHIEF EXECUTIVE OFFICER OF UPMC AND COMMITTEES OF UPMC'S BOARD OF DIRECTORS, AS APPLICABLE. FOR EXAMPLE, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD REVIEWED SECTIONS RELATED TO COMPENSATION AND RELATED PARTY TRANSACTIONS. IN ADDITION, THE BOARD OF DIRECTORS ESTABLISHED A 990 SUBCOMMITTEE, COMPRISED OF THE CHAIRS OF THE UPMC BOARD, EXECUTIVE COMPENSATION COMMITTEE, ETHICS AND COMPLIANCE COMMITTEE, FINANCE COMMITTEE AND AUDIT COMMITTEE, WHICH REVIEWED THE ENTIRE COMPLETED FORM 990.

ADDITIONALLY THE FORM 990 IS REVIEWED BY AN OUTSIDE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO AS PART OF THE PROCESS SIGNS THE RETURN AS PAID PREPARER. AFTER THIS REVIEW BUT PRIOR TO FILING, THE FULL UPMC BOARD OF DIRECTORS WAS NOTIFIED THAT THE COMPLETED FORM 990 WAS AVAILABLE FOR REVIEW ON THE BOARD'S SECURE WEBSITE. ALSO PRIOR TO FILING, MANAGEMENT PROVIDED THE OPPORTUNITY FOR ALL BOARD MEMBERS OF THE FULL UPMC BOARD TO ASK ANY QUESTIONS OR RAISE ANY COMMENTS ON THE FULL RETURN THEY WERE PROVIDED.



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QUESTION 12C: UPMC REQUIRES KEY EMPLOYED AND NON-EMPLOYED PERSONNEL TO  
COMPLY WITH ITS CONFLICT OF INTEREST POLICIES WHEN THEY ENGAGE IN UPMC-  
RELATED BUSINESS. PERSONS COVERED BY THE POLICIES INCLUDE:

- UPMC BOARD MEMBERS, BOARD COMMITTEE MEMBERS, CORPORATE OFFICERS, AND KEY  
EMPLOYEES
- UPMC PHYSICIANS AND NON-PHYSICIAN EMPLOYEES WHO HOLD A POSITION OF  
INFLUENCE
- IDENTIFIED NON-EMPLOYED MEMBERS OF THE UPMC MEDICAL STAFF WHO HOLD A  
POSITION OF INFLUENCE OR TRUST-INDIVIDUALS CONDUCTING CLINICAL RESEARCH  
AT UPMC, WHETHER OR NOT THEY ARE EMPLOYED BY UPMC.

THESE INDIVIDUALS ARE REQUIRED TO COMPLETE A QUESTIONNAIRE AT LEAST  
ANNUALLY, WHICH ALONG WITH OTHER DATA IS USED TO IDENTIFY POSSIBLE  
INDIVIDUAL AND INSTITUTIONAL CONFLICTS OF INTEREST. IF A POTENTIAL  
CONFLICT IS IDENTIFIED REGARDING A SPECIFIC UPMC ACTIVITY, THE CORPORATE  
COMPLIANCE DEPARTMENT, WITH THE ASSISTANCE OF THE LEGAL DEPARTMENT,  
EITHER DEVELOPS A WRITTEN PLAN DESIGNED TO PREVENT THE CONFLICT FROM  
INFLUENCING DECISIONS RELATED TO THAT ACTIVITY, OR REQUIRES THAT THE  
CONFLICTING RELATIONSHIP BE DIVESTED, AS APPROPRIATE. FOR EMPLOYED  
PERSONNEL AND NON-BOARD MEMBER, NON EMPLOYED PERSONNEL, THE CONFLICT OF  
INTEREST IDENTIFICATION AND MANAGEMENT PROCESS IS ULTIMATELY OVERSEEN BY  
AN ETHICS AND COMPLIANCE COMMITTEE OF THE UPMC BOARD OF DIRECTORS ON  
BEHALF OF UPMC AND ALL OF ITS SUBSIDIARIES. POTENTIAL CONFLICT OF

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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

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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

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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. 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**



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**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**

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 71 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        |

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|    |     |                                                                   |
|----|-----|-------------------------------------------------------------------|
| 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 | CCH | CHARLES COLE MEMORIAL HOSPITAL                                    |
| 13 | CEM | CENTER FOR EMERGENCY MEDICINE OF WESTERN PA                       |
| 14 | CHP | UPMC CHILDREN'S HOSPITAL OF PITTSBURGH                            |
| 15 | CHS | UPMC CHAUTAUQUA SERVICES INC                                      |
| 16 | CMI | UPMC COMMUNITY MEDICINE INC                                       |
| 17 | COL | COLE FOUNDATION INC                                               |
| 18 | CPF | CENTRAL PENNSYLVANIA MEDICAL FOUNDATION INC                       |
| 19 | CPS | UPMC COMMUNITY PROVIDER SERVICES                                  |
| 20 | CRP | CRANBERRY PLACE                                                   |
| 21 | DVP | DIVINE PROVIDENCE HOSPITAL OF THE SISTERS OF<br>CHRISTIAN CHARITY |
| 22 | EAS | UPMC EAST                                                         |
| 23 | EMI | UPMC EMERGENCY MEDICINE INC                                       |
| 24 | EPN | ERIE PHYSICIANS NETWORK - UPMC INC                                |
| 25 | FYO | UPMC FOR YOU                                                      |
| 26 | HCM | UPMC HOME CARE MANAGEMENT SERVICES                                |
| 27 | HHC | UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA                      |
| 28 | HMT | UPMC HAMOT                                                        |
| 29 | HCV | HAMOT COLE VENTURES                                               |
| 30 | HNA | HOME NURSING AGENCY AFFILIATES                                    |
| 31 | HNF | HOME NURSING AGENCY FOUNDATION                                    |

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|    |     |                                                 |
|----|-----|-------------------------------------------------|
| 32 | HNV | UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA    |
| 33 | HRF | UPMC HORIZON COMMUNITY HEALTH FOUNDATION        |
| 34 | HRZ | UPMC HORIZON                                    |
| 35 | IHI | UPMC INTERNATIONAL HOLDINGS INC                 |
| 36 | JAM | UPMC JAMESON                                    |
| 37 | JHE | JAMESON HEALTHCARE FOUNDATION                   |
| 38 | JMC | JAMESON MEDICAL CARE INC                        |
| 39 | KAN | UPMC KANE                                       |
| 40 | LHS | LAUREL HEALTH SYSTEM                            |
| 41 | LOC | UPMC LOCUM CLINICIANS                           |
| 42 | MAG | UPMC MAGEE - WOMENS HOSPITAL                    |
| 43 | MCK | UPMC MCKEESPORT                                 |
| 44 | MER | UPMC MERCY                                      |
| 45 | MUN | UPMC MUNCY                                      |
| 46 | MYC | MON YOUGH COMMUNITY SERVICE INC                 |
| 47 | NWH | UPMC NORTHWEST                                  |
| 48 | OVI | UPMC OVERSEAS INC                               |
| 49 | PRY | UPMC PRESBYTERIAN SHADYSIDE                     |
| 50 | PSV | UPMC PASSAVANT                                  |
| 51 | RHS | REGIONAL HEALTH SERVICES INC                    |
| 52 | SCS | SUGAR CREEK STATION                             |
| 53 | SHB | SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT     |
| 54 | SHF | SUSQUEHANNA HEALTH FOUNDATION                   |
| 55 | SHS | SUSQUEHANNA HEALTH SYSTEM INNOVATION CENTER INC |
| 56 | SMH | UPMC ST MARGARET                                |

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|    |     |                                                    |
|----|-----|----------------------------------------------------|
| 57 | SPS | SUSQUEHANNA PHYSICIAN SERVICES                     |
| 58 | SOM | UMPC SOMERSET                                      |
| 59 | SUN | UMPC SUNBURY                                       |
| 60 | SUS | UMPC SUSQUEHANNA                                   |
| 61 | THC | TIOGA HEALTH CARE PROVIDERS                        |
| 62 | THS | THE HERITAGE SHADYSIDE                             |
| 63 | TLC | TWIN LAKES CENTER INC                              |
| 64 | UHC | UMPC MEDICAL EDUCATION                             |
| 65 | ULH | UMPC LOCK HAVEN                                    |
| 66 | UPC | UNIVERSITY OF PGH CANCER INSTITUTE CANCER SERVICES |
| 67 | UPM | UMPC                                               |
| 68 | UPP | UNIVERSITY OF PITTSBURGH PHYSICIANS                |
| 69 | UTS | UMPC TRAVEL STAFFING                               |
| 70 | WEL | UMPC WELLSBORO                                     |
| 71 | WIL | UMPC 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



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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

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MOST WORK HOURS IN EXCESS OF 40 PER WEEK.

**PART XI RECONCILIATION OF NET ASSETS**

|                                           |               |
|-------------------------------------------|---------------|
| NET TRANSFERS FROM EXEMPT PARENT          | 507,249,436   |
| ADDITION OF GROUP MEMBERS                 | 126,647,431   |
| PARTNERSHIP/JV INVESTMENTS                | 28,476,886    |
| CURRENCY ADJUSTMENT                       | 1,505,461     |
| OTHER INCREASES/DECREASES IN FUND BALANCE | (1,521,963)   |
| NET RESTRICTED SPF ACTIVITY               | (4,941,798)   |
| CHANGE IN BENEFICIAL INTEREST             | (11,840,348)  |
| NET TRANSFERS TO EXEMPT AFFILIATES        | (162,876,215) |
| TOTAL                                     | 482,698,890   |

**PART XII FINANCIAL STATEMENTS AND REPORTING**

QUESTION 2B

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](http://WWW.UPMC.COM))

THE FINANCIAL STATEMENT AUDIT DURING THE 990 FILING PERIOD IS FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2022.

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.

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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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

20-8295721

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  
IRELAND  
CHINA  
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 |
|---------------------------------------------------------------------------------------------|-------------------------|--------------|
| WHITING-TURNER PJ DICK JV<br>225 NORTH SHORE DRIVE<br>PITTSBURGH, PA 15212                  | CONSTRUCT CONTRACTOR    | 138,229,442. |
| MASCARO BARTON MARLOW A JOINT VENTURE<br>601 TECHNOLOGY DRIVE<br>CANNONBURG, PA 15317       | CONSTRUCT CONTRACTOR    | 52,729,354.  |
| AEC GROUP LLC<br>3000 MONTGOMERY CHURCH ROAD<br>OAKDALE, PA 15071                           | INFO TECH SERVICES      | 42,586,589.  |
| MSP SYNCHRONIZED SOLUTIONS LLC<br>6 CONCOURSE PARKWAY, SUITE 2250<br>ATLANTA, GA 30328      | PHYSICIAN SERVICES      | 29,128,848.  |
| QUEST DIAGNOSTICS VENTURE LLC<br>875 GREENTREE RD, 4 PARKWAY CENTER<br>PITTSBURGH, PA 15220 | LABORATORY SERVICES     | 26,009,733.  |

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

| DESCRIPTION     | ENDING<br>BOOK VALUE | COST<br>OR FMV |
|-----------------|----------------------|----------------|
| -----           | -----                | -----          |
| PUBLICLY TRADED | 222,390,581.         | FMV            |
|                 | -----                |                |
| TOTALS          | 222,390,581.         |                |
|                 | =====                |                |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1)<br>SEE SUPPLEMENTAL PAGE                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (2)                                                   |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (3)                                                   |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (4)                                                   |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (5)                                                   |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (6)                                                   |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (7)                                                   |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

Schedule R (Form 990) 2022

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512 - 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                           | Yes                                       | No |                                |
| (1)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                       |                         |                                                        |                                     |                                                     |                                 |                                       |                                | Yes                                                   | No |
| (1)<br>SEE SUPPLEMENTAL PAGE                          |                         |                                                        |                                     |                                                     |                                 |                                       |                                |                                                       |    |
| (2)                                                   |                         |                                                        |                                     |                                                     |                                 |                                       |                                |                                                       |    |
| (3)                                                   |                         |                                                        |                                     |                                                     |                                 |                                       |                                |                                                       |    |
| (4)                                                   |                         |                                                        |                                     |                                                     |                                 |                                       |                                |                                                       |    |
| (5)                                                   |                         |                                                        |                                     |                                                     |                                 |                                       |                                |                                                       |    |
| (6)                                                   |                         |                                                        |                                     |                                                     |                                 |                                       |                                |                                                       |    |
| (7)                                                   |                         |                                                        |                                     |                                                     |                                 |                                       |                                |                                                       |    |



**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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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?                          |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | X   |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         |     | X  |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      |     | X  |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   |     | X  |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             |     | X  |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | X   |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              |     |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             |     | X  |
| <b>2</b> 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)<br>Name of related organization       | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) CORE NETWORK LLC                      | P                               | 51,545,965.            | COST                                         |
| (2) CHILDREN'S COMMUNITY CARE             | P                               | 2,953,667.             | COST                                         |
| (3) ASBURY HEIGHTS OF UPMC                | Q                               | 243,957.               | COST                                         |
| (4) CANTERBURY PLACE                      | Q                               | 104,776.               | COST                                         |
| (5) CENTER FOR EMERGENCY MEDICINE OF W PA | Q                               | 404,317.               | COST                                         |
| (6) CHILDREN'S COMMUNITY CARE             | Q                               | 1,156,478.             | COST                                         |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|                                                                                                                                                                                       | Yes       | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization      | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) COMMUNITY CARE BEHAVIORAL HEALTH ORG | Q                               | 9,927,047.             | COST                                         |
| (2) CRANBERRY PLACE                      | Q                               | 151,519.               | COST                                         |
| (3) FORBES REINSURANCE COMPANY LTD       | Q                               | 838,086.               | COST                                         |
| (4) HCMS GROUP LLC                       | Q                               | 244,844.               | COST                                         |
| (5) HEMATOLOGY ONCOLOGY ASSOCIATION      | Q                               | 1,031,347.             | COST                                         |
| (6) JAMESON CARE CENTER                  | Q                               | 104,776.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization           | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) MAGEE-WOMENS HOSPITAL OF UPMC             | Q                                  | 130,365,602.           | COST                                            |
| (2) ONCOLOGY HEMATOLOGY ASSOCIATION           | Q                                  | 6,348,289.             | COST                                            |
| (3) PANTHER REINSURANCE COMPANY LTD           | Q                                  | 96,574.                | COST                                            |
| (4) RENAISSANCE FAMILY PRACTICE-UPMC, INC.    | Q                                  | 1,393,510.             | COST                                            |
| (5) SENECA PLACE                              | Q                                  | 192,362.               | COST                                            |
| (6) SOUTH C ALPHA HOUSING AND HEALTHCARE INC. | Q                                  | 105,227.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization               | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---------------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) SOUTH W ALPHA HOUSING AND HEALTHCARE INC.     | Q                                  | 105,227.               | COST                                            |
| (2) STRATEGIC BUSINESS INITIATIVES LLC            | Q                                  | 2,296,365.             | COST                                            |
| (3) SUGARCREEK STATION                            | Q                                  | 105,227.               | COST                                            |
| (4) TRI-CENTURY INSURANCE COMPANY                 | Q                                  | 205,602.               | COST                                            |
| (5) TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC. | Q                                  | 116,717.               | COST                                            |
| (6) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | Q                                  | 5,737,291.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization       | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UNIVERSITY OF PITTSBURGH PHYSICIANS   | Q                                  | 126,268,236.           | COST                                            |
| (2) UPMC ALTOONA                          | Q                                  | 85,452,986.            | COST                                            |
| (3) UPMC BEDFORD                          | Q                                  | 7,014,784.             | COST                                            |
| (4) UPMC BENEFIT MANAGEMENT SERVICES INC. | Q                                  | 9,373,403.             | COST                                            |
| (5) UPMC CHAUTAUQUA AT WCA                | Q                                  | 15,700,566.            | COST                                            |
| (6) UPMC CHILDREN'S HOSPITAL OF PGH       | Q                                  | 110,530,398.           | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization  | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|--------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC COLE                        | Q                                  | 6,177,594.             | COST                                            |
| (2) UPMC COMMUNITY MEDICINE INC.     | Q                                  | 20,188,981.            | COST                                            |
| (3) UPMC COMMUNITY PROVIDER SERVICES | Q                                  | 26,172,191.            | COST                                            |
| (4) UPMC EAST                        | Q                                  | 24,505,542.            | COST                                            |
| (5) UPMC EXCESS PL TRUST             | Q                                  | 601,981.               | COST                                            |
| (6) UPMC FOR YOU, INC.               | Q                                  | 50,933,763.            | 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC HAMOT                      | Q                                  | 86,813,771.            | COST                                            |
| (2) UPMC HEALTH BENEFITS INC.       | Q                                  | 515,516.               | COST                                            |
| (3) UPMC HEALTH COVERAGE INC.       | Q                                  | 693,202.               | COST                                            |
| (4) UPMC HEALTH NETWORK INC.        | Q                                  | 1,173,005.             | COST                                            |
| (5) UPMC HEALTH OPTIONS INC.        | Q                                  | 15,520,690.            | COST                                            |
| (6) UPMC HEALTH PLAN INC.           | Q                                  | 16,016,498.            | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC HORIZON                    | Q                                  | 19,329,433.            | COST                                            |
| (2) UPMC JAMESON                    | Q                                  | 14,965,952.            | COST                                            |
| (3) UPMC MCKEESPORT                 | Q                                  | 18,689,573.            | COST                                            |
| (4) UPMC MERCY                      | Q                                  | 56,708,370.            | COST                                            |
| (5) UPMC MULTISPECIALTY GROUP, INC. | Q                                  | 678,316.               | COST                                            |
| (6) UPMC NORTHWEST                  | Q                                  | 17,388,287.            | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC OVERSEAS                   | Q                                  | 1,518,743.             | COST                                            |
| (2) UPMC PASSAVANT                  | Q                                  | 55,586,360.            | COST                                            |
| (3) UPMC SENIOR COMMUNITIES, INC.   | Q                                  | 223,286.               | COST                                            |
| (4) UPMC SHADYSIDE HERITAGE         | Q                                  | 105,227.               | COST                                            |
| (5) UPMC SOMERSET                   | Q                                  | 3,342,994.             | COST                                            |
| (6) UPMC ST. MARGARET               | Q                                  | 34,291,814.            | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization      | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UPMC WILLIAMSPORT                    | Q                               | 42,078,939.            | COST                                         |
| (2) UPMC WORK ALLIANCE                   | Q                               | 88,037.                | COST                                         |
| (3) WASHINGTON SENIOR CARE CORP          | Q                               | 89,859.                | COST                                         |
| (4) UPMC PRESBYTERIAN SHADYSIDE          | P                               | 1,030,013,434.         | COST                                         |
| (5) CHARLES COLE MEMORIAL HOSPITAL       | K                               | 231,733.               | COST                                         |
| (6) COMMUNITY CARE BEHAVIORAL HEALTH ORG | K                               | 213,187.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) DIVINE PROVIDENCE               | K                                  | 1,565,397.             | COST                                            |
| (2) HAMOT COLE VENTURES             | K                                  | 591,500.               | COST                                            |
| (3) HOME NURSING AGENCY AFFILIATES  | K                                  | 870,070.               | COST                                            |
| (4) JAMESON HEALTHCARE FOUNDATION   | K                                  | 65,345.                | COST                                            |
| (5) MAGEE-WOMENS HOSPITAL OF UPMC   | K                                  | 4,031,238.             | COST                                            |
| (6) REGIONAL HEALTH SERVICES INC    | K                                  | 1,262,339.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization     | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) SOMERSET HEALTH SERVICES, INC.      | K                                  | 361,514.               | COST                                            |
| (2) SUSQUEHANNA HEALTH INNOV. CTR, INC. | K                                  | 950,004.               | COST                                            |
| (3) SUSQUEHANNA PHYSICIAN SERVICES      | K                                  | 278,216.               | COST                                            |
| (4) UNIVERSITY OF PITTSBURGH PHYSICIANS | K                                  | 3,416,064.             | COST                                            |
| (5) UPMC ALTOONA                        | K                                  | 1,687,319.             | COST                                            |
| (6) UPMC BEDFORD                        | K                                  | 184,697.               | 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)<br>Name of related organization  | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|--------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC CHILDREN'S HOSPITAL OF PGH  | K                                  | 8,434,803.             | COST                                            |
| (2) UPMC COMMUNITY MEDICINE INC.     | K                                  | 3,673,623.             | COST                                            |
| (3) UPMC COMMUNITY PROVIDER SERVICES | K                                  | 625,000.               | COST                                            |
| (4) UPMC EAST                        | K                                  | 621,245.               | COST                                            |
| (5) UPMC FOR YOU, INC.               | K                                  | 88,894.                | COST                                            |
| (6) UPMC HAMOT                       | K                                  | 3,388,129.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC HORIZON                    | K                                  | 917,328.               | COST                                            |
| (2) UPMC LOCK HAVEN                 | K                                  | 105,851.               | COST                                            |
| (3) UPMC MCKEESPORT                 | K                                  | 651,254.               | COST                                            |
| (4) UPMC MERCY                      | K                                  | 1,942,260.             | COST                                            |
| (5) UPMC MUNCY                      | K                                  | 139,576.               | COST                                            |
| (6) UPMC NORTHWEST                  | K                                  | 176,183.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC PASSAVANT                  | K                                  | 6,543,621.             | COST                                            |
| (2) UPMC PRESBYTERIAN SHADYSIDE     | K                                  | 20,788,822.            | COST                                            |
| (3) UPMC SOMERSET                   | K                                  | 448,875.               | COST                                            |
| (4) UPMC ST. MARGARET               | K                                  | 1,861,389.             | COST                                            |
| (5) UPMC WELLSBORO                  | K                                  | 368,934.               | COST                                            |
| (6) UPMC WILLIAMSPORT               | K                                  | 2,863,446.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization              | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JV | J                               | 355,635.               | COST                                         |
| (2) CENTER FOR EMERGENCY MEDICINE OF W PA        | J                               | 76,262.                | COST                                         |
| (3) CHARLES COLE MEMORIAL HOSPITAL               | J                               | 621,193.               | COST                                         |
| (4) CHARTWELL PA LLP                             | J                               | 1,042,243.             | COST                                         |
| (5) CHILDREN'S COMMUNITY CARE                    | J                               | 768,128.               | COST                                         |
| (6) COLE CARE, INC.                              | J                               | 277,817.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization      | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) COMMUNITY CARE BEHAVIORAL HEALTH ORG | J                                  | 172,566.               | COST                                            |
| (2) CORE NETWORK LLC                     | J                                  | 2,281,530.             | COST                                            |
| (3) CRANBERRY PLACE                      | J                                  | 2,182,848.             | COST                                            |
| (4) HEMATOLOGY ONCOLOGY ASSOCIATION      | J                                  | 194,162.               | COST                                            |
| (5) MAGEE-WOMENS HOSPITAL OF UPMC        | J                                  | 5,224,104.             | COST                                            |
| (6) REGIONAL HEALTH SERVICES INC         | J                                  | 2,294,037.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization        | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|--------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) RENAISSANCE FAMILY PRACTICE-UPMC, INC. | J                                  | 124,145.               | COST                                            |
| (2) RX PARTNERS, INC                       | J                                  | 66,334.                | COST                                            |
| (3) SENECA PLACE                           | J                                  | 275,667.               | COST                                            |
| (4) SHADYSIDE MEDICAL CENTER ASSOCIATES, I | J                                  | 124,800.               | COST                                            |
| (5) SOMERSET HEALTH SERVICES, INC.         | J                                  | 414,114.               | COST                                            |
| (6) SUSQUEHANNA PHYSICIAN SERVICES         | J                                  | 4,420,283.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization               | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---------------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) SUSQUEHANNA VENTURES                          | J                                  | 114,524.               | COST                                            |
| (2) TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC. | J                                  | 277,635.               | COST                                            |
| (3) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | J                                  | 96,227.                | COST                                            |
| (4) UNIVERSITY OF PITTSBURGH PHYSICIANS           | J                                  | 28,243,924.            | COST                                            |
| (5) UPMC ADVANCE PRACTICE PROVIDERS               | J                                  | 243,464.               | COST                                            |
| (6) UPMC ALTOONA                                  | J                                  | 62,433.                | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization             | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC ALTOONA REGIONAL HEALTH SERVICES, INC. | J                                  | 1,251,905.             | COST                                            |
| (2) UPMC CHILDREN'S HOSPITAL OF PGH             | J                                  | 471,600.               | COST                                            |
| (3) UPMC COMMUNITY MEDICINE INC.                | J                                  | 6,191,619.             | COST                                            |
| (4) UPMC COMMUNITY PROVIDER SERVICES            | J                                  | 551,281.               | COST                                            |
| (5) UPMC HAMOT                                  | J                                  | 202,183.               | COST                                            |
| (6) UPMC HEALTH PLAN INC.                       | J                                  | 1,705,530.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization    | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|----------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC HOME CARE MANAGEMENT SERVICES | J                                  | 89,336.                | COST                                            |
| (2) UPMC HOME HEALTHCARE OF CENTRAL PA | J                                  | 1,175,138.             | COST                                            |
| (3) UPMC HORIZON                       | J                                  | 96,711.                | COST                                            |
| (4) UPMC JAMESON                       | J                                  | 73,678.                | COST                                            |
| (5) UPMC MERCY                         | J                                  | 87,000.                | COST                                            |
| (6) UPMC NORTHWEST                     | J                                  | 155,977.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization      | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC PASSAVANT                       | J                                  | 308,181.               | COST                                            |
| (2) UPMC PRESBYTERIAN SHADYSIDE          | J                                  | 5,512,990.             | COST                                            |
| (3) UPMC ST. MARGARET                    | J                                  | 90,190.                | COST                                            |
| (4) UPMC WILLIAMSPORT                    | J                                  | 1,339,398.             | COST                                            |
| (5) WILLIAMSPORT AREA AMBULANCE SERVICE  | J                                  | 70,269.                | COST                                            |
| (6) COMMUNITY CARE BEHAVIORAL HEALTH ORG | Q                                  | 936,843.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization     | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UPMC FOR YOU, INC.                  | Q                               | 5,340,390.             | COST                                         |
| (2) LEXINGTON HOLDINGS INC.             | B                               | 28,700,000.            | COST                                         |
| (3) UPMC PRESBYTERIAN SHADYSIDE         | P                               | 5,578,990.             | COST                                         |
| (4) REGIONAL HEALTH SERVICES INC        | Q                               | 5,578,990.             | COST                                         |
| (5) HC PHARMACY CENTRAL INC.            | P                               | 466,780,501.           | COST                                         |
| (6) UNIVERSITY OF PITTSBURGH PHYSICIANS | P                               | 582,422,390.           | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization       | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UPMC BEDFORD                          | Q                               | 342,515.               | COST                                         |
| (2) CENTER FOR EMERGENCY MEDICINE OF W PA | Q                               | 2,082,318.             | COST                                         |
| (3) UPMC CHILDREN'S HOSPITAL OF PGH       | Q                               | 92,646,144.            | COST                                         |
| (4) UPMC EAST                             | Q                               | 18,450,352.            | COST                                         |
| (5) UPMC COMMUNITY PROVIDER SERVICES      | Q                               | 342,072.               | COST                                         |
| (6) UPMC HORIZON                          | Q                               | 19,155,682.            | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization               | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---------------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) MAGEE-WOMENS HOSPITAL OF UPMC                 | Q                               | 51,393,466.            | COST                                         |
| (2) UPMC MCKEESPORT                               | Q                               | 5,811,987.             | COST                                         |
| (3) UPMC MERCY                                    | Q                               | 47,787,966.            | COST                                         |
| (4) UPMC PASSAVANT                                | Q                               | 28,967,864.            | COST                                         |
| (5) UPMC NORTHWEST                                | Q                               | 3,773,666.             | COST                                         |
| (6) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | Q                               | 165,063.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization     | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC OVERSEAS                       | Q                                  | 95,000.                | COST                                            |
| (2) UPMC PRESBYTERIAN SHADYSIDE         | Q                                  | 257,963,991.           | COST                                            |
| (3) UPMC HAMOT                          | Q                                  | 10,416,699.            | COST                                            |
| (4) UPMC ST. MARGARET                   | Q                                  | 14,150,144.            | COST                                            |
| (5) UPMC HEALTH PLAN INC.               | Q                                  | 2,261,522.             | COST                                            |
| (6) STRATEGIC BUSINESS INITIATIVES, LLC | Q                                  | 304,031.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization             | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) ONCOLOGY HEMATOLOGY ASSOCIATION             | Q                               | 176,723.               | COST                                         |
| (2) UPMC ALTOONA                                | Q                               | 15,815,233.            | COST                                         |
| (3) UPMC ALTOONA REGIONAL HEALTH SERVICES, INC. | Q                               | 3,612,253.             | COST                                         |
| (4) UPMC JAMESON                                | Q                               | 6,707,700.             | COST                                         |
| (5) UPMC COMMUNITY MEDICINE INC.                | P                               | 146,418,763.           | COST                                         |
| (6) UPMC BEDFORD                                | Q                               | 3,691,417.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC EAST                       | Q                                  | 11,041,771.            | COST                                            |
| (2) UPMC HORIZON                    | Q                                  | 10,683,088.            | COST                                            |
| (3) MAGEE-WOMENS HOSPITAL OF UPMC   | Q                                  | 5,288,725.             | COST                                            |
| (4) UPMC MCKEESPORT                 | Q                                  | 9,593,727.             | COST                                            |
| (5) UPMC MERCY                      | Q                                  | 10,746,393.            | COST                                            |
| (6) UPMC PASSAVANT                  | Q                                  | 46,834,687.            | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization   | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC NORTHWEST                    | Q                                  | 5,776,563.             | COST                                            |
| (2) UPMC ST. MARGARET                 | Q                                  | 36,530,275.            | COST                                            |
| (3) UPMC JAMESON                      | Q                                  | 6,232,117.             | COST                                            |
| (4) ERIE PHYSICIANS NETWORK-UPMC INC. | P                                  | 2,515,437.             | COST                                            |
| (5) UPMC HAMOT                        | Q                                  | 2,515,437.             | COST                                            |
| (6) REGIONAL HEALTH SERVICES INC.     | K                                  | 3,506,880.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization               | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---------------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC NORTHWEST                                | P                                  | 127,000.               | COST                                            |
| (2) UPMC HAMOT                                    | Q                                  | 3,379,880.             | COST                                            |
| (3) UPMC OVERSEAS                                 | P                                  | 2,315,294.             | COST                                            |
| (4) UPMC ITALY S.R.L.                             | Q                                  | 2,315,294.             | COST                                            |
| (5) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P                                  | 7,787,540.             | COST                                            |
| (6) UPMC CHILDREN'S HOSPITAL OF PGH               | Q                                  | 248,786.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC EAST                       | Q                                  | 438,215.               | COST                                            |
| (2) MAGEE-WOMENS HOSPITAL OF UPMC   | Q                                  | 1,326,462.             | COST                                            |
| (3) UPMC PASSAVANT                  | Q                                  | 670,053.               | COST                                            |
| (4) UPMC PRESBYTERIAN SHADYSIDE     | Q                                  | 4,008,766.             | COST                                            |
| (5) UPMC ST. MARGARET               | Q                                  | 536,042.               | COST                                            |
| (6) UPMC NORTHWEST                  | Q                                  | 363,562.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization               | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---------------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC MERCY                                    | Q                                  | 195,654.               | COST                                            |
| (2) MAGEE-WOMENS HOSPITAL OF UPMC                 | Q                                  | 66,351,745.            | COST                                            |
| (3) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P                                  | 66,351,745.            | COST                                            |
| (4) UPMC COMMUNITY PROVIDER SERVICES              | P                                  | 2,463,885.             | COST                                            |
| (5) CHARTWELL PA LLP                              | Q                                  | 21,380.                | COST                                            |
| (6) SENECA PLACE                                  | Q                                  | 152,040.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization               | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---------------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UPMC COMMUNITY PROVIDER SERVICES              | Q                               | 702,776.               | COST                                         |
| (2) UPMC HOME CARE MANAGEMENT SERVICES            | Q                               | 445,528.               | COST                                         |
| (3) UPMC HOME HEALTHCARE OF WESTERN PA            | Q                               | 326,065.               | COST                                         |
| (4) UPMC PRESBYTERIAN SHADYSIDE                   | Q                               | 816,096.               | COST                                         |
| (5) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P                               | 66,351,745.            | COST                                         |
| (6) MAGEE-WOMENS HOSPITAL OF UPMC                 | Q                               | 66,351,745.            | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization               | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---------------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P                               | 902,140.               | COST                                         |
| (2) UPMC NORTHWEST                                | Q                               | 902,140.               | COST                                         |
| (3) REGIONAL HEALTH SERVICES INC                  | P                               | 15,172,578.            | COST                                         |
| (4) CHARLES COLE MEMORIAL HOSPITAL                | Q                               | 201,049.               | COST                                         |
| (5) UPMC HAMOT                                    | Q                               | 378,923.               | COST                                         |
| (6) UPMC KANE                                     | Q                               | 407,415.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC NORTHWEST                  | Q                                  | 14,185,191.            | COST                                            |
| (2) UPMC ST. MARGARET               | P                                  | 156,179.               | COST                                            |
| (3) UPMC COMMUNITY MEDICINE INC.    | Q                                  | 156,179.               | COST                                            |
| (4) UPMC ST. MARGARET               | Q                                  | 407,121.               | COST                                            |
| (5) UPMC PRESBYTERIAN SHADYSIDE     | P                                  | 407,121.               | COST                                            |
| (6) UPMC PASSAVANT                  | Q                                  | 449,699.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization  | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UPMC PRESBYTERIAN SHADYSIDE      | P                               | 449,699.               | COST                                         |
| (2) UPMC COMMUNITY PROVIDER SERVICES | Q                               | 165,000.               | COST                                         |
| (3) UPMC COMMUNITY MEDICINE INC.     | P                               | 165,000.               | COST                                         |
| (4) UPMC NORTHWEST                   | Q                               | 127,000.               | COST                                         |
| (5) REGIONAL HEALTH SERVICES INC     | P                               | 127,000.               | COST                                         |
| (6) UPMC PRESBYTERIAN SHADYSIDE      | Q                               | 352,012.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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?                          |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             |     |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             |     |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           |     |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  |     |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         |     |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      |     |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   |     |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             |     |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             |     |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  |     |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                |     |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              |     |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               |     |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               |     |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      |     |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  |     |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  |     |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               |     |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             |     |    |
| <b>2</b> 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)<br>Name of related organization               | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---------------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P                               | 352,012.               | COST                                         |
| (2) UPMC COMMUNITY MEDICINE INC.                  | P                               | 3,222,126.             | COST                                         |
| (3) UPMC COMMUNITY PROVIDER SERVICES              | Q                               | 212,993.               | COST                                         |
| (4) UPMC EAST                                     | Q                               | 55,000.                | COST                                         |
| (5) UPMC JAMESON                                  | Q                               | 52,741.                | COST                                         |
| (6) UPMC MCKEESPORT                               | Q                               | 227,675.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC PRESBYTERIAN SHADYSIDE     | Q                                  | 429,891.               | COST                                            |
| (2) UPMC MERCY                      | Q                                  | 1,546,519.             | COST                                            |
| (3) UPMC NORTHWEST                  | Q                                  | 625,307.               | COST                                            |
| (4) UPMC PASSAVANT                  | Q                                  | 72,000.                | COST                                            |
| (5) UPMC ALTOONA                    | Q                                  | 2,394,307.             | COST                                            |
| (6) UPMC CHILDREN'S HOSPITAL OF PGH | Q                                  | 24,389,320.            | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC EAST                       | Q                                  | 1,066,855.             | COST                                            |
| (2) UPMC HAMOT                      | Q                                  | 3,870,659.             | COST                                            |
| (3) UPMC HORIZON                    | Q                                  | 1,171,761.             | COST                                            |
| (4) UPMC JAMESON                    | Q                                  | 451,109.               | COST                                            |
| (5) MAGEE-WOMENS HOSPITAL OF UPMC   | Q                                  | 10,259,604.            | COST                                            |
| (6) UPMC MCKEESPORT                 | Q                                  | 4,174,074.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC MERCY                      | Q                                  | 13,953,163.            | COST                                            |
| (2) UPMC NORTHWEST                  | Q                                  | 66,680.                | COST                                            |
| (3) UPMC PASSAVANT                  | Q                                  | 2,104,747.             | COST                                            |
| (4) UPMC PRESBYTERIAN SHADYSIDE     | Q                                  | 80,150,643.            | COST                                            |
| (5) UPMC ST. MARGARET               | Q                                  | 6,209,362.             | COST                                            |
| (6) UPMC WILLIAMSPORT               | Q                                  | 1,726,182.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization     | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UNIVERSITY OF PITTSBURGH PHYSICIANS | Q                               | 99,039.                | COST                                         |
| (2) UPMC MEDICAL EDUCATION              | P                               | 152,087,506.           | COST                                         |
| (3) TRI-CENTURY INSURANCE COMPANY       | P                               | 2,499,261.             | COST                                         |
| (4) FREEDOM INSURANCE COMPANY           | P                               | 4,393,019.             | COST                                         |
| (5) RX PARTNERS, INC                    | P                               | 2,556,480.             | COST                                         |
| (6) UPMC HOME HEALTHCARE OF CENTRAL PA  | Q                               | 295,903.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization    | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|----------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) HOME NURSING AGENCY FOUNDATION     | P                                  | 295,903.               | COST                                            |
| (2) UPMC HOME HEALTHCARE OF CENTRAL PA | C                                  | 108,594.               | COST                                            |
| (3) SUSQUEHANNA HEALTH FOUNDATION      | B                                  | 108,594.               | COST                                            |
| (4) HOME NURSING AGENCY FOUNDATION     | C                                  | 216,333.               | COST                                            |
| (5) UPMC HOME HEALTHCARE OF CENTRAL PA | B                                  | 216,333.               | COST                                            |
| (6) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                                  | 158,245.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization    | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|----------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) CHARTWELL PA LLP                   | P                               | 158,245.               | COST                                         |
| (2) UPMC HOME HEALTHCARE OF CENTRAL PA | J                               | 230,755.               | COST                                         |
| (3) CANTERBURY PLACE                   | K                               | 230,755.               | COST                                         |
| (4) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                               | 99,287.                | COST                                         |
| (5) CANTERBURY PLACE                   | P                               | 99,287.                | COST                                         |
| (6) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                               | 51,016.                | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization    | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|----------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UPMC MCKEESPORT                    | P                               | 51,016.                | COST                                         |
| (2) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                               | 297,396.               | COST                                         |
| (3) UPMC PRESBYTERIAN SHADYSIDE        | P                               | 297,396.               | COST                                         |
| (4) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                               | 257,463.               | COST                                         |
| (5) UPMC EAST                          | P                               | 257,463.               | COST                                         |
| (6) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                               | 51,823.                | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization    | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|----------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UPMC JAMESON                       | P                               | 51,823.                | COST                                         |
| (2) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                               | 121,432.               | COST                                         |
| (3) UPMC MERCY                         | P                               | 121,432.               | COST                                         |
| (4) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                               | 88,147.                | COST                                         |
| (5) UPMC PASSAVANT                     | P                               | 88,147.                | COST                                         |
| (6) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                               | 71,291.                | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization    | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|----------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC ST. MARGARET                  | P                                  | 71,291.                | COST                                            |
| (2) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                                  | 99,287.                | COST                                            |
| (3) CANTERBURY PLACE                   | P                                  | 99,287.                | COST                                            |
| (4) UPMC HOME HEALTHCARE OF CENTRAL PA | Q                                  | 117,194.               | COST                                            |
| (5) SUSQUEHANNA PHYSICIAN SERVICES     | P                                  | 117,194.               | COST                                            |
| (6) ASKESIS                            | P                                  | 1,105,750.             | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization     | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) UPMC FOR YOU, INC.                  | Q                               | 247,800.               | COST                                         |
| (2) UPMC HOME HEALTHCARE OF WESTERN PA  | P                               | 247,800.               | COST                                         |
| (3) UPMC FOR YOU, INC.                  | Q                               | 152,241.               | COST                                         |
| (4) UNIVERSITY OF PITTSBURGH PHYSICIANS | P                               | 152,241.               | COST                                         |
| (5) MAGEE-WOMENS HOSPITAL OF UPMC       | P                               | 450,155.               | COST                                         |
| (6) UPMC HOMECARE MANAGEMENT SERVICES   | Q                               | 450,155.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization        | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|--------------------------------------------|------------------------------------|------------------------|-------------------------------------------------|
| (1) UPMC PRESBYTERIAN SHADYSIDE            | P                                  | 2,808,183.             | COST                                            |
| (2) STRATEGIC BUSINESS INITIATIVES, LLC    | Q                                  | 2,808,183.             | COST                                            |
| (3) LEXINGTON ONE, INC.                    | Q                                  | 400,810.               | COST                                            |
| (4) CANTERBURY PLACE                       | Q                                  | 230,755.               | COST                                            |
| (5) SHADYSIDE MEDICAL CENTER ASSOCIATES, I | Q                                  | 1,571,631.             | COST                                            |
| (6) ST. MARGARET MEDICAL ARTS ASSOCIATES   | Q                                  | 741,228.               | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.                                                                             | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s).                                                                                                             | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s).                                                                                                           | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s).                                                                                                                  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s).                                                                                                                         | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s).                                                                                                                                      | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s).                                                                                                                                   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s).                                                                                                                             | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s).                                                                                                                             | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s).                                                                                                  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s).                                                                                                | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).                                                                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).                                                                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).                                                                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s).                                                                                                                      | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.                                                                                                                  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.                                                                                                                  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s).                                                                                                               | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s).                                                                                                             | <b>1s</b> |    |
| <b>2</b> 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)<br>Name of related organization        | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) SHADYSIDE MEDICAL CENTER ASSOCIATES, I | Q                               | 1,675,584.             | COST                                         |
| (2) UPMC ST. MARGARET                      | Q                               | 180,000.               | COST                                         |
| (3) RENAISSANCE FAMILY PRACTICE-UPMC, INC. | P                               | 180,000.               | COST                                         |
| (4) UPMC INTERNATIONAL HOLDINGS, INC.      | A                               | 3,651,034.             | COST                                         |
| (5) UPMC INTERNATIONAL HOLDINGS, INC.      | A                               | 221,739.               | COST                                         |
| (6) UPMC INTERNATIONAL HOLDINGS, INC.      | M                               | 323,445.               | COST                                         |

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512 - 514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|---------------------------------|------------------------------------------|-----------------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                         |                         |                                                        |                                                                                                        | Yes                                                               | No |                                 |                                          | Yes                                     | No |                                                                           | Yes                                       | No |                                |
| (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.

CHARLES COLE MEMORIAL HOSPITAL

CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY

COLE FOUNDATION, INC.

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.

HAMOT COLE VENTURES

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.

**Part VII Supplemental Information**

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

SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT

SOMERSET COMMUNITY HOSPITAL FOUNDATION

SOMERSET HEALTH SERVICES, INC.

SUGARCREEK STATION

SUSQUEHANNA HEALTH FOUNDATION

SUSQUEHANNA HEALTH SYSTEM INNOVATION CENTER, INC.

SUSQUEHANNA PHYSICIAN SERVICES

THE HERITAGE SHADYSIDE

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



**Part VII Supplemental Information**

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

UPMC HORIZON

UPMC HORIZON COMMUNITY HEALTH FOUNDATION

UPMC INTERNATIONAL HOLDINGS, INC.

UPMC JAMESON

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 SOMERSET

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,

**Part VII Supplemental Information**

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

BROTHER/SISTER RELATIONSHIP DID NOT EXIST DURING THE FISCAL YEAR ENDED JUNE 30, 2023. 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 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                         | 55,379,455.      | 76,984,179.          | UPMC OVERSEA       |
| UPMC PHYS OPERATIONS & PROF SVCS LLC  | 47-2803100           | 600 GRANT STREET           |                  | PITTSBURGH, PA 15219 |                    |
|                                       | PHYSICIAN SVC        | PA                         | 60,364,853.      | 127317373.           | UOP PHYS           |
| UPMC ONCOLOGY TREATMENT PLANNING LLC  | 46-4936164           | 600 GRANT STREET           |                  | PITTSBURGH, PA 15219 |                    |
|                                       | ONCOLOGY             | PA                         | NONE             | 7,759,905.           | 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                         | 109153397.       | 21,316,950.          | UPMC COMM PR       |

**Part VII** Supplemental Information

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

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

| (A) NAME\ADDRESS\EIN                                         | (B) ACTIVITY                                       | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT   | (G) SEC 512 |    |
|--------------------------------------------------------------|----------------------------------------------------|--------------------|-----------------|--------------------|--------------|-------------|----|
|                                                              |                                                    |                    |                 |                    | CONTROLLING  | YES         | NO |
| UPMC SENIOR COMMUNITIES INC.<br>600 GRANT STREET             | 25-1574736<br>PITTSBURGH, PA 15219<br>SR LIVING    | PA                 | 501(C)(3)       | 10                 | UPMC         |             | X  |
| PITTSBURGH LIFETIME CARE COMMUNITY<br>600 GRANT STREET       | 25-1335247<br>PITTSBURGH, PA 15219<br>CCRC         | PA                 | 501(C)(3)       | 10                 | UPMC SR COMM |             | X  |
| CANTERBURY PLACE<br>600 GRANT STREET                         | 25-0965334<br>PITTSBURGH, PA 15219<br>SR LIVING    | PA                 | 501(C)(3)       | 10                 | UPMC SR COMM |             | X  |
| SENECA PLACE<br>600 GRANT STREET                             | 72-1562844<br>PITTSBURGH, PA 15219<br>SR LIVING    | PA                 | 501(C)(3)       | 10                 | UPMC SR COMM |             | X  |
| SHADYSIDE HOSPITAL SUPPORTING FOUNDATION<br>600 GRANT STREET | 26-0303394<br>PITTSBURGH, PA 15219<br>FOUNDATION   | PA                 | 501(C)(3)       | 12(A) I            | UPMC         |             | X  |
| UPMC LEE<br>600 GRANT STREET                                 | 25-0613830<br>PITTSBURGH, PA 15219<br>INACTIVE     | PA                 | 501(C)(3)       | 3                  | UPMC         |             | X  |
| PITTSBURGH CARE PARTNERSHIP INC.<br>600 GRANT STREET         | 25-1753852<br>PITTSBURGH, PA 15219<br>SR CARE MGMT | PA                 | 501(C)(3)       | 10                 | UPMC         |             | X  |
| UPMC CENTER FOR HIGH VALUE HEALTHCARE<br>600 GRANT STREET    | 45-2178782<br>PITTSBURGH, PA 15219<br>RESEARCH     | PA                 | 501(C)(3)       | 7                  | UPMC         |             | X  |
| SHADYSIDE HOSPITAL FOUNDATION<br>532 SOUTH AIKEN AVENUE      | 25-1290546<br>PITTSBURGH, PA 15232<br>FOUNDATION   | PA                 | 501(C)(3)       | 12(C) III          | UPMC PRESBY  |             | X  |
| PASSAVANT HOSPITAL FOUNDATION<br>9100 BABCOCK BLVD           | 25-1407815<br>PITTSBURGH, PA 15237<br>FOUNDATION   | PA                 | 501(C)(3)       | 12(B) II           | UPMC PASS    |             | X  |



**Part VII Supplemental Information**

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## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

| (A) NAME\ADDRESS\EIN                                                | (B) ACTIVITY                                        | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT   | (G) SEC 512 |    |
|---------------------------------------------------------------------|-----------------------------------------------------|--------------------|-----------------|--------------------|--------------|-------------|----|
|                                                                     |                                                     |                    |                 |                    | CONTROLLING  | YES         | NO |
| NORTHWEST HOSPITAL FOUNDATION<br>100 FARFIELD DRIVE                 | 25-1483624<br>SENECA, PA 16346<br>FOUNDATION        | PA                 | 501(C)(3)       | 12(D) III          | UPMC NORTHWE |             | X  |
| ST. MARGARET FOUNDATION<br>600 GRANT STREET                         | 25-1520340<br>PITTSBURGH, PA 15219<br>FOUNDATION    | PA                 | 501(C)(3)       | 7                  | UPMC ST MARG |             | X  |
| CHILDREN'S HOSPITAL OF PITTSBURGH FND<br>600 GRANT STREET           | 25-1865744<br>PITTSBURGH, PA 15219<br>FOUNDATION    | PA                 | 501(C)(3)       | 7                  | UPMC CHP     |             | X  |
| MAGEE-WOMEN RES INST AND FOUNDATION<br>600 GRANT STREET             | 25-1462312<br>PITTSBURGH, PA 15219<br>FOUNDATION    | PA                 | 501(C)(3)       | 7                  | N/A          |             | X  |
| GREAT LAKES PHYSICIAN PRACTICE P.C.<br>600 GRANT STREET, 58TH FLOOR | 46-4186362<br>PITTSBURGH, PA 15219<br>PHYSICIAN SRV | NY                 | 501(C)(3)       | 3                  | REGNL HEALTH |             | X  |
| HAMOT HEALTH FOUNDATION<br>302 FRENCH STREET                        | 25-1400999<br>ERIE, PA 16507<br>FOUNDATION          | PA                 | 501(C)(3)       | 12(B) II           | UPMC HAMOT   |             | X  |
| UPMC/JAMESON CANCER CENTER<br>600 GRANT STREET, 58TH FL             | 20-1459415<br>PITTSBURGH, PA 15219<br>ONCOLOGY SVC  | PA                 | 501(C)(3)       | 10                 | UPMC JAMESON |             | X  |
| JAMESON CARE CENTER INC.<br>1211 WILMINGTON AVE                     | 23-2871396<br>NEW CASTLE, PA 16105<br>SR SERVICES   | PA                 | 501(C)(3)       | 10                 | UPMC SR COMM |             | X  |
| LAUREL REALTY INC.<br>32-36 CENTRAL AVENUE                          | 23-1403678<br>WELLSBORO, PA 16901<br>REAL ESTATE    | PA                 | 501(C)(2)       | N/A                | UPMC SUSQUEH |             | X  |
| THE GREEN HOME<br>37 CENTRAL AVENUE                                 | 24-0804365<br>WELLSBORO, PA 16901<br>SKILLED NURSI  | PA                 | 501(C)(3)       | 10                 | UPMC SUSQUEH |             | X  |

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## PART II - IDENTIFICATION 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         | NO |
| WILLIAMSPORT AREA AMB SERVICE COOP<br>700 HIGH STREET         | 23-2416166<br>WILLIAMSPORT, PA 17701<br>AMBULANCE SVC | PA                 | 501(C)(3)       | 10                 | UPMC WILLIAM           |             | X  |
| UPMC CHAUTAUQUA AT WCA<br>207 FOOTE AVENUE                    | 16-0743226<br>JAMESTOWN, NY 14701<br>HOSPITAL         | NY                 | 501(C)(3)       | 3                  | UPMC CHAUTAU           |             | X  |
| W.C.A. GROUP INC.<br>207 FOOTE AVENUE                         | 22-2392582<br>JAMESTOWN, NY 14701<br>HOLDING CO       | NY                 | 501(C)(3)       | 12 (B)(II)         | CHAUT AT WCA           |             | X  |
| STARFLIGHT INC.<br>135 ALLEN STREET                           | 16-1557878<br>JAMESTOWN, NY 14701<br>AIR AMBULANCE    | NY                 | 501(C)(3)       | 7                  | CHAUT AT WCA           |             | X  |
| SOUTH CENTRAL ALPHA HOUSING & HEALTH<br>3410 W PITTSBURG ROAD | 25-1701701<br>NEW CASTLE, PA 16101<br>SNF & AL        | PA                 | 501(C)(3)       | 10                 | UPMC SR COMM           |             | X  |
| SOUTH WESTERN ALPHA HOUSING & HEALTH<br>745 GREENVILLE ROAD   | 25-1701700<br>MERCER, PA 16137<br>SNF & IL            | PA                 | 501(C)(3)       | 10                 | UPMC SR COMM           |             | X  |
| *KANE COMMUNITY HOSPITAL FOUNDATION<br>4372 ROUTE 6           | 26-3906925<br>KANE, PA 16735<br>FOUNDATION            | PA                 | 501(C)(3)       | 12 (B)(II)         | N/A                    |             | X  |
| *LAUREL HEALTH FOUNDATION<br>32-36 CENTRAL AVENUE             | 25-1810488<br>WELLSBORO, PA 16901<br>FOUNDATION       | PA                 | 501(C)(3)       | 12(B)II            | N/A                    |             | X  |
| W.C.A. FOUNDATION INC.<br>300 FOOTE AVENUE; P.O. BOX 840      | 22-2393584<br>JAMESTOWN, NY 14702<br>FOUNDATION       | PA                 | 501(C)(3)       | 12(C)III           | N/A                    |             | X  |
| VENANGO V.N.A. FOUNDATION<br>491 ALLEGHENY BOULEVARD          | 25-1472179<br>FRANKLIN, PA 16323<br>FOUNDATION        | PA                 | 501(C)(3)       | 12(D) III          | N/A                    |             | X  |

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## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

| (A) NAME\ADDRESS\EIN                                            | (B) ACTIVITY                                        | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT   | (G) SEC 512 |    |
|-----------------------------------------------------------------|-----------------------------------------------------|--------------------|-----------------|--------------------|--------------|-------------|----|
|                                                                 |                                                     |                    |                 |                    | CONTROLLING  | YES         | NO |
| *UPMC PINNACLE<br>409 SOUTH SECOND STREET                       | 25-1778658<br>HARRISBURG, PA 17104<br>SUPPORTING OR | PA                 | 501(C)(3)       | 12(B)II            | UPMC         |             | X  |
| *UPMC CARLISLE<br>361 ALEXANDER SPRING ROAD                     | 82-0880337<br>CARLISLE, PA 17105<br>HOSPITAL        | PA                 | 501(C)(3)       | 3                  | UPMC PINNACL |             | X  |
| *UPMC PINNACLE LANCASTER<br>250 COLLEGE AVENUE                  | 82-0896436<br>LANCASTER, PA 17603<br>HOSPITAL       | PA                 | 501(C)(3)       | 3                  | UPMC PINNACL |             | X  |
| *UPMC LITITZ<br>1500 HIGHLANDS AVENUE                           | 82-0844453<br>LITITZ, PA 17543<br>HOSPITAL          | PA                 | 501(C)(3)       | 3                  | UPMC PINNACL |             | X  |
| *UPMC MEMORIAL<br>325 SOUTH BELMONT STREET                      | 82-0912090<br>YORK, PA 17405<br>HOSPITAL            | PA                 | 501(C)(3)       | 3                  | UPMC PINNACL |             | X  |
| *PINNACLE HEALTH REGIONAL PHYSICIANS<br>409 SOUTH SECOND STREET | 82-0947698<br>HARRISBURG, PA 17104<br>PHYSICIAN SRV | PA                 | 501(C)(3)       | 3                  | UPMC PINNACL |             | X  |
| *UPMC PINNACLE FOUNDATION<br>409 SOUTH SECOND STREET            | 22-2691718<br>HARRISBURG, PA 17104<br>FOUNDATION    | PA                 | 501(C)(3)       | 12(B)II            | UPMC PINNACL |             | X  |
| *COMMUNITY LIFE TEAM, INC.<br>409 SOUTH SECOND STREET           | 23-1890444<br>HARRISBURG, PA 17104<br>MED TRANSPORT | PA                 | 501(C)(3)       | 7                  | UPMC PINNACL |             | X  |
| *HANOVER HEALTHCARE PLUS, INC.<br>300 HIGHLAND AVENUE           | 22-2658574<br>HANOVER, PA 17331<br>SUPPORTING OR    | PA                 | 501(C)(3)       | 12(A)(I)           | UPMC PINNACL |             | X  |
| *UPMC HANOVER<br>300 HIGHLAND AVENUE                            | 23-1360851<br>HANOVER, PA 17331<br>HOSPITAL         | PA                 | 501(C)(3)       | 3                  | HANNOVER HEA |             | X  |

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## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

| (A) NAME\ADDRESS\EIN                                         | (B) ACTIVITY                                        | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT   | (G) SEC 512 |    |
|--------------------------------------------------------------|-----------------------------------------------------|--------------------|-----------------|--------------------|--------------|-------------|----|
|                                                              |                                                     |                    |                 |                    | CONTROLLING  | YES         | NO |
| *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  |
| HENDORN INC.<br>1001 EAST SECOND STREET                      | 23-1972659<br>COUDERSPORT, PA 16915<br>RES. CARE    | PA                 | 501(C)(3)       | 10                 | 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  |
| ASBURY PLACE<br>600 GRANT STREET                             | 25-1729266<br>PITTSBURGH, PA 15219<br>PERSONAL CARE | PA                 | 501(C)(3)       | 10                 | ASBURY HEIGH |             | X  |
| WESLEY HILLS<br>600 GRANT STREET                             | 25-1507472<br>PITTSBURGH, PA 15219<br>INDEP LIVING  | PA                 | 501(C)(3)       | N/A                | ASBURY HEIGH |             | X  |
| ASBURY FOUNDATION<br>600 GRANT STREET                        | 25-1555688<br>PITTSBURGH, PA 15219<br>FOUNDATION    | PA                 | 501(C)(3)       | 7                  | ASBURY HEIGH |             | X  |
| *UPMC WESTERN MARYLAND CORPORATION<br>PO BOX 539             | 52-0591531<br>CUMBERLAND, MD 21501<br>HOSPITAL      | MD                 | 501(C)(3)       | 3                  | UPMC         |             | X  |



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## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

| (A) NAME\ADDRESS\EIN                                           | (B) ACTIVITY                                     | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT   | (G) SEC 512 |    |
|----------------------------------------------------------------|--------------------------------------------------|--------------------|-----------------|--------------------|--------------|-------------|----|
|                                                                |                                                  |                    |                 |                    | CONTROLLING  | YES         | NO |
| *WESTERN MARYLAND HEALTH SYSTEM FND<br>PO BOX 539              | 35-2289841<br>CUMBERLAND, MD 21501<br>FOUNDATION | MD                 | 501(C)(3)       | 12(C)III           | UPMC WESTERN |             | X  |
| *HANOVER HOSPITAL FOUNDATION<br>300 HIGHLAND AVENUE            | 82-2553293<br>HANOVER, PA 17331<br>FOUNDATION    | PA                 | 501(C)(3)       | 12(C)III           | UPMC PINNACL |             | X  |
| RUSH TO CRUSH CANCER<br>200 LOTHROP STREET                     | 87-4771624<br>PITTSBURGH, PA 15213<br>FOUNDATION | PA                 | 501(C)(3)       | 7                  | UOFP CANCER  |             | X  |
| UPMC WESTERN BEHAVIORAL HEALTH FOUNDATIO<br>200 LOTHROP STREET | 92-3568793<br>PITTSBURGH, PA 15213<br>FOUNDATION | PA                 | 501(C)(3)       | 7                  | UPMC PRESBY  |             | X  |

## UPMC GROUP

20-8295721

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

| (A) NAME/ADDRESS/EIN                                             | (B) PRIMARY<br>ACTIVITY | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) PREDOMINANT<br>INCOME | (F) SHARE OF<br>TOT INCOME | (G) SHARE EOY | (H) DISPROPORTIONATE<br>YES NO | (I) CODE V-UBI | (J) PARTNER<br>YES NO | (K) %<br>OWNERSHIP |
|------------------------------------------------------------------|-------------------------|-----------------------|---------------------------|---------------------------|----------------------------|---------------|--------------------------------|----------------|-----------------------|--------------------|
| SENECA HILLS ASSISTED LIVING L<br>600 GRANT STREET PITTSBURGH, P | ASSISTED LIVI           | PA                    | N/A                       |                           | 134,323.                   | 7,497,546.    | X                              |                |                       | 100.0000           |
| ST. MARGARET MEDICAL ARTS ASSO<br>600 GRANT STREET PITTSBURGH, P | MED OFFICE BL           | PA                    | N/A                       |                           | 293,716.                   | 4,791,365.    | X                              |                |                       | 100.0000           |
| SHADYSIDE MEDICAL CENTER ASSOC<br>600 GRANT STREET PITTSBURGH, P | MED OFFICE BL           | PA                    | N/A                       |                           | 1,328,024.                 | 25,644,590.   | X                              |                |                       | 100.0000           |
| CHARTWELL PA LP 25-1729714<br>600 GRANT STREET PITTSBURGH, P     | HOMEHEALTH              | PA                    | UPMC COMM PROV            |                           | 47,457,850.                | 57,424,092.   | X                              |                |                       | 87.4200            |
| LIFE CARE HOME SRV OF NW PA 25<br>1647 SASSAFRAS STREET ERIE, PA | HOME HEALTH S           | PA                    | UPMC HAMOT                |                           | 6,764,096.                 | 19,289,288.   | X                              |                |                       | 100.0000           |
| HAMOT-KCH REAL ESTATE VENTURE<br>300 STATE STREET ERIE, PA 1650  | MEDICAL OFFIC           | PA                    | UPMC HAMOT                |                           | -7,863.                    | 354,681.      | X                              |                |                       | 100.0000           |
| UPMC HAMOT SURGERY CENTER LLC<br>200 STATE STREET ERIE, PA 1650  | AMBULATORY SU           | PA                    | UPMC HAMOT                |                           | 405,362.                   | 7,803,652.    | X                              |                |                       | 53.9474            |
| EPN-HAMOT URGENT CARE LLC 27-2<br>600 GRANT STREET PITTSBURGH, P | URGENT CARE             | PA                    | VARIOUS                   |                           | 253,042.                   | 3,707,640.    | X                              |                |                       | 100.0000           |
| *MEDCARE SUSQUEHANNA VALLEY LL<br>409 SOUTH SECOND STREET HARRIS | DME                     | PA                    | PINNACLE HEALTH           |                           | 326,202.                   | 2,485,705.    | X                              |                |                       | 75.0000            |
| OMICELo RE I, LP 47-5603393<br>2525 LIBERTY AVENUE PITTSBURGH    | REAL ESTATE D           | DE                    | UPMC FOR YOU              |                           | -262,546.                  | 8,508,293.    | X                              |                |                       | 97.6801            |

UPMC GROUP

20-8295721

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

| (A) NAME/ADDRESS/EIN                                             | (B) PRIMARY<br>ACTIVITY | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) PREDOMINANT<br>INCOME | (F) SHARE OF<br>TOT INCOME | (G) SHARE EOY | (H) DISPROPORTIONATE<br>YES NO | (I) CODE V-UBI | (J) PARTNER<br>YES NO | (K) %<br>OWNERSHIP |
|------------------------------------------------------------------|-------------------------|-----------------------|---------------------------|---------------------------|----------------------------|---------------|--------------------------------|----------------|-----------------------|--------------------|
| *UPMC LEADER SURGERY CENTER LL<br>1703 INNOVATION DRIVE YORK, PA | SURGERY CENT            | PA                    | UPMC MEMORIAL             |                           | 95,707.                    | -62,813.      | X                              |                |                       | 100.0000           |
| BAYFRONT PROFESSIONAL BUILDING<br>3645 WEST LAKE ROAD ERIE, PA 1 | REAL ESTATE             | PA                    | UPMC HAMOT                |                           | 67,155.                    | 969,883.      | X                              |                |                       | 50.7177            |
| CHAUTAUQUA INTEGRATED DELIVERY<br>200 HARRISON STREET, 2ND FLOOR | INTEGRATED DE           | NY                    | UPMC CHAUTAUQUA           |                           |                            |               | X                              |                |                       |                    |

## UPMC GROUP

20-8295721

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

| (A) NAME/ADDRESS/EIN                                                             | (B) PRIMARY<br>ACTIVITY     | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) ENTITY<br>TYPE | (F) SHARE OF<br>TOT INCOME | (G) SHARE OF EOY | (H) %<br>OWNERSHIP | (I) SEC 512(B)(13)<br>YES NO |
|----------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| H.C.PHARMACY CENTRAL INC.<br>600 GRANT STREET PITTSBURGH, PA 15219               | 25-1364192<br>PHARMACY CO-O | PA                    | VARIOUS                   | C                  | 5,119,388.                 | 292,021.         | 87.5000            | X                            |
| CHILDREN'S COMMUNITY CARE<br>600 GRANT STREET PITTSBURGH, PA 15219               | 25-1781887<br>PHYSICIAN SRV | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC PHYSICIAN SERVICES HOLDING COMPANY<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1877017<br>HOLDING CO    | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| HEMATOLOGY ONCOLOGY ASSOCIATION INC.<br>600 GRANT STREET PITTSBURGH, PA 15219    | 42-1648357<br>PHYSICIAN SRV | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| ONCOLOGY HEMATOLOGY ASSOCIATION INC.<br>600 GRANT STREET PITTSBURGH, PA 15219    | 25-1762980<br>PHYSICIAN SRV | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| TRI-STATE NEUROSURGICAL ASSOCIATES UPMC<br>600 GRANT STREET PITTSBURGH, PA 15219 | 25-1458655<br>PHYSICIAN SRV | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| RENAISSANCE FAMILY PRACTICE - UPMC INC.<br>600 GRANT STREET PITTSBURGH, PA 15219 | 26-2942406<br>PHYSICIAN SRV | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC HOLDING COMPANY INC.<br>600 GRANT STREET PITTSBURGH, PA 15219               | 25-1777713<br>HOLDING CO    | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC COVERAGE PRODUCTS INC.<br>600 GRANT STREET PITTSBURGH, PA 15219             | 25-1777710<br>HOLDING CO    | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| FREEDOM INSURANCE COMPANY<br>600 GRANT STREET PITTSBURGH, PA 15219               | 03-0308944<br>INSURANCE     | VT                    | N/A                       | C                  |                            |                  |                    |                              |



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

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

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

| (A) NAME/ADDRESS/EIN                                                           | (B) PRIMARY<br>ACTIVITY     | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) ENTITY<br>TYPE | (F) SHARE OF<br>TOT INCOME | (G) SHARE OF EOY | (H) %<br>OWNERSHIP | (I) SEC 512(B)(13)<br>YES NO |
|--------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| BIOTRONICS INC.<br>600 GRANT STREET PITTSBURGH, PA 15219                       | 25-1843500<br>EQUIP MAINTEN | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| MEDICAL CENTER PROPERTIES INC.<br>600 GRANT STREET PITTSBURGH, PA 15219        | 25-1796940<br>REAL ESTATE   | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| ASKESIS DEVELOPMENT GROUP INC.<br>600 GRANT STREET PITTSBURGH, PA 15219        | 54-1625585<br>SOFTWARE DEVE | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| BAYSIDE DEVELOPMENT CORP<br>300 STATE STREET ERIE, PA 16507                    | 25-1401386<br>REAL ESTATE   | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC WORK ALLIANCE INC.<br>600 GRANT STREET PITTSBURGH, PA 15219               | 45-2825053<br>INSURANCE     | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC HEALTH COVERAGE INC.<br>600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219 | 46-2824537<br>INSURANCE     | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC HEALTH OPTIONS INC.<br>600 GRANT STREET PITTSBURGH, PA 15219              | 46-2824626<br>INSURANCE     | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| AMERICAN HOME HEALTH SERVICES<br>868 CORPORATE WAY WESTLAKE, OH 44145          | 31-1521422<br>HOME HEALTH C | OH                    | QUALITY FIRST             | C                  | NONE                       | NONE             | 100.0000           | X                            |
| ALTOONA FAMILY INC.<br>620 HOWARD AVE ALTOONA, PA 16601                        | 25-1444935<br>MGMT SVCS     | PA                    | UPMC ALTOONA              | C                  | NONE                       | -8,385.          | 100.0000           | X                            |
| LEXINGTON HOLDINGS INC.<br>620 HOWARD AVE ALTOONA, PA 16601                    | 25-1794386<br>HOLDING CO    | PA                    | CTRL PA MED FND           | C                  | 1,580,000.                 | 230,746,820.     | 100.0000           | X                            |

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

| (A) NAME/ADDRESS/EIN                                                                            | (B) PRIMARY<br>ACTIVITY | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) ENTITY<br>TYPE | (F) SHARE OF<br>TOT INCOME | (G) SHARE OF EOY | (H) %<br>OWNERSHIP | (I) SEC 512(B)(13)<br>YES NO |
|-------------------------------------------------------------------------------------------------|-------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| LEXINGTON ONE INC.<br>620 HOWARD AVE ALTOONA, PA 16601                                          | RENTAL                  | PA                    | LEXINGTON HOLD            | C                  | 1,619,073.                 | 10,217,677.      | 100.0000           | X                            |
| UPMC ALTOONA REGIONAL HEALTH SERVICES<br>1414 9TH AVENUE ALTOONA, PA 16602                      | PHYSICIAN SRV           | PA                    | LEXINGTON FOUR            | C                  | 71,475,751.                | 16,965,292.      | 100.0000           | X                            |
| UPMC EXCESS PL TRUST<br>600 GRANT STREET PITTSBURGH, PA 15219                                   | TRUST                   | PA                    | N/A                       | TRUST              |                            |                  |                    |                              |
| RXANTE INC.<br>511 CONGRESS STREET #803 PORTLAND, ME 04101                                      | MEDICATION MG           | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| SUSQUEHANNA VENTURES INC.<br>1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701                     | PHARMACY                | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| W.C.A. SERVICE CORPORATION INC.<br>207 FOOTE AVENUE JAMESTOWN, NY 14701                         | SUPPORT                 | NY                    | CHAUT AT WCA              | C                  | 5,993,699.                 | 4,404,947.       | 100.0000           | X                            |
| *PINNACLE HEALTH CARDIOVASCULAR INSTITUT<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104        | PHYSICIAN SRV           | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| *HANOVER HEALTH CORPORATION<br>300 HIGHLAND AVENUE HANOVER, PA 17331                            | HOLDING CO              | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| *HANOVER APOTHECARY INC.<br>310 STOCK STREET SUITE 1 HANOVER, PA 17331                          | PHARMACY                | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| *UNITED CENTRAL PA RECIPROCAL RISK RETEN<br>76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401 | INSURANCE               | VT                    | N/A                       | C                  |                            |                  |                    |                              |

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

| (A) NAME/ADDRESS/EIN                                                                    | (B) PRIMARY<br>ACTIVITY   | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) ENTITY<br>TYPE | (F) SHARE OF<br>TOT INCOME | (G) SHARE OF EOY | (H) %<br>OWNERSHIP | (I) SEC 512(B)(13)<br>YES NO |
|-----------------------------------------------------------------------------------------|---------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| *PINNACLE HEALTH VENTURES INC.<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104          | 61-1677624<br>HOLDING CO  | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| *PINNACLE HEALTH IMAGING INC.<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104           | 23-1718571<br>IMAGING SVC | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| COLE CARE INC.<br>1001 EAST 2ND STREET COUDERSPORT, PA 16915                            | 25-1497347<br>DME         | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC ITALY HEALTH SERVICES S.R.L<br>VIA DISCESA DEI GIUDICI, 4 PALERMO, IT 90133        | HEALTH SVC                | IT                    | UPMC ITALY SRL            | C                  | 95,067.                    | 1,051,076.       | 100.0000           | X                            |
| UPMC HOSPITALS LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI                | HOLDING CO                | EI                    | UPMC IRELAND LT           | C                  | NONE                       | 466,211,050.     | 100.0000           | X                            |
| UPMC PROPERTY LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI                 | PROPERTY                  | EI                    | UPMC INVEST LTD           | C                  | 322.                       | 18,610,040.      | 100.0000           | X                            |
| EURO CARE INFRASTRUCTURE LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI      | PROPERTY MGMT             | EI                    | UPMC INVEST LTD           | C                  | NONE                       | 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                       | 2,434,956.       | 100.0000           | X                            |
| UPMC WHITFIELD HOSPITAL LTD<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI        | HOSPITAL                  | EI                    | UPMC INVEST LTD           | C                  | 78,411,802.                | 38,256,484.      | 100.0000           | X                            |
| UPMC GLOBAL OPERATIONS CENTER LTD<br>6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18  | CANCER TREATM             | EI                    | UPMC IRELAND LT           | C                  | 2,004,397.                 | 3,508,056.       | 100.0000           | X                            |



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

| (A) NAME/ADDRESS/EIN                                                                            | (B) PRIMARY<br>ACTIVITY     | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) ENTITY<br>TYPE | (F) SHARE OF<br>TOT INCOME | (G) SHARE OF EOY | (H) %<br>OWNERSHIP | (I) SEC 512(b)(13)<br>YES NO |
|-------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| PANTHER REINSURANCE COMPANY LTD.<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ               | 98-1402742<br>INSURANCE     | CJ                    | N/A                       | C                  |                            |                  |                    |                              |
| FORBES REINSURANCE COMPANY LTD.<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ                | 98-1400710<br>INSURANCE     | CJ                    | N/A                       | C                  |                            |                  |                    |                              |
| CATHEDRAL (RE) INSURANCE CO<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ                    | 98-1400837<br>INSURANCE     | CJ                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC IRELAND LIMITED<br>6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18                       | HEALTHCARE SU               | EI                    | UPMC INT'L HOLD           | C                  | 2,075,006.                 | 24,853,268.      | 100.0000           | X                            |
| BLUESPHERE BIO<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206                                 | 82-4979766<br>IMMUNOTHERAPY | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| INFECTIOUS DISEASE CONNECT, INC.<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206               | 83-3311071<br>TELEMEDICINE  | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| NOVASENTA, INC.<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206                                | 82-5443222<br>IMMUNOTHERAPY | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| *UPMC HILLMAN CANCER CENTER - PINNACLE<br>101 ERFORD ROAD CAMP HILL, PA 17701                   | 83-3640945<br>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                  | 30,555,592.                | 2,170,671.       | 100.0000           | X                            |
| SALVATOR MUNDI INTERNATIONAL HOSPITAL<br>ROMA VIALE DELLE MURA GIANICOLENSI 67/77, IT CAP 00152 | HOSPITAL                    | IT                    | UPMC ITALY SRL            | C                  | 24,255,978.                | 32,633,336.      | 100.0000           | X                            |

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

| (A) NAME/ADDRESS/EIN                                                                      | (B) PRIMARY<br>ACTIVITY     | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) ENTITY<br>TYPE | (F) SHARE OF<br>TOT INCOME | (G) SHARE OF EOY | (H) %<br>OWNERSHIP | (I) SEC 512(B)(13)<br>YES NO |
|-------------------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| SOMERSET MANAGEMENT SERVICES, INC.<br>600 GRANT STREET PITTSBURGH, PA 15219               | 25-1512960<br>MOB OWNERSHIP | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| GENERIAN PHARMACEUTICALS, INC.<br>2425 SIDNEY STREET PITTSBURGH, PA 15203                 | 83-3340453<br>PHARMACY      | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| WORK PARTNERS NATIONAL INC<br>600 GRANT STREET PITTSBURGH, PA 15219                       | 84-3141950<br>INSURANCE     | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| ASTRATA INC<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206                              | 84-4804493<br>SOFTWARE      | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| VEGAVECT<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206                                 | 84-4280784<br>GENE THERAPY  | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| NOVIMAB<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206                                  | 85-1494905<br>CLINICAL RESE | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| REALYZE INTELLIGENCE, INC.<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206               | 85-0873923<br>SOFTWARE      | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| *HAYSTACK CONSOLIDATED SERVICES, INC.<br>12500 WILLOWBROOK ROAD CUMBERLAND, MD 21502      | 52-1335895<br>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                  |                            |                  |                    |                              |
| *WILLOWBROOK HEALTHCARE CONDO<br>12401 WILLOWBROOK ROAD CUMBERLAND, MD 21502              | 37-1538510<br>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<br>ACTIVITY    | (C) LEGAL<br>DOMICILE | (D) DIRECT<br>CONTROLLING | (E) ENTITY<br>TYPE | (F) SHARE OF<br>TOT INCOME | (G) SHARE OF EOY | (H) %<br>OWNERSHIP | (I) SEC 512(B)(13)<br>YES NO |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| RXANTE PHARMACY SERVICES, INC.<br>511 CONGRESS STREET #803 PORTLAND, ME 04101                          | 83-3402761<br>PHARMACY     | DE                    | N/A                       | C                  |                            |                  |                    |                              |
| CLANE HOSPITAL DEVELOPMENT ASSOCIATES, L<br>C/O UPMC WHITEFIELD, CORK ROAD BUTLERSTOWN NORTH, WATERFOR | MANAGEMENT                 | EI                    | UPMC IRELAND LT           | C                  | NONE                       | 8,398,858.       | 75.0000            | X                            |
| UPMC KILDARE HOSPITAL LTD<br>PROSPEROUS ROAD CLANE, COUNTY KILDARE, CLANE EI W91 W535                  | HOSPITAL                   | EI                    | CLANE HOSPITAL            | C                  | 1,876,975.                 | 13,972,271.      | 75.0000            | X                            |
| UPMC AUT EVEN HOSPITAL LTD<br>FRESHFORD ROAD COUNTY KILKENNY, EI R95 D3760                             | HOSPITAL                   | EI                    | UPMC INVEST LTD           | C                  | 35,244,975.                | 37,793,432.      | 100.0000           | X                            |
| AVISTA THERAPEUTICS, INC.<br>6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206                             | 85-3454001<br>GENE THERAPY | PA                    | N/A                       | C                  |                            |                  |                    |                              |
| UPMC CANCER CENTER ZABOK, LTD<br>VUKOVARA 269F ZAGREB, HR                                              | CANCER CENTER              | HR                    | UPMC IRELAND LT           | C                  |                            |                  |                    |                              |
| SWIFT SPRAOI HOLDINGS LTD<br>NORTHWOOD AVENUE SANTRY DEMESNE, DUBLIN 9 EI D09 C523                     | HOLDING COMPANY            | EI                    | UPMC HOSPITALS            | C                  |                            |                  |                    |                              |
| SPORTS SURGERY CLINIC LTD<br>NORTHWOOD AVENUE SANTRY DEMESNE, DUBLIN 9 EI D09 C523                     | ORTHOPEDIC SERV.           | EI                    | SWIFT SPRAOI HO           | C                  |                            |                  |                    |                              |
| MACRADI LTD<br>NORTHWOOD AVENUE SANTRY DEMESNE, DUBLIN 9 EI D09 C523                                   | INACTIVE                   | EI                    | SWIFT SPRAOI HO           | C                  |                            |                  |                    |                              |
| MACRADI DEVELOPMENT LTD<br>NORTHWOOD AVENUE SANTRY DEMESNE, DUBLIN 9 EI D09 C523                       | INACTIVE                   | EI                    | SPORTS SURGERY            | C                  |                            |                  |                    |                              |

# UPMC Year End Financial and Operating Report & Audited Consolidated Financial Statements

FOR THE PERIOD ENDED DECEMBER 31, 2023



**UPMC**  
LIFE CHANGING MEDICINE





Ernst & Young LLP  
2100 One PPG Place  
Pittsburgh, PA  
15222

Tel: +1 412 644 7800  
Fax: +1 412 644 0477  
ey.com

## Report of Independent Registered Public Accounting Firm

To the Board of Directors of UPMC

### Opinion on the Financial Statements

We have audited the accompanying consolidated balance sheets of UPMC (the Company) as of December 31, 2023 and 2022, the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the “consolidated financial statements”). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company at December 31, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

We also have audited, in accordance with the auditing standards of the Public Company Accounting Oversight Board (United States) (PCAOB) and in accordance with auditing standards generally accepted in the United States of America, the Company's internal control over financial reporting as of December 31, 2023, based on criteria established in Internal Control – Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework) and our report dated February 27, 2024 (not presented herein) expressed an unqualified opinion thereon.

### Basis for Opinion

These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on the Company's financial statements based on our audits. We are required to be independent with respect to the Company in accordance with the relevant ethical requirements relating to our audit.

We conducted our audits in accordance with the auditing standards of the PCAOB and in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.

### Critical Audit Matter

The critical audit matter communicated below is a matter arising from the current period audit of the financial statements that was communicated or required to be communicated to the audit committee and that: (1) relates to accounts or disclosures that are material to the financial statements and (2) involved our especially challenging, subjective, or complex judgments. The communication of the critical audit matter does not alter in any way our opinion on the consolidated financial statements, taken as a whole, and we are not, by communicating the critical audit matter below, providing a separate opinion on the critical audit matter or on the account or disclosure to which it relates.



### ***Explicit Price Concessions for Revenue Recognition***

#### ***Description of the Matter***

For the year ended December 31, 2023, the Company's net patient service revenue was \$11.2 billion. As discussed in Note 1 to the consolidated financial statements, net patient service revenue is recorded based upon the estimated amounts the Company expects to be entitled to receive from patients and third-party payers in exchange for providing patient care. Estimates of the explicit price concessions under managed care, commercial, and governmental insurance plans are based upon the payment terms specified in the related contractual agreements or as mandated under government payer programs. Management continually reviews the explicit price concession estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care and commercial contractual terms resulting from contract negotiations and renewals.

Auditing management's estimates of explicit price concessions was complex and judgmental due to the significant data inputs and subjective assumptions utilized in determining related amounts.

#### ***How We Addressed the Matter in Our Audit***

We tested internal controls that address the risks of material misstatement related to the measurement and valuation of revenues, including estimation of explicit price concessions. For example, we tested management's internal controls over the key data inputs to the explicit price concessions model, significant assumptions underlying management's models, and management's internal controls over retrospective hindsight reviews of historical reserve accuracy.

To test the estimated explicit price concessions, we performed audit procedures that included, among others, assessing methodologies and evaluating the significant assumptions discussed above and testing completeness and accuracy of the underlying data used by the Company in its estimates. We also assessed the historical accuracy of management's estimates based on the results of the analysis comparing prior year estimates to actual results and other analytics as a source of potential corroborative or contrary evidence.

*Ernst & Young LLP*

We have served as the Company's auditor since 1994.  
February 27, 2024



# CONSOLIDATED BALANCE SHEETS

(DOLLARS IN THOUSANDS)

|                                                             | As of             |                   |
|-------------------------------------------------------------|-------------------|-------------------|
|                                                             | December 31, 2023 | December 31, 2022 |
| <b>CURRENT ASSETS</b>                                       |                   |                   |
| Cash and cash equivalents                                   | \$ 1,104,198      | \$ 953,980        |
| Patient accounts receivable                                 | 1,587,557         | 1,418,566         |
| Insurance and other receivables                             | 1,789,429         | 1,933,177         |
| Other current assets                                        | 717,144           | 588,555           |
| Total current assets                                        | 5,198,328         | 4,894,278         |
| Board-designated, restricted, trustee and other investments | 8,442,381         | 7,704,484         |
| Beneficial interests in foundations and trusts              | 726,515           | 667,380           |
| Property, buildings and equipment:                          |                   |                   |
| Land and land improvements                                  | 572,650           | 558,402           |
| Buildings and fixed equipment                               | 9,491,782         | 8,651,098         |
| Movable equipment                                           | 3,606,010         | 3,372,982         |
| Finance Leases                                              | 186,957           | 222,178           |
| Construction in progress                                    | 490,272           | 901,389           |
|                                                             | 14,347,671        | 13,706,049        |
| Less allowance for depreciation                             | (7,723,246)       | (7,186,157)       |
|                                                             | 6,624,425         | 6,519,892         |
| Operating lease right-of-use assets                         | 738,064           | 796,886           |
| Other assets                                                | 917,022           | 744,434           |
| Total assets                                                | \$ 22,646,735     | \$ 21,327,354     |
| <b>CURRENT LIABILITIES</b>                                  |                   |                   |
| Accounts payable and accrued expenses                       | \$ 926,524        | \$ 834,097        |
| Accrued salaries and related benefits                       | 1,060,393         | 1,024,110         |
| Current portion of insurance reserves                       | 1,301,619         | 1,155,133         |
| Current portion of long-term obligations                    | 171,239           | 369,443           |
| Other current liabilities                                   | 878,322           | 939,010           |
| Total current liabilities                                   | 4,338,097         | 4,321,793         |
| Long-term obligations                                       | 6,623,508         | 5,152,164         |
| Long-term insurance reserves                                | 446,567           | 458,285           |
| Operating lease noncurrent liabilities                      | 707,447           | 770,766           |
| Other noncurrent liabilities                                | 546,479           | 717,464           |
| Total liabilities                                           | 12,662,098        | 11,420,472        |
| Net assets without donor restrictions                       | 8,730,411         | 8,737,069         |
| Net assets with donor restrictions                          | 1,254,226         | 1,169,813         |
| Total net assets                                            | 9,984,637         | 9,906,882         |
| Total liabilities and net assets                            | \$ 22,646,735     | \$ 21,327,354     |

See accompanying notes

# CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

(DOLLARS IN THOUSANDS)

|                                                                       | Years Ended December 31 |                |
|-----------------------------------------------------------------------|-------------------------|----------------|
|                                                                       | 2023                    | 2022           |
| <b>NET ASSETS WITHOUT DONOR RESTRICTIONS</b>                          |                         |                |
| Net patient service revenue                                           | \$ 11,176,052           | \$ 10,240,253  |
| Insurance enrollment revenue                                          | 14,281,945              | 13,036,362     |
| Other revenue                                                         | 2,242,491               | 2,255,388      |
| Total operating revenues                                              | 27,700,488              | 25,532,003     |
| Salaries, professional fees and employee benefits                     | 9,656,301               | 9,075,804      |
| Insurance claims expense                                              | 10,123,647              | 8,911,760      |
| Supplies, purchased services and general                              | 7,426,217               | 6,688,542      |
| Depreciation and amortization                                         | 692,658                 | 693,757        |
| Total operating expenses                                              | 27,898,823              | 25,369,863     |
| Operating (loss) income                                               | (198,335)               | 162,140        |
| Academic and research support provided                                | (247,300)               | (242,000)      |
| Income tax and other non-operating activities                         | 6,418                   | 116,140        |
| After-tax (loss) income                                               | \$ (439,217)            | \$ 36,280      |
| Investing and financing activities:                                   |                         |                |
| Investment gain (loss)                                                | 746,993                 | (748,183)      |
| Interest expense                                                      | (205,396)               | (157,959)      |
| Gain on extinguishment of debt                                        | 1,274                   | 14,409         |
| UPMC Enterprises activity:                                            |                         |                |
| Portfolio company revenue and net gains from sales                    | 122,876                 | 11,470         |
| Portfolio company and research and development expense                | (241,009)               | (198,172)      |
| Gain (loss) from investing and financing activities                   | 424,738                 | (1,078,435)    |
| Excess of expenses over revenues                                      | (14,479)                | (1,042,155)    |
| Net activity attributable to noncontrolling interest                  | 16,175                  | (9,167)        |
| Excess of expenses over revenues attributable to controlling interest | (30,654)                | (1,032,988)    |
| Net change in pension liability and other                             | 23,996                  | (113,640)      |
| Change in net assets without donor restrictions                       | \$ (6,658)              | \$ (1,146,628) |
| <b>NET ASSETS WITH DONOR RESTRICTIONS</b>                             |                         |                |
| Change in beneficial interests in foundations and trusts              | 59,135                  | (116,399)      |
| Other changes in net assets with donor restrictions                   | 25,278                  | (108,451)      |
| Change in net assets with donor restrictions                          | 84,413                  | (224,850)      |
| Change in total net assets                                            | 77,755                  | (1,371,478)    |
| Net assets, beginning of period                                       | 9,906,882               | 11,278,360     |
| Net assets, end of period                                             | \$ 9,984,637            | \$ 9,906,882   |

See accompanying notes



# CONSOLIDATED STATEMENTS OF CASH FLOWS

(DOLLARS IN THOUSANDS)

Years Ended December 31

|                                                                                                             | 2023         | 2022           |
|-------------------------------------------------------------------------------------------------------------|--------------|----------------|
| <b>OPERATING ACTIVITIES</b>                                                                                 |              |                |
| Increase (decrease) in total net assets                                                                     | \$ 77,755    | \$ (1,371,478) |
| Adjustments to reconcile change in total net assets to net cash (used in) provided by operating activities: |              |                |
| Depreciation and amortization                                                                               | 692,658      | 693,757        |
| Change in beneficial interest in foundations and trusts                                                     | (59,135)     | 116,399        |
| Restricted contributions and investment (gains) losses                                                      | (25,278)     | 13,850         |
| Unrealized (gains) losses on investments                                                                    | (240,916)    | 842,834        |
| Realized (gains) losses on investments                                                                      | (332,891)    | 28,000         |
| Purchases of non-alternative investments                                                                    | (8,898,990)  | (8,080,807)    |
| Sales of non-alternative investments                                                                        | 8,822,079    | 9,251,039      |
| Changes in operating assets and liabilities:                                                                |              |                |
| Accounts receivable                                                                                         | (25,243)     | (312,524)      |
| Other current assets                                                                                        | (122,776)    | 3,015          |
| Accounts payable and accrued liabilities                                                                    | 128,710      | 111,654        |
| Insurance reserves                                                                                          | 134,768      | 165,818        |
| Other current liabilities                                                                                   | (60,688)     | (632,771)      |
| Other noncurrent assets and liabilities                                                                     | (234,304)    | 55,516         |
| Other operating changes                                                                                     | (29,561)     | 114,263        |
| Net cash (used in) provided by operating activities                                                         | (173,812)    | 998,565        |
| <b>INVESTING ACTIVITIES</b>                                                                                 |              |                |
| Purchase of property, buildings and equipment                                                               | (719,469)    | (964,243)      |
| UPMC Enterprises investments in non-consolidated entities                                                   | (57,500)     | (55,039)       |
| Cash used for acquisitions                                                                                  | (247,626)    | -              |
| Net change in investments designated as nontrading                                                          | (30,676)     | 35,143         |
| Purchases of alternative investments                                                                        | (256,345)    | (212,346)      |
| Sales of alternative investments                                                                            | 255,629      | 255,969        |
| Net change in other assets                                                                                  | 93,848       | 40,793         |
| Net cash used in investing activities                                                                       | (962,139)    | (899,723)      |
| <b>FINANCING ACTIVITIES</b>                                                                                 |              |                |
| Repayments of long-term obligations                                                                         | (554,464)    | (1,113,374)    |
| Borrowings of long-term obligations                                                                         | 1,841,551    | 1,051,986      |
| Restricted contributions and investment gains (losses)                                                      | 25,278       | (13,850)       |
| Consideration paid to noncontrolling interest entities                                                      | (26,196)     | -              |
| Net cash provided by (used in) financing activities                                                         | 1,286,169    | (75,238)       |
| Net change in cash and cash equivalents                                                                     | 150,218      | 23,604         |
| Cash and cash equivalents, beginning of period                                                              | 953,980      | 930,376        |
| Cash and cash equivalents, end of period                                                                    | \$ 1,104,198 | \$ 953,980     |

## SUPPLEMENTAL INFORMATION

|                                                      |           |           |
|------------------------------------------------------|-----------|-----------|
| Finance lease obligations incurred to acquire assets | \$ 24,209 | \$ 29,757 |
|------------------------------------------------------|-----------|-----------|

See accompanying notes

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 1. ORGANIZATIONAL OVERVIEW AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

UPMC is a Pennsylvania nonprofit corporation and is exempt from federal income tax pursuant to Section 501(a) of the Internal Revenue Code (the "Code") as an organization described in Section 501(c)(3) of the Code. Headquartered in Pittsburgh, Pennsylvania, UPMC is one of the world's leading integrated delivery and financing systems. UPMC comprises nonprofit and for-profit entities offering medical and health care-related services, including health insurance products. Closely affiliated with the University of Pittsburgh (the "University") and with shared academic and research objectives, UPMC partners with the University's Schools of the Health Sciences to deliver outstanding patient care, train tomorrow's health care specialists and biomedical scientists, and conduct groundbreaking research on the causes and course of disease.

The accompanying audited consolidated financial statements have been prepared in accordance with generally accepted accounting principles in the United States of America ("GAAP") and include the accounts of UPMC and its subsidiaries. Intercompany accounts and transactions are eliminated in consolidation.

### Cash and Cash Equivalents

Cash and cash equivalents consist primarily of cash and investments, which are so near to maturity that they present insignificant risk of changes in value. Fixed income instruments with original, short-term maturities of less than 90 days that are held in Master Trust Funds ("MTF") are excluded from cash equivalents as they are commingled with longer-term investments.

### Net Patient Service Revenue

UPMC's net patient service revenue is recorded based upon the estimated amounts UPMC expects to be entitled to receive from patients, third-party payers (including health insurers and government programs) and others and includes an estimate of variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, UPMC bills the patients and third-party payers several days after the services are performed and/or the patient is discharged from the facility. Estimates of the explicit price concessions under managed care, commercial and governmental insurance plans are based upon the payment terms specified in the related contractual agreements or as mandated under government payer programs. UPMC continually reviews the explicit price concession estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care and commercial contractual terms resulting from contract negotiations and renewals. Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by UPMC. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. UPMC believes that this method provides a reasonable representation of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to inpatient services. UPMC measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided and UPMC does not believe it is required to provide additional goods or services to the patient.



## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

The majority of UPMC's services are rendered to patients with third-party coverage. Payment under these programs for all payers is based on a combination of prospectively determined rates, discounted charges and historical costs. Amounts received under Medicare and Medical Assistance programs are subject to review and final determination by program intermediaries or their agents. The contracts UPMC has with commercial payers also provide for retroactive audit and review of claims. Agreements with third-party payers typically provide for payments at amounts less than established charges. Generally, patients who are covered by third-party payers are responsible for related deductibles and coinsurance, which vary in amount. UPMC also provides services to uninsured patients. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured discounts and contractual discounts). UPMC also records estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record these revenues at the estimated amounts UPMC expects to collect. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of the change and are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods if final settlements differ from estimates. Adjustments arising from a change to previously estimated transaction prices were not significant in the years ended December 31, 2023 or 2022.

Consistent with UPMC's mission, care is provided to patients regardless of their ability to pay. UPMC has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts UPMC expects to collect based on its collection history with those patients. Patients who meet UPMC's criteria for charity care are provided care without charge or at amounts less than established rates and UPMC has determined it has provided an implicit price concession. Price concessions, including charity care, are deducted from net patient service revenue.

The collection of outstanding receivables from Medicare, Medicaid, managed care payers, other third-party payers and patients is UPMC's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the age of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon UPMC's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators.

The composition of net patient service revenue for the years ended December 31, 2023 and 2022 is as follows:

| Years Ended December 31 | 2023 | 2022 |
|-------------------------|------|------|
| Commercial              | 37%  | 38%  |
| Medicare                | 41%  | 39%  |
| Medical Assistance      | 16%  | 16%  |
| Self-pay/other          | 6%   | 7%   |
|                         | 100% | 100% |

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

Laws and regulations governing the Medicare and Medical Assistance programs are complex and subject to interpretation. Compliance with such laws and regulations is subject to government review and interpretation as well as significant regulatory action, including fines, penalties and exclusion from Medicare and Medical Assistance programs. As a result, there is at least a reasonable possibility that the recorded estimates may change.

## Insurance Enrollment Revenue

UPMC's insurance subsidiaries (collectively, the "Health Plans") provide health care services on a prepaid basis under various contracts. Insurance enrollment revenues are recognized as income in the period in which enrollees are entitled to receive health care services, which represents the performance obligation. Health care premium payments received from UPMC's members in advance of the service period are recorded as unearned revenues.

Insurance enrollment revenues include premiums that are collected from companies, individuals, and government entities. Laws and regulations governing the Medicare and Medical Assistance programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to government review and interpretation as well as significant regulatory action, including fines, penalties and exclusion from the programs. As a result, there is at least a reasonable possibility that recorded estimates may change.

## Other Revenue

UPMC's other revenue consists of various contracts related to its Health Services and Insurance Services divisions. These contracts vary in duration and in performance obligations. Revenues are recognized when the performance obligations identified within the individual contracts are satisfied and collectability is probable. Revenue recognized related to governmental funding in response to the COVID-19 pandemic is captured in other revenue.

## Receivables

Concentrations of patient accounts receivable at December 31, 2023 and 2022 include:

| Years Ended December 31 | 2023 | 2022 |
|-------------------------|------|------|
| Commercial              | 44%  | 44%  |
| Medicare                | 32%  | 30%  |
| Medical Assistance      | 11%  | 11%  |
| Self-pay/other          | 13%  | 15%  |
|                         | 100% | 100% |

Insurance and other receivables are primarily comprised of payments due to Insurance Services and include the uncollected amounts from fully insured groups, individuals and government programs and are reported net of an allowance for estimated terminations and uncollectible accounts.



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## Board-Designated, Restricted, Trusteed and Other Investments

Substantially all of UPMC's investments in debt and equity securities are classified as trading. This classification requires UPMC to recognize unrealized gains and losses on substantially all of its investments in debt and equity securities as investment gain (loss) in the consolidated statements of operations and changes in net assets. This classification also includes UPMC Enterprises' cost basis investments in early stage entities, which are categorized as alternative investments. Gains and losses on the sales of securities are determined by the average cost method. Realized and unrealized gains and losses are included in investment gain (loss) in the consolidated statements of operations and changes in net assets. Realized and unrealized gains and losses on donor-restricted assets are recorded as changes in net assets with donor restrictions in the consolidated statements of operations and changes in net assets.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value using quoted market prices or model-driven valuations. These investments predominantly include those maintained in Master Trust Fund ("MTF") and are summarized as nonalternative investments in Note 5.

Investments in limited partnerships that invest in marketable securities (hedge funds) are reported using the equity method of accounting based on information provided by the respective partnership, generally received on a one month lag. The values provided by the respective partnerships are based on historical cost, appraisals or other estimates that require varying degrees of judgment. Generally, UPMC's holdings reflect net contributions to the partnership and an allocated share of realized and unrealized investment income and expenses. The investments may individually expose UPMC to securities lending, short sales, and trading in futures and forward contract options and other derivative products. UPMC's risk is limited to its carrying value for these lending and derivatives transactions. Amounts can be divested only at specified times. The financial statements of the limited partnerships are audited annually, generally as of December 31.

The values of UPMC's private equity investments are based upon financial statements received from the general partners, which are generally received on a quarterly lag. As a result, the market values and earnings recorded as of December 31, 2023 generally reflect the partnership activity experienced during the year ended September 30, 2023. These investments are summarized as alternative investments in Note 5.

## Fair Value Elections

Pursuant to accounting guidance provided by ASC 825-10, *Financial Instruments*, UPMC makes elections, on an investment-by-investment basis, as to whether it measures certain equity method investments that are traded in active markets at fair value. Fair value elections are generally irrevocable. The initial unrealized gains recognized upon election of the fair value option are recorded as operating revenue in the consolidated statements of operations and changes in net assets consistent with accounting for other equity method investments where UPMC has the ability to exercise significant influence but not control. Any subsequent changes in the fair value of the investment are recorded as investment (loss) gain in the consolidated statements of operations and changes in net assets, consistent with UPMC's reporting of gains and losses on other marketable securities included in board-designated, restricted, trusteed and other investments. Management believes this reporting increases the transparency of UPMC's financial condition.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## Financial Instruments

Cash and cash equivalents and investments recorded at fair value aggregate to \$8,277,332 and \$7,502,345 at December 31, 2023 and 2022, respectively. The fair value of these instruments is based on market prices as estimated by financial institutions. The fair value of amounts owed to counterparties under derivative contracts at December 31, 2023 and 2022, is \$244 and \$732, respectively, based on pricing models that take into account the present value of estimated future cash flows.

UPMC participates in securities lending transactions whereby a portion of its investments are loaned, through its agent, to various parties in return for cash and securities from the parties as collateral for the securities loaned. The amount of cash collateral received under securities lending is reported as an asset with a corresponding payable in the consolidated balance sheets. The total collateral is required to have a market value between 102% and 105% of the market value of securities loaned. As of December 31, 2023 and 2022, securities loaned to various parties, of which UPMC maintains ownership, were \$173,154 and \$203,429, respectively, and total collateral (cash and noncash) received related to the securities loaned was \$181,122 and \$212,925, respectively.

## Beneficial Interests in Foundations and Trusts

Several of UPMC's subsidiary hospitals have foundations that, according to their bylaws, were formed for the exclusive purpose of supporting and furthering the mission of the respective hospital. The foundations are separate corporations and are not liable for the obligations of UPMC, including any claims of creditors of any UPMC entities. The net assets of certain foundations are included in the consolidated balance sheets as beneficial interests in foundations and net assets with donor restrictions because the hospitals' use of these assets is at the discretion of the foundations' independent boards of directors.

Beneficial interests in foundations and trusts of \$726,515 and \$667,380 and the net assets with donor restrictions of consolidated foundations of \$97,477 and \$53,208 as of December 31, 2023 and 2022, respectively, are not pledged as collateral for UPMC's debt.

## Property, Buildings and Equipment

Property, buildings and equipment are recorded at cost or, if donated or impaired, at fair market value at the date of receipt or impairment. Interest cost incurred on borrowed funds (net of interest earned on such funds) during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Costs associated with the development and installation of internal-use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage or post-implementation stage.

Depreciation is computed using the straight-line method at rates designed to depreciate the assets over their estimated useful lives (predominantly ranging from 3 to 40 years) and includes depreciation related to finance leases. Certain newly constructed buildings have estimated useful lives of up to 60 years. Depreciation expense on property, buildings and equipment for the years ended December 31, 2023 and 2022 was \$691,387 and \$692,765, respectively.



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## Leases

Leases are classified as either operating or financing, and the lease classification determines whether the expense is recognized on a straight-line basis (operating leases) or based on an effective interest method (finance leases). UPMC has made accounting policy elections not to apply lease recognition requirements to short-term leases as well as to use the risk-free discount rate for its operating leases. Assets acquired under operating lease arrangements are categorized as operating lease right-of-use assets on the consolidated balance sheets, while finance leases are recognized as property, buildings and equipment. UPMC has also made an accounting policy election not to bifurcate lease components from non-lease components. For leases that include variable lease payments, the payment is determined based on the executed contract terms. Some leases contain options to extend or terminate the lease, but these are not recognized in the right-of-use assets and lease liabilities as of December 31, 2023, unless it is probable that the option will be exercised. During the year ended December 31, 2022, due to changes in the nature and extent as to how specific leased locations are utilized, certain renewal options, previously deemed probable, were deemed to be unlikely to be exercised. As a result, a reduction of both the right-of-use-asset and lease liability totaling \$118,557 was recorded as of December 31, 2022. No such reduction was recorded for the year ended December 31, 2023.

## Asset Impairment

UPMC evaluates the recoverability of the carrying value of long-lived assets by reviewing long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable and adjusts the asset cost to fair value if undiscounted cash flows are less than the carrying amount of the asset. For the year ended December 31, 2022, an impairment for certain right-of-use assets was recorded in the amount of \$75,784. No impairment was recorded for the year ended December 31, 2023.

## Other Assets

Investments in individual entities in which UPMC has the ability to exercise significant influence but does not control, generally 20% to 50% ownership, are reported using the equity method of accounting unless the fair value option is elected. Other assets includes approximately \$370,404 and \$392,787 at December 31, 2023 and 2022, respectively, relating to investments in partnerships and joint ventures that provide health care, management, and other goods and services to UPMC, its affiliates and the community at large.

## Goodwill

Goodwill represents the excess of the cost of an acquired entity over the net of the amounts assigned to the fair value of assets acquired and liabilities assumed. As of December 31, 2023 and 2022, goodwill of \$417,701 and \$266,799 respectively, is recorded in UPMC's consolidated balance sheets as other assets. In March 2023, UPMC acquired the Sports Surgery Clinic in Dublin, Ireland which approximated \$141,000 of additional goodwill recognized in the consolidated balance sheet. See footnote 2 for further disclosure.

Goodwill is reviewed annually for impairment, or more frequently if events or circumstances indicate that the carrying value of an asset may not be recoverable. UPMC has the option to qualitatively assess goodwill for impairment before completing a quantitative assessment. Under the qualitative approach, if, after assessing the totality of events or circumstances, including both macroeconomic, industry and market factors, and entity-specific factors, UPMC determines it is likely (more likely than not) that the fair value is greater than its carrying amount, then the quantitative impairment analysis is not required. As of December 31, 2023 and 2022, after application of the qualitative approach, there were no indicators of impairment.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## Derivatives

UPMC uses derivative financial instruments (“derivatives”) to modify the interest rates and manage risks associated with its asset allocation and outstanding debt. UPMC records derivatives as assets or liabilities in the consolidated balance sheets at fair value. The accounting for changes in the fair value (i.e., gains or losses) of a derivative depends on whether it has been designated and qualifies as part of a hedging relationship and, further, on the type of hedging relationship. UPMC has entered into interest rate swap agreements that convert a portion of its variable rate debt to a fixed interest rate. None of UPMC’s swaps outstanding as of December 31, 2023 and 2022 are designated as hedging instruments and, as such, changes in fair value are recognized in investing and financing activities as investment (loss) gain in the consolidated statements of operations and changes in net assets.

By using derivatives to manage these risks, UPMC exposes itself to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the derivatives. When the fair value of a derivative is positive, the counterparty owes UPMC, which creates credit risk for UPMC. When the fair value of a derivative is negative, UPMC owes the counterparty, and therefore, it does not incur credit risk. UPMC minimizes the credit risk in derivatives by entering into transactions that require the counterparty to post collateral for the benefit of UPMC based on the credit rating of the counterparty and the fair value of the derivative. If UPMC has a derivative in a liability position, UPMC’s credit is a risk and fair market values could be adjusted downward. Market risk is the effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken. Management also mitigates risk through periodic reviews of derivative positions in the context of UPMC’s total blended cost of capital.

## Net Assets

Resources are classified for reporting purposes as net assets without donor restrictions and net assets with donor restrictions, according to the absence or existence of donor-imposed restrictions. Board-designated net assets are net assets without donor restrictions that have been set aside by the Board for specific purposes. Net assets with donor restrictions are those assets, including contributions and accumulated investment returns, whose use has been limited by donors for a specific purpose or time period or are those for which donors require the principal of the gifts to be maintained in perpetuity to provide a permanent source of income.

Net assets with donor restrictions include \$403,884 and \$379,125 of net assets held in perpetuity and \$850,342 and \$790,688 of temporary restricted net assets at December 31, 2023 and 2022, respectively. Net assets with donor restrictions include beneficial interests in foundations that support research and other health care programs. Some net assets with donor restrictions are limited by donors and the foundations to a specific time period or purpose and are reclassified to net assets without donor restrictions and included in the consolidated statements of operations and changes in net assets as other revenue or assets released from restriction for capital purchases when the restriction is met.



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## Excess of Revenues over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses as a performance indicator. Excess of revenues over expenses includes all changes in net assets without donor restrictions except for contributions and distributions from foundations for the purchase of property and equipment, adjustments for pension liability, other than net periodic pension cost, discontinued operations, if any, and the cumulative effect of changes in accounting principles, if any.

## Reclassifications

For the year ended December 31, 2022, UPMC included lease impairment expense of \$75,784 as a separate line on its consolidated statements of operations and changes in net assets. For the year ended December 31, 2023, UPMC reclassified this prior year amount and included it in supplies, purchased services and general for consistent presentation with the current year.

## Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## 2. SIGNIFICANT TRANSACTIONS

In February 2023, CarepathRx, an equity investment of UPMC Chartwell, executed an agreement where a portion of its business was sold to a third party. UPMC Chartwell's equity investment in CarepathRx resulted in a gain of approximately \$163,000 in other revenues, of which approximately \$20,000 was attributed to noncontrolling interest, in its consolidated statement of operations and changes in net assets for the year ended December 31, 2023, in accordance with ASC 810, *Consolidation*.

In March 2023, UPMC acquired the Sports Surgery Clinic ("SSC") in Dublin, Ireland. As UPMC's fourth hospital in Ireland, the transaction is intended to further UPMC's commitment to clinical excellence in this region of the world. As a result of the acquisition, UPMC acquired approximately \$106,000 of total assets, consisting of \$100,000 of property, plant and equipment and \$6,000 of other assets. Total consideration paid by UPMC approximated \$247,000 and resulted in approximately \$141,000 of additional goodwill in the consolidated balance sheet as of December 31, 2023. UPMC applies the guidance set forth in ASC 805 *Business Combinations* for affiliations and acquisitions and as such will continue to assess throughout the remainder of the year the fair value, as of the acquisition date, of any assets and liabilities acquired.

In response to the COVID-19 pandemic, the federal government enacted several programs that provide, among other funding sources, relief funds to hospitals and other health care providers on the front lines of the COVID-19 response. This funding has been used to support health care related expenses or lost revenue attributable to COVID-19. For the years ended December 31, 2023 and December 31, 2022, UPMC recognized approximately \$48,000 and \$234,000, respectively, within operating income.

## 3. NEW ACCOUNTING PRONOUNCEMENTS

On January 1, 2023, UPMC adopted ASU 2016-13 *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss ("CECL") methodology. The measurement of expected credit losses under CECL methodology is applicable to financial assets measured at amortized cost, including loan receivables and held-to-maturity debt securities. It also applies to certain qualifying insurance receivables and reinsurance recoveries and receivables. This accounting pronouncement did not have a material impact on the consolidated financial statements as UPMC already utilizes an expected loss methodology on its qualifying receivables.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 4. CHARITY CARE

UPMC's patient acceptance policy is based on its mission and its community service responsibilities. Accordingly, UPMC accepts patients in immediate need of care, regardless of their ability to pay. UPMC does not pursue collection of amounts determined to qualify as charity care based on established policies of UPMC. These policies define charity care as those services for which no payment is due for all or a portion of the patient's bill. For financial reporting purposes, charity care is excluded from net patient service revenue. The amount of charity care provided, determined on the basis of cost, was \$122,140 and \$108,905 for the years ended December 31, 2023 and 2022, respectively. UPMC estimates the cost of providing charity care using the ratio of average patient care cost to gross charges and then applying that ratio to the gross uncompensated charges associated with providing charity care.

## 5. CASH AND INVESTMENTS

Following is a summary of cash and investments included in the consolidated balance sheets:

|                                                                    | December 31<br>2023 | 2022         |
|--------------------------------------------------------------------|---------------------|--------------|
| Internally designated:                                             |                     |              |
| Health insurance programs                                          | \$ 1,675,823        | \$ 1,689,382 |
| Professional and general liability insurance program               | 676,371             | 625,533      |
| Employee benefit and workers' compensation self-insurance programs | 127,396             | 121,798      |
|                                                                    | <b>2,479,590</b>    | 2,436,713    |
| Externally designated:                                             |                     |              |
| Trusted assets for capital and debt service payments               | 15,667              | 3,533        |
| Donor-restricted assets                                            | 490,379             | 476,322      |
|                                                                    | <b>506,046</b>      | 479,855      |
| Other long-term investments                                        | <b>5,456,745</b>    | 4,787,916    |
| Board-designated, restricted, trustee and other investments        | <b>8,442,381</b>    | 7,704,484    |
| Cash and cash equivalents                                          | <b>1,104,198</b>    | 953,980      |
|                                                                    | <b>\$ 9,546,579</b> | \$ 8,658,464 |

Investments are primarily maintained in MTF and administered using a bank as trustee. As of December 31, 2023, UPMC utilized 178 ongoing external investment managers, including 44 traditional managers, 18 hedge fund managers and 116 private capital managers. UPMC is also invested with an additional 32 legacy private capital and hedge fund managers. The largest allocation to any alternative investment fund is \$101,595 as of December 31, 2023. Certain managers use various equity and interest rate derivatives. These instruments are subject to various risks similar to nonderivative financial instruments, including market, credit, liquidity, operational and foreign exchange risk. UPMC's unfunded commitments to investments are \$460,741 and \$525,148 as of December 31, 2023 and 2022, respectively. Unfunded commitments may be called by managers pursuant to the terms of each specific fund's documents, which allow capital to be called during a fund's investment period for new investments. While terms vary, investment periods are generally within six years.



## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

Investment return from cash and investments is comprised of the following for the years ended December 31, 2023 and 2022:

|                                                    | 2023       | 2022         |
|----------------------------------------------------|------------|--------------|
| Interest income                                    | \$ 155,674 | \$ 109,917   |
| Dividend income                                    | 54,460     | 44,008       |
| Traditional investment manager and trustee fees    | (35,235)   | (34,002)     |
| Net realized gains (losses) on sales of securities | 332,891    | (28,000)     |
|                                                    | 507,790    | 91,923       |
| Unrealized investment gains (losses)               | 240,916    | (842,834)    |
| Derivative contracts mark to market                | (1,713)    | 2,728        |
|                                                    | 239,203    | (840,106)    |
| Investment gain (loss)                             | \$ 746,993 | \$ (748,183) |

In managing the UPMC investment strategy, an important consideration is to ensure sufficient liquidity. While UPMC's relationships with its external investment managers vary in terms of exit provisions, a percentage of the agreements allow ready access to underlying assets which are generally liquid and marketable. Liquidity as of December 31, 2023 is shown below:

| Liquidity Availability | Cash and Cash Equivalents | Nonalternative Investments | Alternative Investments | Total        |
|------------------------|---------------------------|----------------------------|-------------------------|--------------|
| Within three days      | \$ 1,104,198              | \$ 5,417,769               | \$ -                    | \$ 6,521,967 |
| Within 30 days         | -                         | 76,201                     | 90,700                  | 166,901      |
| Within 60 days         | -                         | -                          | -                       | -            |
| Within 90 days         | -                         | -                          | 423,776                 | 423,776      |
| More than 90 days      | -                         | 336,320                    | 2,097,615               | 2,433,935    |
| Total                  | \$ 1,104,198              | \$ 5,830,290               | \$ 2,612,091            | \$ 9,546,579 |

### 6. CREDIT ARRANGEMENTS

UPMC has a revolving line and letter of credit facility (the "Revolving Facility") with a capacity of \$1,000,000. The Revolving Facility expires on May 24, 2028. The Revolving Facility is used to manage cash flow during the year and to provide for a consolidated method of issuing various letters of credit for certain business units. A note to secure UPMC's repayment obligation with respect to the Revolving Facility was issued under the 2007 Master Trust Indenture ("2007 UPMC MTI") and is secured by a pledge of and security interest in the gross revenues of UPMC's parent corporation, UPMC Presbyterian Shadyside, UPMC Magee-Womens Hospital, UPMC Passavant and UPMC St. Margaret as members of the obligated group under the 2007 UPMC MTI. At the option of UPMC, advances under the Revolving Facility bear interest on the basis of the prime rate, federal funds effective rate, or the secured overnight financing rate ("SOFR").

As of December 31, 2023 and 2022, UPMC had issued \$130,080 and \$137,778, respectively, of letters of credit under the Revolving Facility. These letters of credit predominantly support the capital requirements of certain insurance subsidiaries. As of December 31, 2023 and 2022, there was \$869,920 and \$462,222, respectively, available to borrow under the Revolving Facility. No amounts were outstanding under the Revolving Facility as of December 31, 2023 and 2022.

In support of the Insurance Services Division, UPMC has credit facilities of \$350 million and \$25 million, the latter of which temporarily increases each year to \$250 million from May 1<sup>st</sup> to August 31<sup>st</sup>. The credit facilities expire in May 2026 and May 2027, respectively. As of December 31, 2023, these credit facilities were undrawn.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 7. LONG-TERM OBLIGATIONS AND DERIVATIVE INSTRUMENTS

Long-term obligations consist of the following:

|                                    | December 31  |              |
|------------------------------------|--------------|--------------|
|                                    | 2023         | 2022         |
| Fixed rate revenue bonds           | \$ 5,369,977 | \$ 4,452,224 |
| Variable rate revenue bonds        | 896,291      | 673,157      |
| Finance leases and other           | 273,750      | 144,350      |
| Par value of long-term obligations | 6,540,018    | 5,269,731    |
| Net premium and other              | 254,729      | 251,876      |
|                                    | 6,794,747    | 5,521,607    |
| Less current portion               | (171,239)    | (369,443)    |
| Total long-term obligations        | \$ 6,623,508 | \$ 5,152,164 |

Bonds and leases outstanding represent funds borrowed by the UPMC parent corporation and various subsidiaries pursuant to loan agreements and lease and sublease financing arrangements with governmental authorities. The proceeds were used for the purchase, construction and renovation of hospital facilities, certain buildings and equipment, as well as the extinguishment of debt.

The fixed rate revenue bonds bear interest at fixed coupon rates ranging from 1.80% to 6.00% as of December 31, 2023 and 2022. The average interest costs for the variable rate revenue bonds were 4.41% and 2.02% during the years ended December 31, 2023 and 2022, respectively. Bonds have varying principal payments and final maturities from 2024 through 2053. Certain revenue bonds (\$35,872 and \$43,606 for 2023 and 2022, respectively) are secured by bond insurance. The bonds contain redemption provisions whereby, at the direction of UPMC, the bonds may be redeemed on various dates as presented within the bond agreements.

Bonds in the aggregate of \$6,266,024 and \$5,124,649 as of December 31, 2023 and 2022, respectively, are issued under the 2007 UPMC MTI. The bonds are secured by a pledge of and security interest in gross revenues. Certain amounts borrowed under the 2007 UPMC MTI are loaned to certain subsidiary corporations pursuant to loan and contribution agreements and require the transfer of subsidiary funds to the parent corporation in the event of failure to satisfy the UPMC parent corporation liquidity covenant.

The various indebtedness agreements contain restrictive covenants, the most significant of which are the maintenance of minimum debt service coverage and liquidity ratios, and restrictions as to the incurrence of additional indebtedness and transfers of assets. UPMC was in compliance with such covenants as of December 31, 2023 and 2022.



## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

Aggregate maturities of long-term obligations for the next five years, assuming no remarketing of UPMC's variable rate debt, indicating the maximum potential payment obligations in these years, are as follows:

|      |            |
|------|------------|
| 2024 | \$ 171,239 |
| 2025 | 530,064    |
| 2026 | 592,614    |
| 2027 | 268,390    |
| 2028 | 173,779    |

Interest paid, net of amounts capitalized, on all obligations was \$237,797 and \$193,283 during the years ended December 31, 2023 and 2022, respectively.

During the year ended December 31, 2023, UPMC issued the tax-exempt Series 2023A, 2023B, 2023C, and 2023D bonds, as well as the taxable Series 2023 bonds in the amounts of \$445,000, \$89,000, \$36,000, \$250,000, and \$800,000, respectively. These bonds refunded certain indebtedness, fund capital projects and support working capital. Details of the offerings can be found in the official statements for each issue. Additionally, UPMC incurred \$164,000 of indebtedness relating to its international operations. During the year ended December 31, 2022, UPMC issued the tax-exempt Series 2022A and 2022B fixed rate bonds in the par amount of \$212,430 and \$172,195, respectively, in order to fund new capital projects and refund existing debt. Concurrently, UPMC remarketed the tax-exempt Series 2017C and 2017D-2 bonds.

UPMC maintains interest rate swap programs on certain of its debt in order to manage its interest rate risk. As of December 31, 2023, and December 31, 2022, UPMC is party to a floating-to-fixed interest rate swap where UPMC receives 68% of a one-month index rate and pays a fixed rate of 3.60% on a notional amount of \$25,965 and \$37,935, respectively. As of December 31, 2023, and December 31, 2022, UPMC is also party to a basis swap where UPMC receives 67% of a three-month index rate plus .3217% and pays Securities Industry and Financial Markets Association ("SIFMA") rates on a notional amount of \$30,525 and \$38,450, respectively. From origination through June 30, 2023, London interbank offered rate ("LIBOR") served as the receipt index for both agreements. Effective July 1, 2023, LIBOR ceased to be recognized as a representative index whereupon SOFR was selected as the replacement index. The aforementioned agreements are scheduled to mature in 2025 and 2037, respectively, and are carried as long-term obligations with a combined market value of (\$244) as of December 31, 2023, and (\$732) as of December 31, 2022.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 8. FAIR VALUE MEASUREMENTS

As of December 31, 2023 and 2022, UPMC held certain assets that are required to be measured at fair value on a recurring basis. These include cash and cash equivalents, certain board-designated, restricted, trustee, and other investments and derivative instruments. Certain alternative investments are measured using the equity method of accounting and are therefore excluded from the fair value hierarchy tables presented herein. The valuation techniques used to measure fair value are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs are generally unsupported by market activity. The three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value, includes:

- Level 1: Quoted prices for identical assets or liabilities in active markets.
- Level 2: Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-driven valuations whose inputs are observable or whose significant value drivers are observable.
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following tables represent UPMC's fair value hierarchy for its financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2023 and 2022. The interest rate swaps are valued using internal models, which are primarily based on market observable inputs, including interest rate curves. When quoted market prices are unobservable for fixed income securities, quotes from independent pricing vendors based on recent trading activity and other relevant information, including market interest rate curves, referenced credit spreads and estimated prepayment rates where applicable, are used for valuation purposes. These investments are included in Level 2 and include corporate fixed income, government bonds, and mortgage and asset-backed securities. As of December 31, 2023 and 2022, respectively, UPMC had \$1,269,247 and \$1,156,119 of alternative investments accounted for under the equity method, which approximates fair value.

Other investments measured at fair value represent funds included on the consolidated balance sheets that are reported using net asset value ("NAV"). These amounts are not required to be categorized in the fair value hierarchy. The fair value of these investments is based on the net asset value information provided by the general partner. Fair value is based on the proportionate share of the NAV based on the most recent partners' capital statements received from the general partners, which is generally one quarter prior to the balance sheet date. Certain of UPMC's investments, including both alternative and nonalternative investments, are utilizing NAV to calculate fair value and are included in other investments in the following tables.



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## FAIR VALUE MEASUREMENTS AS OF DECEMBER 31, 2023

|                                                               | Level 1      | Level 2      | Level 3 | NAV          | Total Carrying Amount |
|---------------------------------------------------------------|--------------|--------------|---------|--------------|-----------------------|
| <b>ASSETS</b>                                                 |              |              |         |              |                       |
| Fixed income                                                  | \$ 268,853   | \$ 3,046,146 | \$ -    | \$ -         | \$ 3,314,999          |
| Domestic equity                                               | 938,560      | 10,420       | -       | -            | 948,980               |
| International equity                                          | 809,547      | -            | -       | -            | 809,547               |
| Public real estate                                            | 107,146      | -            | -       | -            | 107,146               |
| Long/short equity                                             | 25,411       | 182,487      | -       | -            | 207,898               |
| Absolute equity                                               | (231)        | 63,581       | -       | -            | 63,350                |
| Securities on loan                                            | 173,154      | -            | -       | -            | 173,154               |
| Securities lending collateral                                 | 95,382       | -            | -       | -            | 95,382                |
| Alternative and other investments at NAV                      | -            | -            | -       | 1,548,060    | 1,548,060             |
| Total assets measured at fair value on a recurring basis      | \$ 2,417,822 | \$ 3,302,634 | \$ -    | \$ 1,548,060 | \$ 7,268,516          |
| <b>LIABILITIES</b>                                            |              |              |         |              |                       |
| Payable under securities lending agreement                    | \$ (95,382)  | \$ -         | \$ -    | \$ -         | \$ (95,382)           |
| Derivative instruments                                        | -            | (244)        | -       | -            | (244)                 |
| Total liabilities measured at fair value on a recurring basis | \$ (95,382)  | \$ (244)     | \$ -    | \$ -         | \$ (95,626)           |

## FAIR VALUE MEASUREMENTS AS OF DECEMBER 31, 2022

|                                                               | Level 1      | Level 2      | Level 3 | NAV          | Total Carrying Amount |
|---------------------------------------------------------------|--------------|--------------|---------|--------------|-----------------------|
| <b>ASSETS</b>                                                 |              |              |         |              |                       |
| Fixed income                                                  | \$ 853,228   | \$ 1,723,814 | \$ -    | \$ -         | \$ 2,577,042          |
| Domestic equity                                               | 1,275,130    | 8,700        | -       | -            | 1,283,830             |
| International equity                                          | 696,429      | 541          | -       | -            | 696,970               |
| Public real estate                                            | 103,870      | -            | -       | -            | 103,870               |
| Long/short equity                                             | 61,389       | 13,657       | -       | -            | 75,046                |
| Absolute equity                                               | 51,241       | -            | -       | -            | 51,241                |
| Securities on loan                                            | 203,429      | -            | -       | -            | 203,429               |
| Securities lending collateral                                 | 116,000      | -            | -       | -            | 116,000               |
| Alternative and other investments at NAV                      | -            | -            | -       | 1,556,937    | 1,556,937             |
| Total assets measured at fair value on a recurring basis      | \$ 3,360,716 | \$ 1,746,712 | \$ -    | \$ 1,556,937 | \$ 6,664,365          |
| <b>LIABILITIES</b>                                            |              |              |         |              |                       |
| Payable under securities lending agreement                    | \$ (116,000) | \$ -         | \$ -    | \$ -         | \$ (116,000)          |
| Derivative instruments                                        | -            | (732)        | -       | -            | (732)                 |
| Total liabilities measured at fair value on a recurring basis | \$ (116,000) | \$ (732)     | \$ -    | \$ -         | \$ (116,732)          |

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 9. PENSION PLANS

UPMC and its subsidiaries maintain defined benefit pension plans (the "Plans"), defined contribution plans and nonqualified pension plans that cover substantially all of UPMC's employees. Under the defined contribution plans, employees may elect to contribute a percentage of their salary, which is matched in accordance with the provisions of the defined contribution plans. Contributions to the nonqualified pension plans are based on a percentage of salary or contractual arrangements. The total expense within the performance indicator relating to the aforementioned pension plans was \$304,587 and \$213,822, respectively, for the years ended December 31, 2023 and 2022.

Benefits under the Plans vary and are generally based upon the employee's earnings and years of participation. It is UPMC's policy to meet the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Pension Protection Act of 2006. For the years ended December 31, 2023 and 2022, contributions made to the Plans were \$158,101 and \$0, respectively.

To develop the expected long-term rate of return on plan assets assumption, UPMC considers the current level of expected returns on risk-free investments, the historical level of risk premium associated with the other asset classes in which the pension portfolio is invested and the expectations for future returns on each asset class. The expected return for each asset class is then weighted based on the target asset allocation to develop the expected long-term rate of return on assets assumption for the pension portfolio.

The table below sets forth the accumulated benefit obligation, the change in the projected benefit obligation and the change in the assets of the Plans. The table also reflects the funded status of the Plans as well as recognized and unrecognized amounts in the consolidated balance sheets. As of December 31, 2023 and December 31, 2022, the pension liability is included in other noncurrent liabilities on the consolidated balance sheets.

|                                                   | Year Ended December 31 |              |
|---------------------------------------------------|------------------------|--------------|
|                                                   | 2023                   | 2022         |
| Accumulated benefit obligation                    | \$ 2,843,028           | \$ 2,713,380 |
| <b>CHANGE IN PROJECTED BENEFIT OBLIGATION</b>     |                        |              |
| Projected benefit obligation at beginning of year | \$ 2,821,194           | \$ 3,057,429 |
| Service cost                                      | 158,126                | 179,540      |
| Interest cost                                     | 148,925                | 89,701       |
| Actuarial loss (gain)                             | 35,763                 | (302,638)    |
| Benefits paid                                     | (189,385)              | (202,838)    |
| Projected benefit obligation at end of year       | 2,974,623              | 2,821,194    |
| <b>CHANGE IN PLAN ASSETS</b>                      |                        |              |
| Fair value of plan assets at beginning of year    | 2,627,693              | 3,087,194    |
| Actual return on plan assets                      | 199,348                | (256,663)    |
| Employer contributions                            | 158,101                | -            |
| Benefits paid                                     | (189,385)              | (202,838)    |
| Fair value of plan assets at end of year          | 2,795,757              | 2,627,693    |
| Pension liability at end of year                  | \$ 178,866             | \$ 193,501   |



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

Included in net assets without donor restrictions at December 31, 2023 and 2022 are the following amounts that have not yet been recognized in net periodic pension cost:

|                                   | As of December 31 |              |
|-----------------------------------|-------------------|--------------|
|                                   | 2023              | 2022         |
| Unrecognized prior service credit | \$ 23,551         | \$ 28,807    |
| Unrecognized net actuarial loss   | (406,870)         | (405,972)    |
|                                   | \$ (383,319)      | \$ (377,165) |

Changes in plan assets and benefit obligations recognized in net assets without donor restrictions during 2023 and 2022 include the following:

|                                      | Year Ended December 31 |              |
|--------------------------------------|------------------------|--------------|
|                                      | 2023                   | 2022         |
| Current year net actuarial loss      | \$ (15,481)            | \$ (162,408) |
| Amortization of actuarial loss       | 14,583                 | 5            |
| Amortization of prior service credit | (5,256)                | (5,256)      |
|                                      | \$ (6,154)             | \$ (167,659) |

The service cost component of net periodic benefit cost is included in salaries, professional fees and employee benefits and all other components of net periodic benefit cost are included in other non-operating expenses in the consolidated statements of operations and changes in net assets. The components of net periodic pension cost for the Plans were as follows:

|                                      | Year Ended December 31 |            |
|--------------------------------------|------------------------|------------|
|                                      | 2023                   | 2022       |
| Service cost                         | \$ 158,126             | \$ 179,540 |
| Interest cost                        | 148,925                | 89,701     |
| Expected return on plan assets       | (179,066)              | (208,383)  |
| Unrecognized net actuarial loss      | 14,583                 | 5          |
| Amortization of prior service credit | (5,256)                | (5,256)    |
| Net periodic pension cost            | \$ 137,312             | \$ 55,607  |

The weighted average actuarial assumptions used to determine the benefit obligations and net periodic pension cost for the Plans are as follows:

|                                                  | As of December 31 |            |
|--------------------------------------------------|-------------------|------------|
|                                                  | 2023              | 2022       |
| Discount rates:                                  |                   |            |
| Used for benefit obligations                     | 5.02%             | 5.20%      |
| Used for net periodic pension cost               | 5.20%             | 2.87%      |
| Expected rate of compensation increase:          |                   |            |
| Used for benefit obligations                     | Age-graded        | Age-graded |
| Used for net periodic pension cost               | Age-graded        | Age-graded |
| Expected long-term rate of return on plan assets | 7.00%             | 7.00%      |
| Interest crediting rate:                         |                   |            |
| Used for benefit obligations                     | 4.02%             | 4.20%      |
| Used for net periodic pension cost               | 4.20%             | 2.40%      |

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

The assumptions for long-term rate of return are developed using the expected returns of the various asset classes in which the pension invests and the allocations of each asset class with respect to the investment as a whole. The change in discount rate from 5.20% to 5.02% had the net effect of increasing the projected benefit obligation by \$45,271 for the year ended December 31, 2023. The change in the interest crediting rate from 4.20% to 4.02% decreased the projected benefit obligation by \$31,598 for the year ended December 31, 2023.

The following pension benefit payments are expected to be paid in the years ending December 31:

|           |            |
|-----------|------------|
| 2024      | \$ 235,966 |
| 2025      | 244,862    |
| 2026      | 248,877    |
| 2027      | 251,154    |
| 2028      | 250,526    |
| 2029-2033 | 1,235,996  |

UPMC employs a total return investment approach whereby a mix of equities and fixed income investments are used to maximize the long-term return on plan assets subject to accepting a prudent level of risk. Risk tolerance is established through consideration of plan liabilities, plan funded status and corporate financial condition. The pension portfolio contains a diversified blend of equity, fixed income and alternative investments. Equity investments are diversified across United States and non-United States corporate stocks, as well as growth, value, and small and large capitalizations. Other assets such as real estate, private equity and hedge funds are used to enhance long-term returns while improving portfolio diversification. Investment risk is measured and monitored on an ongoing basis through quarterly investment portfolio reviews, annual liability measurements and periodic asset/liability studies.

As of December 31, 2023, UPMC employed 183 external investment managers to handle the investment of the assets in the pension portfolio. Of these, 22 managers manage equity investments, 7 manage fixed income investments and 154 managers oversee alternative investment strategies. The largest allocation to any alternative investment manager is \$45,900 as of December 31, 2023. Unfunded commitments due to investments within the Plans, funded with Plan assets, are \$288,169 and \$338,338 as of December 31, 2023 and 2022, respectively. Unfunded commitments may be called by managers pursuant to the terms of each specific fund's documents, which allow capital to be called during a fund's investment period for new investments. While terms vary, investment periods are generally within six years.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

The following is a summary of the pension plan asset allocations at December 31, 2023 and 2022:

|                                  | 2023   | 2022   | 2023 Target |
|----------------------------------|--------|--------|-------------|
| Nonalternative investments:      |        |        |             |
| Fixed income                     | 11.3%  | 11.7%  | 13.0%       |
| Domestic equity                  | 20.7%  | 16.8%  | 25.0%       |
| International equity             | 16.2%  | 16.2%  | 19.0%       |
| Total nonalternative investments | 48.2%  | 44.7%  | 57.0%       |
| Real assets:                     |        |        |             |
| Real estate                      | 5.2%   | 5.0%   | 4.0%        |
| Income opportunities             | 2.0%   | 1.7%   | 2.0%        |
| Natural resources                | 5.0%   | 5.4%   | 4.0%        |
| Total real assets                | 12.2%  | 12.1%  | 10.0%       |
| Alternative investments:         |        |        |             |
| Long/short equity                | 9.7%   | 11.4%  | 11.0%       |
| Absolute return                  | 7.2%   | 7.3%   | 7.0%        |
| Private equity                   | 22.7%  | 24.5%  | 15.0%       |
| Total alternative investments    | 39.6%  | 43.2%  | 33.0%       |
| Total                            | 100.0% | 100.0% | 100.0%      |

All of the Plans' assets are measured at fair value, including its alternative investments. The same levels of the fair value hierarchy as described in Note 8 are used to categorize the Plans' assets. Corporate debt instruments and fixed income/bonds are valued using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. The fair value of common/collective trust funds is determined by the issuer sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. Partnership interests are valued using NAV, which is based on the unit values of the interests as determined by the issuer sponsoring such interests dividing the fund's net assets at fair value by its units outstanding at the valuation dates.



## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

The fair values of the Plans' assets at December 31, 2023, by asset category and by the level of inputs used to determine fair value, were as follows:

|                                      | Level 1    | Level 2    | Level 3 | NAV          | Total        |
|--------------------------------------|------------|------------|---------|--------------|--------------|
| <b>ASSETS</b>                        |            |            |         |              |              |
| Equity securities:                   |            |            |         |              |              |
| Domestic equity                      | \$ 506,632 | \$ 631     | \$ -    | \$ -         | \$ 507,263   |
| International equity                 | 316,023    | -          | -       | -            | 316,023      |
| International REITS                  | 777        | -          | -       | -            | 777          |
| U.S. REITS                           | 42,496     | 1,143      | -       | -            | 43,639       |
| Fixed income:                        |            |            |         |              |              |
| Government securities                | (245)      | 105,496    | -       | -            | 105,251      |
| Bond funds                           | 105,107    | -          | -       | -            | 105,107      |
| Corporate debt instruments           | -          | 47,347     | -       | -            | 47,347       |
| Asset and mortgage-backed securities | -          | 74,043     | -       | -            | 74,043       |
| Long/short equity                    | -          | 8,922      | -       | -            | 8,922        |
| Absolute return                      | (72)       | 13,163     | -       | -            | 13,091       |
| Other investments                    | -          | -          | -       | 1,572,532    | 1,572,532    |
| Net receivables                      | 1,762      | -          | -       | -            | 1,762        |
| Plans' assets at fair value          | \$ 972,480 | \$ 250,745 | \$ -    | \$ 1,572,532 | \$ 2,795,757 |

The fair values of the Plans' assets at December 31, 2022, by asset category and by the level of inputs used to determine fair value, were as follows:

|                                      | Level 1    | Level 2    | Level 3 | NAV          | Total        |
|--------------------------------------|------------|------------|---------|--------------|--------------|
| <b>ASSETS</b>                        |            |            |         |              |              |
| Equity securities:                   |            |            |         |              |              |
| Domestic equity                      | \$ 361,310 | \$ 4,300   | \$ -    | \$ -         | \$ 365,610   |
| International equity                 | 261,073    | 129        | -       | -            | 261,202      |
| International REITS                  | -          | -          | -       | -            | -            |
| U.S. REITS                           | 37,558     | 1,714      | -       | -            | 39,272       |
| Fixed income:                        |            |            |         |              |              |
| Government securities                | 37,691     | 2,669      | -       | -            | 40,360       |
| Bond funds                           | 95,860     | -          | -       | -            | 95,860       |
| Corporate debt instruments           | -          | 41,951     | -       | -            | 41,951       |
| Asset and mortgage-backed securities | -          | 62,870     | -       | -            | 62,870       |
| Long/short equity                    | 72,302     | 45,094     | -       | -            | 117,396      |
| Absolute return                      | 11,074     | -          | -       | -            | 11,074       |
| Other investments                    | -          | -          | -       | 1,588,482    | 1,588,482    |
| Net receivables                      | 3,616      | -          | -       | -            | 3,616        |
| Plans' assets at fair value          | \$ 880,484 | \$ 158,727 | \$ -    | \$ 1,588,482 | \$ 2,627,693 |



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 10. HEALTH INSURANCE REVENUE AND COSTS

Health care costs were \$13,465,127 and \$11,882,007, of which \$3,341,480 and \$2,970,247 were eliminated in consolidation representing medical services performed by UPMC provider entities for the years ended December 31, 2023 and 2022, respectively. Such costs are included in insurance claims expense. These costs include estimates of payments to be made on claims reported but not yet processed as of the balance sheet date and estimates of health care services incurred but not reported to the Health Plans. Such estimates include the cost of services that will continue to be incurred after the balance sheet date when the Health Plans are obligated to remit payment for such services in accordance with contract provisions or regulatory requirements. UPMC determines the amount of the reserve for incurred but not paid claims by following a detailed actuarial process that uses both historical claim payment patterns as well as emerging medical cost trends to project UPMC's best estimate of the reserve for physical health care costs. This process involves formatting of historical paid claims data into claim triangles, which compare claim incurred dates to the dates of claim payments. This information is analyzed to create completion factors that represent the average percentage of total incurred claims that have been paid through a given date after being incurred. Completion factors are applied to claims paid through the period-end date to estimate the ultimate claim expense incurred for the period. Actuarial estimates of incurred but not paid claim liabilities are then determined by subtracting the actual paid claims from the estimate of the ultimate incurred claims.

For the most recent incurred months, the percentage of claims paid for claims incurred in those months is generally low. This makes the completion factors methodology less reliable for such months. Therefore, incurred claims for most recent months are not projected from historical completion and payment patterns; rather, they are projected by estimating the claims expense for those months based on recent claims expense levels and health care trend levels, or trend factors.

While there are many factors that are used as part of the estimation of UPMC's reserve for physical health care costs, the two key assumptions having the most significant impact on UPMC's incurred but not paid claims liability as of December 31, 2023 were the completion and trend factors.

|                                                            | 2023       | 2022       |
|------------------------------------------------------------|------------|------------|
| Reserve for physical health care costs (beginning balance) | \$ 647,538 | \$ 642,078 |
| Add: Provisions for medical costs occurring in:            |            |            |
| Current year                                               | 12,097,561 | 10,622,623 |
| Prior year                                                 | (13,028)   | 13,174     |
| Net incurred medical costs                                 | 12,084,533 | 10,635,797 |
| Deduct: Payments for claims occurring in:                  |            |            |
| Current year                                               | 11,341,843 | 9,975,085  |
| Prior year                                                 | 634,509    | 655,252    |
| Net paid medical costs                                     | 11,976,352 | 10,630,337 |
| Reserve for physical health care costs (ending balance)    | \$ 755,719 | \$ 647,538 |

The foregoing rollforward shows favorable development of \$13,028 and unfavorable development of \$13,174 for the years ended December 31, 2023 and 2022, respectively. UPMC regularly reviews and sets assumptions regarding cost trends and utilization when initially establishing a reserve for physical health care costs. UPMC continually monitors and adjusts the reserve and claims expense based on subsequent paid claims activity. If it is determined that UPMC's assumptions regarding cost trends and utilization are materially different from actual results, UPMC's consolidated statement of operations and changes in net assets and consolidated balance sheet could be impacted in future periods. Adjustments of prior year estimates may result in additional claims expense or a reduction of claims expense in the period an adjustment is made.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

Incurred claims development for the years ended December 31, 2023, 2022 and 2021 are as follows:

|                   | (Unaudited)<br>December 31, 2021 | (Unaudited)<br>December 31, 2022 | December 31, 2023    |
|-------------------|----------------------------------|----------------------------------|----------------------|
| December 31, 2021 | \$ 10,149,739                    | \$ 10,162,913                    | \$ 10,162,913        |
| December 31, 2022 |                                  | 10,622,623                       | 10,609,595           |
| December 31, 2023 |                                  |                                  | 12,097,561           |
|                   |                                  |                                  | <b>\$ 32,870,069</b> |

Paid claims development for the years ended December 31, 2023, 2022 and 2021 are as follows:

|                   | (Unaudited)<br>December 31, 2021 | (Unaudited)<br>December 31, 2022 | December 31, 2023    |
|-------------------|----------------------------------|----------------------------------|----------------------|
| December 31, 2021 | \$ 9,507,661                     | \$ 10,162,913                    | \$ 10,162,913        |
| December 31, 2022 |                                  | 9,975,085                        | 10,609,594           |
| December 31, 2023 |                                  |                                  | 11,341,843           |
|                   |                                  |                                  | <b>\$ 32,114,350</b> |

At December 31, 2023, the total of incurred but not reported ("IBNR") liabilities plus expected development on reported claims and the cumulative number of reported claims for the years ended December 31, 2023, 2022 and 2021 are as follows:

|                   | Total IBNR and Expected Development on<br>Reported Claims | (Unaudited)<br>Cumulative Number<br>of Reported Claims* |
|-------------------|-----------------------------------------------------------|---------------------------------------------------------|
| December 31, 2021 | \$ -                                                      | 25,671                                                  |
| December 31, 2022 | -                                                         | 27,268                                                  |
| December 31, 2023 | 755,719                                                   | 29,034                                                  |
| Total             | <b>\$ 755,719</b>                                         | <b>81,973</b>                                           |

\* In thousands

The cumulative number of reported claims for each claim year has been developed using historical data captured by UPMC's claims payment system and data warehouse.

Certain entities within the Insurance Services division are subject to risk-based capital requirements as specified by the National Association of Insurance Commissioners ("NAIC"). Under those requirements, the amount of capital and surplus maintained by these entities is determined based on the various risk factors related to it. Net assets without donor restrictions required to meet statutory requirements of the Health Plans were \$1,740,233 and \$1,622,649 at December 31, 2023 and 2022, respectively.



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 11. PROFESSIONAL AND GENERAL LIABILITY INSURANCE

UPMC is insured for professional and general liability losses through wholly owned, multiprovider insurance companies (the "Captives"). The Captives provide primary and excess professional liability coverage to UPMC subsidiaries, employed physicians of UPMC and other entities not included in the consolidated financial statements. For those self-insured risks, UPMC has established irrevocable trust funds to pay claims and related costs.

Certain insurance agreements have retrospective clauses that permit additional premiums or refunds to be made based on actual experience. The reserve for professional and general liability indemnity losses and loss adjustment expenses is determined using individual case-based evaluations and actuarial analyses and represents an estimate of reported claims and claims incurred but not reported. Those estimates are subject to the effects of trends in average loss severity and average frequency. Although considerable variability is inherent in such estimates, management believes that the reserves for professional and general liability losses and loss adjustment expenses are reasonable. The estimates are reviewed and adjusted as necessary as experience develops or new information becomes known. Such adjustments are included in current operations. Reserves for professional and general liability losses and loss adjustment expenses of \$549,323 and \$541,413, discounted at 4.25% and 3.50% (which approximates the risk-free rates), were recorded as of December 31, 2023 and 2022, respectively. At December 31, 2023 and 2022, respectively, \$123,596 and \$105,711 of the loss reserves are included in current portion of insurance reserves and \$425,727 and \$435,702 are included in long-term insurance reserves.

The following table provides a rollforward of the reserve balances for professional and general liability costs for the years ended December 31, 2023 and 2022.

|                                                                          | 2023       | 2022       |
|--------------------------------------------------------------------------|------------|------------|
| Reserve for professional and general liability costs (beginning balance) | \$ 541,413 | \$ 533,315 |
| Add: Provisions for claims expenses occurring in:                        |            |            |
| Current year                                                             | 143,486    | 138,402    |
| Prior year                                                               | 6,469      | 2,398      |
| Change in discount rate                                                  | (11,697)   | (22,008)   |
| Net incurred claims expenses                                             | 138,258    | 118,792    |
| Deduct: Payments for claims expenses occurring in:                       |            |            |
| Current year                                                             | 10,309     | 510        |
| Prior year                                                               | 118,824    | 95,071     |
| Net paid claims expenses                                                 | 129,133    | 95,581     |
| Changes in other reserves                                                | (1,215)    | (15,113)   |
| Reserve for professional and general liability costs (ending balance)    | \$ 549,323 | \$ 541,413 |

The foregoing rollforward shows unfavorable development of \$6,469 and \$2,398 for the years ended December 31, 2023 and 2022, respectively.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

The following table provides undiscounted information for claims development for incurred losses and paid claims loss by incident year for the year ended December 31, 2023. The information about incurred and paid claims development for the years ended December 2014 to 2022 is presented as supplementary information. For the reported development, the adequacy of case reserves has been consistent and favorable over time, and there have been no significant changes in the rate at which claims have been reported. For the paid development, the rate of payment of claims has been relatively consistent over time.

## DIRECT CLAIM LOSS INCURRED

| Accident<br>Year | 2014         | 2015      | 2016      | 2017      | 2018      | 2019      | 2020      | 2021      | 2022      | 2023                |
|------------------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------------|
|                  | Unaudited    |           |           |           |           |           |           |           |           |                     |
| 2014             | \$ 86,191    | \$ 84,910 | \$ 83,562 | \$ 78,108 | \$ 75,644 | \$ 73,443 | \$ 74,808 | \$ 76,487 | \$ 76,103 | \$ 78,710           |
| 2015             | -            | 96,593    | 102,111   | 89,569    | 88,801    | 83,033    | 80,946    | 79,273    | 79,446    | 80,648              |
| 2016             | -            | -         | 90,844    | 94,155    | 91,655    | 84,615    | 73,214    | 72,195    | 71,692    | 72,184              |
| 2017             | -            | -         | -         | 100,732   | 99,428    | 104,403   | 103,570   | 100,146   | 99,861    | 89,391              |
| 2018             | -            | -         | -         | -         | 100,781   | 97,451    | 96,836    | 93,128    | 89,834    | 90,876              |
| 2019             | -            | -         | -         | -         | -         | 103,995   | 106,787   | 109,126   | 109,640   | 99,129              |
| 2020             | -            | -         | -         | -         | -         | -         | 108,482   | 109,915   | 112,983   | 105,765             |
| 2021             | -            | -         | -         | -         | -         | -         | -         | 125,437   | 125,368   | 126,944             |
| 2022             | -            | -         | -         | -         | -         | -         | -         | -         | 138,402   | 134,611             |
| 2023             | -            | -         | -         | -         | -         | -         | -         | -         | -         | 143,486             |
|                  | <b>Total</b> |           |           |           |           |           |           |           |           | <b>\$ 1,021,744</b> |

## DIRECT CLAIM LOSS PAID

| Accident<br>Year | 2014         | 2015     | 2016      | 2017      | 2018      | 2019      | 2020      | 2021      | 2022      | 2023              |
|------------------|--------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
|                  | Unaudited    |          |           |           |           |           |           |           |           |                   |
| 2014             | \$ 467       | \$ 7,771 | \$ 16,949 | \$ 40,736 | \$ 49,807 | \$ 57,372 | \$ 61,217 | \$ 64,744 | \$ 67,374 | \$ 73,734         |
| 2015             | -            | 355      | 16,914    | 26,838    | 48,191    | 58,646    | 65,427    | 68,562    | 70,716    | 72,721            |
| 2016             | -            | -        | 446       | 6,375     | 14,220    | 27,736    | 39,232    | 46,946    | 50,379    | 60,763            |
| 2017             | -            | -        | -         | 1,610     | 10,168    | 27,867    | 50,244    | 55,202    | 60,770    | 74,538            |
| 2018             | -            | -        | -         | -         | 251       | 3,555     | 22,235    | 37,270    | 44,465    | 62,372            |
| 2019             | -            | -        | -         | -         | -         | 216       | 13,936    | 25,751    | 40,448    | 54,122            |
| 2020             | -            | -        | -         | -         | -         | -         | 759       | 12,369    | 25,494    | 31,713            |
| 2021             | -            | -        | -         | -         | -         | -         | -         | 363       | 18,416    | 28,271            |
| 2022             | -            | -        | -         | -         | -         | -         | -         | -         | 510       | 6,662             |
| 2023             | -            | -        | -         | -         | -         | -         | -         | -         | -         | 10,309            |
|                  | <b>Total</b> |          |           |           |           |           |           |           |           | <b>\$ 475,205</b> |

|                       |                   |
|-----------------------|-------------------|
| <b>Net reserves</b>   | <b>\$ 546,539</b> |
| Other reserves        | 38,071            |
| Risk retention group  | 30,994            |
| Discount adjustment   | (66,281)          |
| <b>Total reserves</b> | <b>\$ 549,323</b> |



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## AVERAGE ANNUAL PERCENTAGE PAYOUT OF INCURRED CLAIMS (UNAUDITED)

| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 and Prior |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|
| 1.2%   | 7.9%   | 12.1%  | 19.9%  | 15.7%  | 10.3%  | 7.1%   | 5.5%   | 5.3%   | 15.0%             |

In addition, the following table shows the total of IBNR plus expected development on reported claims by incident year and the cumulative number of reported claims by incident year. The cumulative number of reported claims are counted on a per occurrence and per coverage basis. Claim counts include open claims, claims that have been paid and closed, and asserted reported claims that have been closed without the need for any payment.

| Incident Year | Incurred Claim Loss and Adjustment Expenses for the Year Ended December 31, 2023 | Total Incurred but Not Reported as of December 31, 2023 | Cumulative Number of Claims Reported as of December 31, 2023 |
|---------------|----------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|
| 2014          | \$ 78,710                                                                        | \$ -                                                    | 280                                                          |
| 2015          | 80,648                                                                           | -                                                       | 309                                                          |
| 2016          | 72,184                                                                           | 2,146                                                   | 278                                                          |
| 2017          | 89,391                                                                           | 6,438                                                   | 273                                                          |
| 2018          | 90,876                                                                           | 15,063                                                  | 278                                                          |
| 2019          | 99,129                                                                           | 22,051                                                  | 305                                                          |
| 2020          | 105,765                                                                          | 43,079                                                  | 222                                                          |
| 2021          | 126,944                                                                          | 71,239                                                  | 229                                                          |
| 2022          | 134,611                                                                          | 109,608                                                 | 195                                                          |
| 2023          | 143,486                                                                          | 131,013                                                 | 101                                                          |

The methodology for reserving and determining the reserve for loss and loss adjustment expenses, IBNR reserves, considers, among other things, the line of business, the number of years of experience and the age of the experience year being developed.

Loss development factors are also applied to the current evaluations of losses to project the ultimate incurred losses arising from each period of coverage. The selected loss development factors are based on the historical loss experience of UPMC. Therefore, it is assumed that the selected loss development factors coupled with UPMC's experience and actuarial support are appropriate to project the loss development that will be experienced.

The reserve for costs and claims adjustment expenses was based on the best data available to UPMC; however, these estimates are subject to a degree of inherent variability. It is possible that UPMC's actual incurred costs and claim adjustment expenses will not conform to the assumptions inherent in the determination of the liability; accordingly, the ultimate settlement of costs and the related claims adjustment expenses may vary from the estimates included in the consolidated financial statements.

The Medical Care Availability and Reduction of Error ("MCARE") Act was enacted by the legislature of the Commonwealth of Pennsylvania (the "Commonwealth") in 2002. This Act created the MCARE Fund, which replaced The Pennsylvania Medical Professional Liability Catastrophe Loss Fund (the "Medical CAT Fund"), as the agency for the Commonwealth to facilitate the payment of medical malpractice claims exceeding the primary layer of professional liability insurance carried by UPMC and other health care providers practicing in the Commonwealth.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

The MCARE Fund is funded on a “pay as you go basis” and assesses health care providers based on a percentage of the rates established by the Joint Underwriting Association (also a Commonwealth agency) for basic coverage. The MCARE Act of 2002 provides for a further reduction to the current MCARE coverage of \$500 per occurrence to \$250 per occurrence and the eventual phaseout of the MCARE Fund, subject to the approval of the Pennsylvania Insurance Commissioner. To date, the Pennsylvania Insurance Commissioner has deferred the change in coverage and eventual phaseout of the MCARE Fund to future years.

### 12. RELATED-PARTY TRANSACTIONS

UPMC monitors its relationships with related or affiliated entities on an ongoing basis. The most significant of these relationships is with the University of Pittsburgh (“the University”) in which UPMC purchases and sells certain services. With shared academic and research objectives, UPMC provides financial support annually to the University to advance these objectives recognizing the long-term inherent benefit to UPMC’s core clinical operations. UPMC looks to the University to lead the efforts related to the academic and research support objectives of UPMC and believes that, while complementary to its mission, the support provided to the University for academics and research is not part of UPMC’s core operating activities of providing direct patient care or offering health insurance coverage. For the years ended December 31, 2023 and 2022, UPMC incurred expenses of \$247,300 and \$242,000, respectively, for academic and research support. Payments to the University that are core to UPMC’s missions related to providing clinical care totaled \$172,591 and \$170,932 for the years ended December 31, 2023 and 2022, respectively, which includes clinical services rendered by certain faculty and medical residents, facility rental agreements and other related services, and are reflected within operating expense.

### 13. LEASES

UPMC has operating and finance leases for corporate offices, physician offices and various equipment types, among others. These lease arrangements have remaining lease terms of one year to 25 years, some of which include options to extend the leases for several periods, and some of which include options to terminate the leases within one year. Statement of operations and changes in net assets information related to leases were as follows:

|                                | Year Ended December 31 |            |
|--------------------------------|------------------------|------------|
|                                | 2023                   | 2022       |
| Finance lease cost:            |                        |            |
| Depreciation                   | \$ 21,600              | \$ 27,840  |
| Interest on lease liabilities  | 1,851                  | 1,999      |
| Total finance lease cost       | 23,451                 | 29,839     |
| Operating lease cost           | 155,304                | 159,230    |
| Short-term/variable lease cost | 28,551                 | 27,817     |
| Total                          | \$ 207,306             | \$ 216,886 |



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

Supplemental balance sheet information related to leases was as follows:

|                                              | Year Ended December 31 |            |
|----------------------------------------------|------------------------|------------|
|                                              | 2023                   | 2022       |
| <b>OPERATING LEASES</b>                      |                        |            |
| Operating lease right-of-use assets          | \$ 738,064             | \$ 796,886 |
| Other current liabilities                    | 138,039                | 148,940    |
| Operating lease liabilities                  | 707,447                | 770,766    |
| Total operating lease liabilities            | \$ 845,486             | \$ 919,706 |
| <b>FINANCE LEASES</b>                        |                        |            |
| Property, plant and equipment, net           | \$ 62,139              | \$ 60,853  |
| Current portion of long-term obligations     | 19,502                 | 22,673     |
| Long-term obligations                        | 46,181                 | 46,965     |
| Total finance lease liabilities              | \$ 65,683              | \$ 69,638  |
| <b>WEIGHTED AVERAGE REMAINING LEASE TERM</b> |                        |            |
| Operating leases                             | 9.3 years              | 9.6 years  |
| Finance leases                               | 6.8 years              | 7.2 years  |
| <b>WEIGHTED AVERAGE DISCOUNT RATE</b>        |                        |            |
| Operating leases                             | 2.9%                   | 2.8%       |
| Finance leases                               | 3.1%                   | 2.8%       |

Undiscounted maturities of lease liabilities were as follows:

| For the Years Ended December 31                    | Operating Leases | Finance Leases |
|----------------------------------------------------|------------------|----------------|
| 2024                                               | \$ 149,926       | \$ 21,263      |
| 2025                                               | 127,824          | 14,314         |
| 2026                                               | 112,989          | 9,835          |
| 2027                                               | 90,203           | 4,917          |
| 2028                                               | 83,651           | 1,694          |
| Thereafter                                         | 352,880          | 14,319         |
| Total undiscounted maturities of lease liabilities | \$ 917,473       | \$ 66,342      |
| Less: discount on lease liabilities                | (71,987)         | (659)          |
| Total lease liabilities                            | \$ 845,486       | \$ 65,683      |

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 14. INCOME TAXES

UPMC calculates income taxes using the balance sheet method for its taxable subsidiaries. Taxable income differs from pretax book income principally due to certain income and deductions for tax purposes being recorded in the financial statements in different periods. Deferred income tax assets and liabilities are recorded for the tax effect of these differences using enacted tax rates for the years in which the differences are expected to reverse. UPMC assesses the realization of deferred tax assets and the need for a valuation allowance to reduce those assets to their net realizable value based on future operations, reversal of existing temporary differences, carryforward and carryback periods for credits and net operating losses, and potential tax planning strategies that may exist. Based on this analysis, a full valuation allowance was applied for the years ended December 31, 2023 and December 31, 2022.

As of December 31, 2023, the for-profit entities of UPMC had gross federal net operating loss ("NOL") carryforwards of \$996,088 (expiring in years 2024 through 2043) and gross state (primarily related to Pennsylvania) NOL carryforwards of \$1,972,388 (expiring in years 2024 through 2043) that are available to offset future taxable income. During 2022, Pennsylvania enacted a corporate income tax rate reduction that will take effect incrementally from 2023 through 2031 and which resulted in revaluation of UPMC's state NOLs to reflect the lower rate. Utilization of the Pennsylvania NOL carryforwards in any one year is limited to 40% of taxable income per company and NOLs may be carried forward 20 years. Federal NOLs generated prior to January 1, 2018 can be carried forward up to 20 years and there is no taxable income limitation on the utilization of such NOLs. Non-insurance company federal NOLs generated subsequent to December 31, 2017 carryforward indefinitely and utilization of such NOLs is limited to 80% of taxable income. Non-life insurance company federal NOLs generated subsequent to December 31, 2017 can be carried forward up to 20 years and there is no taxable income limitation on the utilization of such NOLs. During the calendar years ended December 31, 2023 and December 31, 2022, UPMC realized tax benefits of \$84 and \$736, respectively, from the use of NOL carryforwards to offset federal and state net taxable income.

The following is a reconciliation of income taxes computed at the statutory U.S. federal income tax rate to the actual effective income tax expense:

| Years Ended December 31                        | 2023        | 2022        |
|------------------------------------------------|-------------|-------------|
| Taxes computed at the federal rate             | \$ (35,592) | \$ (34,781) |
| State income taxes, net of federal tax benefit | 2,235       | 2,228       |
| Valuation allowance                            | 23,011      | 29,630      |
| Permanent differences                          | 9,907       | 6,366       |
| Other items, net                               | 13,207      | 2,743       |
| Income tax expense                             | \$ 12,768   | \$ 6,186    |



## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

The following table presents deferred tax assets as of December 31, 2023 and 2022:

|                          | 2023       | 2022       |
|--------------------------|------------|------------|
| Deferred tax assets:     |            |            |
| Net operating losses     | \$ 288,157 | \$ 261,230 |
| Accrued benefits         | 23,083     | 23,618     |
| Other                    | 22,230     | 36,986     |
|                          | 333,470    | 321,834    |
| Less valuation allowance | (333,470)  | (321,834)  |
|                          | \$ -       | \$ -       |

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 December 31, 2023, there were no uncertain tax positions. Certain of UPMC's subsidiaries are subject to taxation in the United States and foreign jurisdictions. As of December 31, 2023, UPMC's returns for the calendar years ended December 31, 2020, through December 31, 2022, are open for examination by the various taxing authorities.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 15. FUNCTIONAL EXPENSES

UPMC provides general health care services primarily to residents within its geographic locations and supports related research and education programs. For the years ended December 31, 2023 and 2022, expenses related to providing these services were as follows:

### FOR THE YEAR ENDED DECEMBER 31, 2023

|                                                   | Hospital &<br>health care<br>services | Insurance<br>services | Academic &<br>research<br>activities | UPMC<br>Enterprises<br>activity | Admin<br>support | Total         |
|---------------------------------------------------|---------------------------------------|-----------------------|--------------------------------------|---------------------------------|------------------|---------------|
| Salaries, professional fees and employee benefits | \$ 8,004,186                          | \$ 643,932            | \$ -                                 | \$ -                            | \$ 1,008,183     | \$ 9,656,301  |
| Insurance claims expense                          | -                                     | 10,123,647            | -                                    | -                               | -                | 10,123,647    |
| Supplies, purchased services and general          | 5,920,991                             | 902,896               | -                                    | -                               | 602,330          | 7,426,217     |
| Depreciation and amortization                     | 499,711                               | 6,289                 | -                                    | -                               | 186,658          | 692,658       |
| Academic and research support provided            | -                                     | -                     | 247,300                              | -                               | -                | 247,300       |
| Income tax expense                                | -                                     | -                     | -                                    | -                               | 12,768           | 12,768        |
| Interest expense                                  | 205,396                               | -                     | -                                    | -                               | -                | 205,396       |
| Portfolio company and development expense         | -                                     | -                     | 82,899                               | 158,110                         | -                | 241,009       |
|                                                   | \$ 14,630,284                         | \$ 11,676,764         | \$ 330,199                           | \$ 158,110                      | \$ 1,809,939     | \$ 28,605,296 |

### FOR THE YEAR ENDED DECEMBER 31, 2022

|                                                   | Hospital &<br>health care<br>services | Insurance<br>services | Academic &<br>research<br>activities | UPMC<br>Enterprises<br>activity | Admin<br>support | Total         |
|---------------------------------------------------|---------------------------------------|-----------------------|--------------------------------------|---------------------------------|------------------|---------------|
| Salaries, professional fees and employee benefits | \$ 7,516,856                          | \$ 578,066            | \$ -                                 | \$ -                            | \$ 980,882       | \$ 9,075,804  |
| Insurance claims expense                          | -                                     | 8,911,760             | -                                    | -                               | -                | 8,911,760     |
| Supplies, purchased services and general          | 5,207,606                             | 826,025               | -                                    | -                               | 654,911          | 6,688,542     |
| Depreciation and amortization                     | 494,332                               | 7,095                 | -                                    | -                               | 192,330          | 693,757       |
| Academic and research support provided            | -                                     | -                     | 242,000                              | -                               | -                | 242,000       |
| Income tax expense                                | -                                     | -                     | -                                    | -                               | 6,186            | 6,186         |
| Interest expense                                  | 157,959                               | -                     | -                                    | -                               | -                | 157,959       |
| Portfolio company and development expense         | -                                     | -                     | 75,155                               | 123,017                         | -                | 198,172       |
|                                                   | \$ 13,376,753                         | \$ 10,322,946         | \$ 317,155                           | \$ 123,017                      | \$ 1,834,309     | \$ 25,974,180 |

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 16. UPMC ENTERPRISES ACTIVITY

UPMC Enterprises conducts research, development and innovation activities on behalf of UPMC primarily focused on technologies for use in the health care industry to lower costs and improve care; such activities are expensed as incurred. From time to time, UPMC invests in companies that are developing technologies that align with its strategic imperatives, including companies that are not yet at the commercialization stage. UPMC's level of investment is dependent on numerous strategic considerations and may provide either a controlling or a non-controlling ownership interest. UPMC Enterprises also seeks partnerships with external companies to accelerate commercial growth of innovation activities, which may include the sale of internally developed technology solutions. Leveraging UPMC's long-standing reputation for academic excellence, UPMC Enterprises also sponsors the translation of basic science conducted in a research setting to its commercial use in bedside clinical practice, application in medical laboratories or use across emerging venues where medicine is delivered; such activities are expensed as incurred.

UPMC Enterprises activity is comprised of the following for the years ended December 31:

|                                                                | 2023         | 2022         |
|----------------------------------------------------------------|--------------|--------------|
| Technology research and development costs                      | \$ (58,076)  | \$ (52,887)  |
| Investments in translational sciences                          | (24,823)     | (22,268)     |
| Revenue from portfolio companies with controlling interest     | 74,533       | 33,041       |
| Expenses of portfolio companies with controlling interest      | (155,901)    | (116,864)    |
| Net loss from non-consolidated interest in portfolio companies | (2,209)      | (6,153)      |
| Net gains (losses) gains from technology-related investments   | 48,343       | (21,571)     |
| UPMC Enterprises activity                                      | \$ (118,133) | \$ (186,702) |



# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(DOLLARS IN THOUSANDS)

## 17. CONTINGENCIES

UPMC is frequently made party to a variety of legal actions and regulatory inquiries, including class actions and suits brought by members, care providers, consumer advocacy organizations, customers and regulators. These matters include medical malpractice, employment, intellectual property, antitrust, privacy and contract claims, claims related to health care benefits coverage and other business practices. UPMC records liabilities for its estimates of probable costs resulting from these matters where appropriate. Estimates of costs resulting from legal and regulatory matters involving UPMC are inherently difficult to predict, particularly where the matters involve indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or represent a shift in regulatory policy; involve a large number of claimants or regulatory bodies; are in the early stages of the proceedings; or could result in a change in business practices. Accordingly, UPMC is often unable to estimate the losses or ranges of losses for those matters where there is a reasonable possibility, or it is probable a loss may be incurred.

Concurrently, UPMC has been involved or is currently involved in various governmental investigations, audits and reviews. These include routine, regular and special investigations, audits and reviews by CMS, state insurance and health and welfare departments, state attorneys general, the Office of the Inspector General, the Office of Personnel Management, the Office of Civil Rights, the Government Accountability Office, the Federal Trade Commission, U.S. Congressional committees, the U.S. Department of Justice (DOJ), the IRS, the U.S. Drug Enforcement Administration, the U.S. Department of Labor, the FDIC, Consumer Financial Protection Bureau and other governmental authorities. UPMC records liabilities for estimates of probable cost resulting from these matters where appropriate. Estimates of cost resulting from governmental investigations, audits and reviews are inherently difficult to predict and as a result UPMC cannot reasonably estimate the outcome which may result from these matters given their procedural status.

## 18. SUBSEQUENT EVENTS

Management evaluated events occurring subsequent to December 31, 2023 through February 27, 2024, the date the consolidated financial statements of UPMC were issued. During this period, there were no subsequent events requiring recognition or disclosure in the consolidated financial statements.



UPMC Group 20-8295721

List of Subordinates

Form 990, Page 1, H(a) & H(b)

- 1 AUUE, Inc.
- 2 Butler Health System/ UPMC Musculoskeletal Joint Venture, Inc.
- 3 Center for Emergency Medicine of Western Pennsylvania
- 4 Central Pennsylvania Medical Foundation, Inc.
- 5 Charles Cole Memorial Hospital
- 6 Children's Advocacy Center of Lawrence County
- 7 Cole Foundation, Inc.
- 8 Community Care Behavioral Health Organization
- 9 Cranberry Place
- 10 Divine Providence Hospital of the Sisters of Christian Charity
- 11 Erie Physician Network – UPMC, Inc.
- 12 Hamot Cole Ventures
- 13 Home Nursing Agency Affiliates
- 14 Home Nursing Agency Foundation
- 15 Jameson Healthcare Foundation
- 16 Jameson Medical Care, Inc.
- 17 Laurel Health System
- 18 Mon Yough Community Service, Inc.
- 19 Regional Health Services, Inc.
- 20 Safe Harbor Behavioral Health of UPMC Hamot
- 21 Somerset Community Hospital Foundation
- 22 Somerset Health Services, Inc.
- 23 Sugarcreek Station
- 24 Susquehanna Health Foundation
- 25 Susquehanna Health System Innovation Center Inc.
- 26 Susquehanna Physician Services

- 27 The Heritage Shadyside
- 28 Twin Lakes Care Providers
- 29 University of Pittsburgh Cancer Institute Cancer Services
- 30 University of Pittsburgh Physicians
- 31 UPMC Advanced Practice Providers
- 32 UPMC Altoona
- 33 UPMC Altoona Foundation
- 34 UPMC Altoona Partnership for a Healthy Community
- 35 UPMC Bedford
- 36 UPMC Behavioral Health of the Alleghenies
- 37 UPMC Chautauqua Services, Inc.
- 38 UPMC Children's Hospital of Pittsburgh
- 39 UPMC Community Medicine, Inc.
- 40 UPMC Community Provider Services
- 41 UPMC East
- 42 UPMC Emergency Medicine, Inc.
- 43 UPMC For You, Inc.
- 44 UPMC Hamot
- 45 UPMC Home Care Management Services
- 46 UPMC Home Healthcare of Central Pennsylvania
- 47 UPMC Home Healthcare of Western Pennsylvania
- 48 UPMC Horizon
- 49 UPMC Horizon Community Health Foundation
- 50 UPMC International Holdings, Inc.
- 51 UPMC Jameson
- 52 UPMC Kane
- 53 UPMC Lock Haven
- 54 UPMC Locum Clinicians
- 55 UPMC Magee – Women's Hospital

- 56 UPMC McKeesport
- 57 UPMC Medical Education
- 58 UPMC Mercy
- 59 UPMC Muncy
- 60 UPMC Northwest
- 61 UPMC Ob/Gyn Joint Venture, Inc.
- 62 UPMC Overseas, Inc.
- 63 UPMC Passavant
- 64 UPMC Presbyterian Shadyside
- 65 UPMC Somerset
- 66 UPMC St Margaret
- 67 UPMC Sunbury
- 68 UPMC Susquehanna
- 69 UPMC Travel Staffing
- 70 UPMC Wellsboro
- 71 UPMC Williamsport