

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UPMC GROUP Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 GRANT ST, 58TH FLR, CORP TAX City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15219 F Name and address of principal officer: FRED HARGETT 600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219 H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number 9707
D Employer identification number 20-8295721 E Telephone number (412) 647-2345 G Gross receipts \$ 25662084558.	
I 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	J Website: WWW.UPMC.COM
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2006 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HEALTHCARE, EDUCATION, AND RESEARCH																																																							
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																							
	3 Number of voting members of the governing body (Part VI, line 1a) 3 46																																																							
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9																																																							
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 79,577																																																							
	6 Total number of volunteers (estimate if necessary) 6 4,416																																																							
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,088,516.	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b																																																							
	<table border="1"><thead><tr><th></th><th>Prior Year</th><th>Current Year</th></tr></thead><tbody><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>247,257,014.</td><td>187,284,532.</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td>22266201973.</td><td>23952955808.</td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>55,150,008.</td><td>182,309,084.</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>-93,811.</td><td>-20,750.</td></tr><tr><td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>22568515184.</td><td>24322528674.</td></tr><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td><td>130,983,732.</td><td>113,648,644.</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>NONE</td><td>NONE</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td><td>8,082,767,628.</td><td>8,519,181,500.</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>NONE</td><td>NONE</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25)</td><td>NONE</td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td><td>14458035260.</td><td>15998175590.</td></tr><tr><td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td><td>22671786620.</td><td>24631005734.</td></tr><tr><td>19 Revenue less expenses. Subtract line 18 from line 12</td><td>-103,271,436.</td><td>-308,477,060.</td></tr><tr><td rowspan="3">Net Assets or Fund Balances</td><td><table border="1"><thead><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr></thead><tbody><tr><td>20 Total assets (Part X, line 16)</td><td>12455585375.</td><td>11152724568.</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>4,113,123,099.</td><td>2,852,129,951.</td></tr><tr><td>22 Net assets or fund balances. Subtract line 21 from line 20.</td><td>8,342,462,276.</td><td>8,300,594,617.</td></tr></tbody></table></td></tr></tbody></table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	247,257,014.	187,284,532.	9 Program service revenue (Part VIII, line 2g)	22266201973.	23952955808.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,150,008.	182,309,084.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-93,811.	-20,750.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22568515184.	24322528674.	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	130,983,732.	113,648,644.	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,082,767,628.	8,519,181,500.	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE	b Total fundraising expenses (Part IX, column (D), line 25)	NONE		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14458035260.	15998175590.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22671786620.	24631005734.	19 Revenue less expenses. Subtract line 18 from line 12	-103,271,436.	-308,477,060.	Net Assets or Fund Balances	<table border="1"><thead><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr></thead><tbody><tr><td>20 Total assets (Part X, line 16)</td><td>12455585375.</td><td>11152724568.</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>4,113,123,099.</td><td>2,852,129,951.</td></tr><tr><td>22 Net assets or fund balances. Subtract line 21 from line 20.</td><td>8,342,462,276.</td><td>8,300,594,617.</td></tr></tbody></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	12455585375.	11152724568.	21 Total liabilities (Part X, line 26)	4,113,123,099.	2,852,129,951.	22 Net assets or fund balances. Subtract line 21 from line 20.	8,342,462,276.
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Part II Signature Block

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

Sign Here	Signature of officer FRED HARGETT Type or print name and title	Date 05/13/2025 EXECUTIVE VP & CFO
	Paid Preparer Use Only	Print/Type preparer's name ROBERT VUILLEMOT Preparer's signature 05/13/2025 Check <input checked="" type="checkbox"/> if self-employed PTIN Firm's name ERNST & YOUNG US, LLP Firm's EIN 34-6565596 Firm's address 2100 ONE PPG PLACE PITTSBURGH, PA 15222 Phone no. 412-644-7800

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

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 \$ 22560378584. including grants of \$ 113,648,644.) (Revenue \$ 23951867292.)

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 22560378584.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e 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"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2,478
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	3
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 79577		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a X	
b If "Yes," enter the name of the foreign country ITALY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	46	
1b 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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b 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?	X	
11b 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	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b 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?	X	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 UPMC CORPORATE TAX 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219
 412-647-2345

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY A ROMOFF (UPM) FORMER PRESIDENT & CEO	NONE NONE						X	12,125,375.	NONE	16,946.
(2) LESLIE C DAVIS (UPM) PRESIDENT & CEO	60.00 NONE			X				11,376,172.	NONE	659,038.
(3) DIANE HOLDER (UPM) EVP, PRES INS SVC & CEO HPLAN	NONE 60.00				X			NONE	5,454,322.	296,742.
(4) DAVID FARNER (UPM) EVP & CHIEF ADMINISTRATIVE OFF	60.00 NONE				X			3,715,281.	NONE	266,427.
(5) STANLEY MARKS MD (UPC) BOARD CHAIR	20.00 20.00	X		X				1,599,885.	1,895,846.	302,399.
(6) FADI SWEISS MD NEUROSURGEON	40.00 NONE					X		3,210,608.	NONE	45,148.
(7) W THOMAS MCGOUGH ESQ (UPM) EVP & CHIEF LEGAL OFFICER	60.00 NONE				X			2,725,672.	NONE	213,623.
(8) ABHINAV HUMAR MD TRANSPLANT SURGEON	40.00 NONE					X		2,852,870.	NONE	42,775.
(9) CHARLES BOGOSTA (UPM) EVP & PRES INT'L	60.00 NONE				X			2,560,028.	10,600.	230,011.
(10) VICTOR MORELL MD (UPP) BOARD MEMBER	40.00 NONE	X						2,598,105.	NONE	46,199.
(11) JAMES D LUKETICH MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X						2,500,334.	NONE	55,320.
(12) EDWARD T KARLOVICH (UPM) EVP & CFO	60.00 NONE			X				2,336,826.	NONE	217,850.
(13) MATTHEW EL-KADI MD (PSV) BOARD MEMBER	1.00 40.00	X						NONE	2,507,683.	5,737.
(14) CHRISTOPHER SCHMIDT MD ORTHOPAEDIC SURGEON	40.00 NONE					X		2,364,005.	NONE	49,077.

Form 990 (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ALBERT LIN MD ORTHOPAEDIC SURGEON	40.00 NONE					X		1,992,504.	NONE	36,370.
(16) JEANNE CUNICELLI (UPM) EVP & PRESIDENT ENTERPRISES	60.00 NONE				X			1,772,778.	NONE	200,201.
(17) DEAN SOTEREANOS MD ORTHOPAEDIC SURGEON	40.00 NONE					X		1,898,596.	NONE	64,380.
(18) TIMOTHY BILLIAR MD (UPM) EVP & CHIEF SCIENTIFIC OFFICER	60.00 NONE				X			1,571,951.	NONE	216,138.
(19) JOEL YUHAS (UPM) EVP, UPMC & PRES, UPMC HOSPITA	60.00 NONE				X			1,599,094.	NONE	178,449.
(20) ROBERT M FRIEDLANDER MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X						1,733,325.	NONE	42,093.
(21) PHILIP POLLICE MD (MER) BOARD MEMBER	40.00 NONE	X						1,697,279.	NONE	68,571.
(22) DONALD M YEALY MD (EMI) BOARD MEMBER AND V PRESIDENT	40.00 NONE	X		X				1,561,697.	NONE	169,923.
(23) MARSHALL WEBSTER MD (UPM) SENIOR VP	60.00 NONE				X			1,519,450.	NONE	158,449.
(24) AJAIPAL KANG MD (RHS) BOARD MEMBER	40.00 NONE	X						1,601,160.	NONE	50,852.
(25) ANANTHA SHEKHAR MD (UPM) BOARD MEMBER	1.00 40.00	X						NONE	1,471,499.	179,231.
1b Sub-total								66,912,995.	11,339,950.	3,811,949.
c Total from continuation sheets to Part VII, Section A								107,388,287.	12,307,178.	12,930,051.
d Total (add lines 1b and 1c)								174,301,282.	23,647,128.	16,742,000.

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 **▶** 17050

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOHN INNOCENTI (PRY) PRESIDENT	40.00 NONE			X				1,451,837.	NONE	177,276.
(27) JOHN GALLEY (UPM) SENIOR VP & CHIEF HR OFFICER	60.00 NONE				X			1,447,679.	NONE	168,001.
(28) EDWARD MCCALLISTER (UPM) SVP & CHIEF INFORMATION OFF	60.00 NONE				X			1,319,597.	NONE	176,220.
(29) TAMI MINNIER (UTS) PRESIDENT	40.00 NONE			X				1,315,089.	NONE	173,054.
(30) JOEL B NELSON MD (UPM) EVP, UPMC CHIEF CLINICAL OFF &	60.00 NONE				X			1,327,840.	NONE	133,510.
(31) MARK SEVCO (UPM) FORMER EVP & PRESIDENT HSD	NONE NONE						X	1,394,027.	NONE	43,801.
(32) DAVID T MARTIN (PSV) FORMER PRESIDENT	NONE NONE						X	1,242,091.	NONE	152,329.
(33) JOHN LOVELACE (FYO) BOARD MEMBER AND PRESIDENT	1.00 40.00	X		X				NONE	1,238,932.	153,577.
(34) JAMES SCHUSTER MD (FYO) FORMER BOARD MEMBER	NONE NONE						X	NONE	1,211,803.	166,697.
(35) JOHN C STILLEY (UPM) SENIOR VP, TREAS., & CIO	60.00 NONE			X				1,200,565.	NONE	155,235.
(36) DAVID GIBBONS (HMT) BOARD MEMBER AND PRESIDENT	40.00 NONE	X		X				1,206,540.	NONE	140,493.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) ROBERT FERRIS MD (UPC) BOARD MEMBER AND VICE CHAIR	40.00 NONE	X		X				1,293,643.	NONE	45,475.
(38) SANDRA RADER (PRY) PRESIDENT	40.00 NONE			X				1,118,060.	NONE	159,797.
(39) JOON SUP LEE MD (UPM) EVP & PRES PHYSICIAN SRV	60.00 NONE				X			1,228,867.	NONE	46,021.
(40) SHERYL KASHUBA ESQ (FYO) BOARD MEMBER, SECTY & CLO	1.00 40.00	X		X				NONE	1,074,317.	155,020.
(41) VWAIRE ORHURHU MD (SHF) BOARD MEMBER	40.00 NONE	X						1,139,744.	NONE	59,112.
(42) MACALUS HOGAN MD (UPP) BOARD MEMBER	40.00 NONE	X						1,158,656.	NONE	33,591.
(43) RONALD DISIMONE MD (SPS) BOARD MEMBER	40.00 NONE	X						1,129,310.	NONE	44,640.
(44) GORDON GEBBENS (FYO) BOARD MEMBER AND TREASURER	40.00 NONE	X		X				1,018,914.	NONE	139,397.
(45) OSCAR MARROQUIN MD (UPM) SVP & PRES PHYSICIAN SERVICES	60.00 NONE				X			1,017,439.	NONE	140,091.
(46) EILEEN SIMMONS (PRY) CHIEF FINANCIAL OFFICER	40.00 NONE			X				1,014,243.	NONE	131,915.
(47) AMER ZUREIKAT MD (UPC) BOARD MEMBER	40.00 NONE	X						1,105,750.	NONE	38,443.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) ARTHUR S LEVINE MD (UPM) FORMER BOARD MEMBER	NONE NONE						X	NONE	1,055,958.	59,229.
(49) FRANCIS SOLANO MD (CMI) BOARD MEMBER AND PRESIDENT	40.00 NONE	X		X				955,412.	NONE	142,942.
(50) JAN E FISHER (ALT) PRESIDENT	40.00 NONE			X				945,412.	NONE	138,718.
(51) MATTHEW HARINSTEIN MD (EAS) BOARD MEMBER	40.00 NONE	X						999,071.	NONE	75,199.
(52) ELIZABETH A WILD (UPC) BOARD MEMBER AND PRESIDENT	40.00 NONE	X		X				954,179.	NONE	111,385.
(53) PABLO SANCHEZ MD (UPP) BOARD MEMBER	40.00 NONE	X						1,000,488.	NONE	34,735.
(54) JOSE SAHEL MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X						995,463.	NONE	37,742.
(55) WILLIAM DONALDSON MD (UPP) FORMER BOARD MEMBER AND INTERI	NONE NONE						X	977,796.	NONE	55,105.
(56) PAUL OGAGAN MD (EAS) BOARD MEMBER	40.00 NONE	X						994,741.	NONE	35,599.
(57) RICHARD WADAS MD (EMI) BOARD MEMBER AND PRESIDENT	40.00 NONE	X		X				893,434.	NONE	126,137.
(58) GREGORY BEARD DO (RHS) BOARD MEMBER	40.00 NONE	X						947,114.	NONE	66,854.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) MICHAEL LAZAR MD (SPS) BOARD MEMBER	40.00 NONE	X						947,383.	NONE	65,478.
(60) DEBORAH S BRODINE (CPS) BOARD CHAIR AND PRESIDENT	40.00 NONE	X		X				862,548.	NONE	135,403.
(61) AMAN MAHAJAN MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X						958,067.	NONE	34,539.
(62) SUSAN HOOLAHAN (PSV) PRESIDENT	40.00 NONE			X				861,030.	NONE	128,137.
(63) TERRANCE FOUST DO (COL) BOARD MEMBER	40.00 NONE	X						916,514.	NONE	71,010.
(64) ROBERT P EDWARDS MD (MAG) BOARD MEMBER	40.00 NONE	X						767,089.	NONE	217,332.
(65) STEVEN JOHNSON (WIL) FORMER BOARD MEMBER AND PRESID	NONE NONE						X	921,674.	NONE	50,185.
(66) J PETER RUBIN MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X						934,159.	NONE	35,199.
(67) ELLIOTT BILOFSKY MD (BDF) FORMER BOARD MEMBER	NONE NONE						X	NONE	918,559.	36,951.
(68) DEREK ANGUS MD (UPM) FORMER EVP & CHIEF INNOVATION	NONE NONE						X	899,280.	NONE	49,416.
(69) LOUIS ALARCON MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	885,773.	NONE	45,963.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) DIANE HUPP (CHP) SECRETARY & VP OF OPERATIONS	40.00 NONE			X				818,198.	NONE	110,473.
(71) DAVID LOPATOFSKY MD (ULH) BOARD MEMBER	40.00 NONE	X						805,903.	NONE	112,093.
(72) DANIEL KELLY AGNEW MD (BHM) BOARD MEMBER	40.00 NONE	X						850,244.	NONE	67,592.
(73) MATTHEW HURFORD (CCB) PRESIDENT	40.00 NONE			X				809,691.	NONE	105,452.
(74) RICHARD BEIGI MD (MAG) BOARD MEMBER AND PRESIDENT	40.00 NONE	X		X				817,557.	NONE	96,687.
(75) LOUIS D FALO JR MD (UPP) BOARD MEMBER AND DEPT CHAIR	20.00 20.00	X						485,739.	315,849.	102,175.
(76) ELIZABETH PICCIONE MD (UHC) BOARD MEMBER	40.00 NONE	X						738,848.	NONE	112,760.
(77) LOUIS BAVERSO (LOC) BOARD MEMBER	1.00 40.00	X						NONE	785,603.	65,783.
(78) MARK TAMBURRI (UPM) EVP & CHIEF LEGAL OFFICER	60.00 NONE			X				727,723.	NONE	122,423.
(79) ALISON BEAM (UPM) SVP, UPMC & CHIEF GOV'T AFFAIR	60.00 NONE				X			714,036.	NONE	135,021.
(80) MATTHEW BOUCHARD MD (ALT) BOARD MEMBER	40.00 NONE	X						753,000.	NONE	94,881.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
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Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) SAMIR SABA MD (UPP) BOARD MEMBER	40.00 NONE	X						800,078.	NONE	46,414.
(82) PATRICK GALLAGHER (UPM) BOARD MEMBER	1.00 40.00	X						NONE	705,242.	96,220.
(83) JOHN COMERCI MD (MAG) FORMER BOARD MEMBER	NONE NONE						X	752,350.	NONE	42,906.
(84) JULES SUMKIN MD (UPP) BOARD MEMBER AND SECRETARY	40.00 NONE	X		X				738,286.	NONE	54,955.
(85) MATTHEW HOLTZMAN MD (PRY) BOARD MEMBER	40.00 NONE	X						746,131.	NONE	39,639.
(86) SERGIO GIANCOLA MD (NWH) FORMER BOARD MEMBER	NONE NONE						X	739,071.	NONE	45,420.
(87) BRIAN DURNIOK (NWH) BOARD MEMBER AND PRESIDENT	40.00 NONE	X		X				675,077.	NONE	96,637.
(88) PHILIP M CACCHIONE MD (EPN) BOARD CHAIR AND PRESIDENT	40.00 NONE	X		X				687,275.	NONE	60,329.
(89) ROBERT GEIGER DO (EPN) BOARD MEMBER	40.00 NONE	X						699,102.	NONE	47,536.
(90) DAVID A LEWIS MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X		X				684,955.	NONE	46,568.
(91) PATRICIA JACKSON-GEHRIS (ULH) BOARD SECRETARY	40.00 NONE	X		X				618,374.	NONE	96,597.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
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5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) SUKETU MANSURIA MD (MAG) BOARD MEMBER	40.00 NONE	X						658,058.	NONE	38,768.
(93) JAMES F PINGPANK MD (PRY) BOARD MEMBER	40.00 NONE	X						636,202.	NONE	41,430.
(94) FREDERICK HARGETT (UPM) EVP & CFO	60.00 NONE			X				675,082.	NONE	1,069.
(95) DAVID KRUSZEWSKI MD (SHB) BOARD CHAIR	40.00 NONE	X		X				609,226.	NONE	65,279.
(96) JOAN GABEL (UPM) BOARD MEMBER	1.00 40.00	X						NONE	596,539.	75,971.
(97) MARK O'HERN (EAS) PRESIDENT	40.00 NONE			X				594,112.	NONE	75,587.
(98) JOSEPH LOSEE MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	618,196.	NONE	40,099.
(99) DAVID BURWELL MD (ALF) BOARD MEMBER	40.00 NONE	X						585,424.	NONE	66,164.
(100) BRENDAN HARRIS (HMT) BOARD MEMBER	1.00 40.00	X						NONE	584,070.	60,827.
(101) ZACHARY RITTER DMP (SHF) BOARD MEMBER	40.00 NONE	X						592,021.	NONE	46,843.
(102) GEORGE K MICHALOPOULOS MD (U) FORMER BOARD MEMBER AND DEPT C	NONE NONE						X	575,301.	NONE	53,496.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
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Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) MICHAEL WARD MD (NWH) FORMER BOARD MEMBER	NONE NONE						X	583,948.	NONE	44,606.
(104) SHELIAH HECKLA (UTS) BOARD MEMBER	40.00 NONE	X						535,977.	NONE	81,699.
(105) JOHN WARD (MER) FORMER BOARD MEMBER	NONE NONE						X	541,604.	NONE	68,392.
(106) STEPHEN NIMMO ESQ (SUS) FORMER BOARD MEMBER	NONE NONE						X	527,463.	NONE	76,526.
(107) KOTAYYA KONDAVEETI MD (EAS) BOARD MEMBER	40.00 NONE	X						585,000.	NONE	12.
(108) AJ PINEVICH MD (MER) BOARD SECRETARY	40.00 NONE	X		X				505,665.	NONE	63,040.
(109) SUSAN BRANTON MD (WIL) BOARD MEMBER	40.00 NONE	X						516,455.	NONE	51,958.
(110) TERENCE DERMODY MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X						525,869.	NONE	37,181.
(111) CHRISTOPHER DOMAREW MD (SPS) BOARD MEMBER	40.00 NONE	X						501,289.	NONE	58,924.
(112) DAVID PATTON (SMH) PRESIDENT	40.00 NONE			X				459,560.	NONE	98,297.
(113) TRACEY BEIRIGER ESQ (OVI) BOARD SECRETARY	40.00 NONE	X		X				458,896.	NONE	94,128.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
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Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) TRENT EMERICK MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	523,462.	NONE	29,321.
(115) AMY MEISTER MD (HHW) BOARD MEMBER	1.00 40.00	X						NONE	500,139.	52,518.
(116) JILL BURNS MD (WEL) BOARD MEMBER	40.00 NONE	X						493,833.	NONE	58,285.
(117) RANDALL BOGGESS DO (NWH) BOARD MEMBER	40.00 NONE	X						494,449.	NONE	56,008.
(118) LINDA BARNHART MD (NWH) BOARD MEMBER	40.00 NONE	X						483,869.	NONE	53,664.
(119) MATTHEW NEWLIN MD (ALT) BOARD MEMBER	NONE 40.00	X						NONE	498,608.	38,785.
(120) MICHAEL SCHLECHTER MD (ALT) FORMER BOARD MEMBER	NONE NONE						X	NONE	489,684.	41,844.
(121) BRYANT WESLEY ESQ (CRP) SECRETARY	40.00 NONE			X				461,060.	NONE	63,286.
(122) HYAGRIV SIMHAN MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	482,554.	NONE	38,343.
(123) MAREK A RADOMSKI DO (UPP) FORMER BOARD MEMBER	NONE NONE						X	488,236.	NONE	31,021.
(124) BRIAN FRITZ (UPP) CHIEF FINANCIAL OFFICER	40.00 NONE			X				449,463.	NONE	66,655.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) JAMES W BOYLE MD (PSV) BOARD MEMBER	40.00 NONE	X						465,383.	NONE	50,065.
(126) MICHELE P JEGASOTHY ESQ (UPM) SECRETARY	40.00 NONE			X				420,030.	NONE	89,123.
(127) KEVIN KIST DO (WIL) FORMER BOARD MEMBER	NONE NONE						X	447,148.	NONE	61,520.
(128) MONICA BOLLAND MD (UPP) BOARD MEMBER	40.00 NONE	X						475,338.	NONE	31,438.
(129) LAURA MILLER ESQ (CCB) SECRETARY	40.00 NONE			X				416,218.	NONE	85,412.
(130) STEPHEN EMERY (MAG) FORMER BOARD MEMBER	NONE NONE						X	458,980.	NONE	38,285.
(131) NICOLE DONNELLAN MD (MAG) BOARD MEMBER	40.00 NONE	X						476,110.	NONE	20,645.
(132) ANDREA BADWAY (BHM) BOARD MEMBER	40.00 NONE	X						445,510.	NONE	43,757.
(133) JAMES D TEW MD (PRY) FORMER BOARD MEMBER	NONE NONE						X	457,570.	NONE	31,480.
(134) DARIUS ABADI DO (LHS) BOARD MEMBER	40.00 NONE	X						429,581.	NONE	56,889.
(135) JARED WEINER (PRY) CHIEF FINANCIAL OFFICER	40.00 NONE			X				435,166.	NONE	44,837.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) JOSEPH TALARICO DO (BDF) FORMER BOARD MEMBER	NONE NONE						X	422,055.	NONE	50,402.
(137) LIRON PANTANOWITZ MD (UPP) BOARD MEMBER	40.00 NONE	X						456,860.	NONE	15,430.
(138) DONALD BECKSTEAD MD (HNV) BOARD MEMBER	40.00 NONE	X						347,811.	NONE	122,204.
(139) KIMBERLY ZYNN (SUS) BOARD MEMBER	1.00 40.00	X						NONE	413,609.	52,605.
(140) MARC CORDERO MD (EAS) BOARD MEMBER	40.00 NONE	X						408,365.	NONE	53,556.
(141) HEATH SKINNER MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X		X				431,139.	NONE	24,713.
(142) ALEXANDER NESBITT MD (SPS) BOARD MEMBER	40.00 NONE	X						390,627.	NONE	65,136.
(143) ALAN WELLS MD (PRY) FORMER BOARD MEMBER	NONE NONE						X	415,467.	NONE	38,601.
(144) MBEMBO BONGUTU MD (RHS) BOARD MEMBER	40.00 NONE	X						385,222.	NONE	62,293.
(145) KENNETH NASH MD (CCB) BOARD MEMBER	40.00 NONE	X						415,824.	NONE	29,655.
(146) JOE SUYAMA MD (UPP) BOARD MEMBER	40.00 NONE	X						400,853.	NONE	36,694.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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Section B. Independent Contractors

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) DANIEL GLUNK MD (ULH) BOARD MEMBER	40.00 NONE	X						405,407.	NONE	29,409.
(148) JAMES GIAMMARCO (CCB) TREASURER & CFO	40.00 NONE			X				389,861.	NONE	42,877.
(149) ALFREDO BLAS MD (SUS) BOARD MEMBER	40.00 NONE	X						373,375.	NONE	58,537.
(150) LYNN RUPP (RHS) PRESIDENT	40.00 NONE			X				386,703.	NONE	43,306.
(151) DAWNDRRA JONES (MYC) FORMER BOARD MEMBER	NONE NONE						X	374,859.	NONE	55,005.
(152) MARK BONDI (THS) PRESIDENT	1.00 40.00			X				NONE	364,195.	64,571.
(153) KAREN WASTLER (WEL) CHIEF OPERATING OFFICER	40.00 NONE			X				418,714.	NONE	9,850.
(154) GWENDOLYN SOWA MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X						397,422.	NONE	29,944.
(155) JAMES DONNELLY (CHS) BOARD MEMBER	40.00 NONE	X						368,075.	NONE	56,548.
(156) RICKQUEL TRIPP MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	395,216.	NONE	28,775.
(157) CAROLINE DANIELS MD (CAC) SECRETARY	40.00 NONE			X				371,175.	NONE	52,744.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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Section B. Independent Contractors

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) DAN SWAYZE (CEM) FORMER BOARD SECRETARY	NONE NONE						X	369,089.	NONE	46,229.
(159) DONNA OTTOVIANI (CMI) BOARD MEMBER SECRETARY, VP AND	40.00 NONE	X		X				367,174.	NONE	45,217.
(160) TULIO ESTRADA MD (HRZ) BOARD MEMBER	40.00 NONE	X						351,576.	NONE	60,200.
(161) SANDRA MCANALLEN (SMH) FORMER BOARD MEMBER	NONE NONE						X	NONE	399,284.	NONE
(162) KENNETH PLOWEY MD (MCK) FORMER BOARD MEMBER	NONE NONE						X	346,538.	NONE	48,860.
(163) MICHAEL CORSO (ALT) PRESIDENT	40.00 NONE			X				318,451.	NONE	76,395.
(164) MARIO WILFONG (ALT) FORMER TREASURER AND CFO	NONE NONE						X	333,888.	NONE	55,754.
(165) GABRIELLA GOSMAN (MAG) BOARD MEMBER	40.00 NONE	X						349,664.	NONE	33,439.
(166) JANET WATERS MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	338,490.	NONE	35,392.
(167) CHRISTINE NOLAN DPM (MUN) BOARD MEMBER	40.00 NONE	X						315,954.	NONE	57,502.
(168) KRISTIAN FETERIK MD (PRY) BOARD MEMBER	40.00 NONE	X						311,063.	NONE	61,956.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) SUSAN DUCHMAN (HNV) BOARD MEMBER	40.00 NONE	X						341,350.	NONE	31,032.
(170) CHARLES HAGERTY (SHB) BOARD VICE CHAIR	40.00 NONE	X		X				326,092.	NONE	43,245.
(171) MELINDA HAMILTON MD (UPP) BOARD MEMBER	40.00 NONE	X						329,532.	NONE	30,163.
(172) FRANCIS FOTI MD (KAN) BOARD MEMBER	40.00 NONE	X						304,512.	NONE	54,976.
(173) Nanci CASE (HNF) PRESIDENT	40.00 NONE			X				307,274.	NONE	51,624.
(174) CHRISTINA PATTERSON MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	328,567.	NONE	26,765.
(175) RONALD REYNOLDS (ULH) BOARD PRESIDENT AND ASST SECRE	40.00 NONE	X		X				323,898.	NONE	29,295.
(176) JANIE HILFIGER (CCH) PRESIDENT	40.00 NONE			X				310,435.	NONE	41,575.
(177) TIMOTHY HORSKY DO (BDF) FORMER BOARD MEMBER	NONE NONE						X	319,190.	NONE	31,803.
(178) NOREEN FREDRICK (TLC) BOARD PRESIDENT	40.00 NONE	X		X				313,137.	NONE	36,584.
(179) MARGARET EALY (APP) BOARD MEMBER, TREAS & COO	40.00 NONE	X		X				327,189.	NONE	21,025.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) JEFFREY KNORR (BHO) SECRETARY	40.00 NONE			X				319,959.	NONE	23,793.
(181) MICHAEL BONINGER MD (HCM) BOARD MEMBER & PRESIDENT	40.00 NONE	X		X				306,068.	NONE	35,248.
(182) MELANIE SMITH-FORTNEY (HHW) BOARD MEMBER	40.00 NONE	X						293,757.	NONE	45,679.
(183) MARK ZACHARIA ESQ (MYC) BOARD VICE CHAIR	40.00 NONE	X		X				289,097.	NONE	49,979.
(184) MELISSA DAVIS (LHS) BOARD MEMBER	40.00 NONE	X						290,824.	NONE	45,215.
(185) CHARLES FLACH (UPC) TREASURER AND CFO	40.00 NONE			X				310,327.	NONE	22,986.
(186) C TALBOT HEPPENSTALL JR (UPM) FORMER EVP, TREAS., & PRES ENT	NONE NONE						X	281,633.	NONE	49,858.
(187) JAYESH DESAI MD (SOM) BOARD MEMBER	40.00 NONE	X						276,867.	NONE	53,214.
(188) DAVID BOBRZYNSKI (MYC) BOARD TREASURER	40.00 NONE	X		X				277,025.	NONE	53,013.
(189) DAVID NACE MD (THS) BOARD MEMBER	40.00 NONE	X						298,000.	NONE	28,982.
(190) MARK YAROS MD (SOH) BOARD MEMBER	40.00 NONE	X						281,418.	NONE	45,168.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) BRADLEY DINGER (NWH) CFO AND TREASURER	40.00 NONE			X				284,166.	NONE	38,956.
(192) NATHAN MOORE MD (RHS) BOARD MEMBER	40.00 NONE	X						263,093.	NONE	55,948.
(193) ADAM YATES MD (MER) BOARD MEMBER	40.00 NONE	X						292,919.	NONE	25,978.
(194) RONALD DEEMS (MAG) BOARD MEMBER & CFO	40.00 NONE	X		X				293,315.	NONE	24,276.
(195) TERRENCE LEWIS ESQ (EMI) SECRETARY	40.00 NONE			X				289,521.	NONE	27,704.
(196) REBECCA RICKARD MD (SPS) BOARD MEMBER	40.00 NONE	X						277,643.	NONE	36,649.
(197) SYLVIA OWUSU-ANSAH MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	288,617.	NONE	23,092.
(198) DAVID BAER MD (BDF) BOARD MEMBER	40.00 NONE	X						248,534.	NONE	61,651.
(199) SUSAN MARTIN (MER) FORMER BOARD MEMBER	NONE NONE						X	251,343.	NONE	56,258.
(200) LAURENE TIMMONS (EAS) BOARD SECY, TREAS & CFO	40.00 NONE	X		X				274,511.	NONE	31,043.
(201) JAMES KONIECZNY (UPM) ASST TREASURER	40.00 NONE			X				248,106.	NONE	50,532.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) ROGER YOST (SHS) BOARD ASST TREASURER & CFO	40.00 NONE	X		X				278,704.	NONE	15,348.
(203) JONATHAN PETRIE (MAG) BOARD MEMBER AND CFO	40.00 NONE	X		X				248,219.	NONE	44,015.
(204) MONICA KLATT (APH) BOARD SECY, TREAS & CFO	40.00 NONE	X		X				258,162.	NONE	32,377.
(205) ROBYN BECKWITH MBA (BHM) BOARD MEMBER AND SECRETARY	40.00 NONE	X		X				233,042.	NONE	50,723.
(206) SHERRY WATTS (COL) BOARD MEMBER	40.00 NONE	X						253,044.	NONE	25,583.
(207) AMY SWINDELL DO (HNV) FORMER BOARD MEMBER	NONE NONE						X	254,100.	NONE	22,205.
(208) JAMES HOUSER (CEM) PRESIDENT	40.00 NONE			X				253,372.	NONE	19,629.
(209) TIMOTHY BALCONI (ALF) PRESIDENT	40.00 NONE			X				222,872.	NONE	49,995.
(210) DONALD GOODMAN (CEM) BOARD MEMBER AND V PRESIDENT	40.00 NONE	X		X				236,628.	NONE	31,517.
(211) JOSEPH ANTONOWICZ MD (ALF) FORMER BOARD MEMBER	NONE NONE						X	181,037.	NONE	87,097.
(212) ROBERT SULLIVAN MD (ALT) FORMER BOARD MEMBER	NONE NONE						X	NONE	246,060.	18,024.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) CECIL MILLER (CHS) SECRETARY	1.00 40.00			X				NONE	235,067.	25,612.
(214) NAFIS HILL (PSV) CHIEF FINANCIAL OFFICER	40.00 NONE			X				210,379.	NONE	47,594.
(215) TRACEY CONTI MD (UPP) BOARD MEMBER AND DEPT CHAIR	40.00 NONE	X						230,134.	NONE	27,053.
(216) ROBERT GRIFFITH (HHW) BOARD TREASURER AND CFO	40.00 NONE	X		X				225,087.	NONE	29,131.
(217) RUSSELL MEYERS (EMI) BOARD TREASURER	40.00 NONE	X		X				228,101.	NONE	23,804.
(218) ROGER DAVIS (SCS) BOARD MEMBER AND VP	1.00 40.00	X		X				NONE	199,383.	51,999.
(219) BHARAT ADROJA MD (ULH) BOARD MEMBER	40.00 NONE	X						230,331.	NONE	18,080.
(220) MICHAEL TRACY (HRF) CHIEF FINANCIAL OFFICER	40.00 NONE			X				213,935.	NONE	28,788.
(221) MARYANN RIGAS (CCH) BOARD MEMBER	40.00 NONE	X						195,512.	NONE	45,001.
(222) JEFFREY ALVAREZ (MYC) BOARD MEMBER	40.00 NONE	X						216,805.	NONE	18,015.
(223) CARRIE ENNIS (HMT) BOARD SECRETARY	40.00 NONE	X		X				201,978.	NONE	31,577.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) WILLIAM A NIGRO (CRP) BOARD MEMBER, TREAS AND CFO	40.00 NONE	X		X				196,110.	NONE	29,765.
(225) JENNIFER VENNARE (HNA) PRESIDENT	40.00 NONE			X				200,786.	NONE	21,443.
(226) BYRON WADE (LOC) BOARD PRESIDENT	40.00 NONE	X	X					205,688.	NONE	15,082.
(227) MARK PAPALIA (KAN) PRESIDENT	40.00 NONE			X				194,498.	NONE	25,469.
(228) ZACHARY LENHART (JMC) FORMER BOARD MEMBER	NONE NONE						X	191,898.	NONE	21,667.
(229) SUSAN THOMPSON (HNV) BOARD CHAIR	1.00 40.00	X	X					NONE	192,472.	19,396.
(230) PATRICIA MCGEE (HNV) BOARD MEMBER	40.00 NONE	X						193,462.	NONE	18,268.
(231) BOBBIE WOOLCOCK (ULH) BOARD MEMBER	1.00 40.00	X						NONE	192,409.	16,922.
(232) LISA A NEWCOMB (UPM) ASST SECRETARY	40.00 NONE			X				168,518.	NONE	32,071.
(233) MARK GERACI MD (UPP) BOARD MEMBER	40.00 NONE	X						200,000.	NONE	9.
(234) NEIL KARLS (BHM) TREASURER	40.00 NONE			X				164,903.	NONE	33,687.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) CAROL VANZILE (MYC) BOARD SECRETARY	40.00 NONE	X		X				155,867.	NONE	40,550.
(236) DANIEL R SULLIVAN MD (PSV) BOARD SECRETARY	40.00 NONE	X		X				176,849.	NONE	18,286.
(237) JONAS JOHNSON MD (UPP) FORMER BOARD MEMBER AND TREASU	NONE NONE						X	127,639.	NONE	59,301.
(238) AMY HUNT (COL) BOARD MEMBER	40.00 NONE	X						153,669.	NONE	27,028.
(239) JANE LIEBSCHUTZ MD (UPP) BOARD MEMBER	40.00 NONE	X						159,457.	NONE	15,258.
(240) ABDULRAB AZIZ MD (EAS) BOARD MEMBER	40.00 NONE	X						172,500.	NONE	12.
(241) NANCY PASTORIUS (SCS) BOARD SECRETARY AND COO	40.00 NONE	X		X				134,167.	NONE	31,424.
(242) BRIAN ENGEL (ULH) BOARD ASST SECRETARY	40.00 NONE	X		X				130,696.	NONE	31,063.
(243) CLIFTON CALLAWAY MD (UPP) FORMER BOARD MEMBER	NONE NONE						X	137,718.	NONE	22,621.
(244) ROBERT BLOSAT (BHM) FORMER BOARD CHAIR AND PRES	NONE NONE						X	159,874.	NONE	NONE
(245) KRISTIN LASHER (UHC) SECRETARY	40.00 NONE			X				145,519.	NONE	10,635.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) JAMES WYLER (TLC) BOARD VICE PRESIDENT	40.00 NONE	X		X				140,988.	NONE	14,470.
(247) BRENNALY PA (RHS) BOARD MEMBER	40.00 NONE	X						123,207.	NONE	24,781.
(248) ROBERT STRONG DO (SPS) BOARD MEMBER	40.00 NONE	X						143,245.	NONE	3,414.
(249) THOMAS RECTOR (MYC) DIRECTOR OF FINANCIAL SERVICES	40.00 NONE			X				115,155.	NONE	29,706.
(250) MANDY FAUBLE PHD (SHB) EXECUTIVE DIRECTOR	40.00 NONE			X				130,297.	NONE	10,452.
(251) SHARI HOLLAND (MYC) BOARD MEMBER	40.00 NONE	X						88,526.	NONE	35,239.
(252) PAULA THOMAS (HHW) FORMER PRESIDENT	NONE NONE						X	118,078.	NONE	3,780.
(253) DAVID RUSSELL (ALT) FORMER BOARD MEMBER	NONE NONE						X	114,609.	NONE	189.
(254) SHARON SQUILLARIO (ALT) ASST SECRETARY	40.00 NONE			X				75,321.	NONE	34,844.
(255) HEIDI VANGORDER (UPM) ASST SECRETARY	40.00 NONE			X				74,786.	NONE	33,731.
(256) RUTUL DALAL MD (SHS) FORMER BOARD MEMBER	NONE NONE						X	95,045.	NONE	11,860.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) REBECCA BURKELY (TLC) BOARD SECRETARY	40.00 NONE	X		X				95,801.	NONE	10,476.
(258) LYNN ROGERS (APH) BOARD MEMBER	40.00 NONE	X						85,544.	NONE	16,140.
(259) PATSY MAXIM (HRF) BOARD MEMBER	1.00 40.00	X						NONE	89,396.	11,575.
(260) LISA SMITH (NWH) ASST SECRETARY	40.00 NONE			X				67,522.	NONE	20,205.
(261) JONI MURRAY (HRF) FORMER BOARD MEMBER	NONE NONE						X	57,894.	NONE	26,789.
(262) RACHEL BERGER (CHP) FORMER BOARD MEMBER	NONE NONE						X	74,954.	NONE	9,124.
(263) MATTHEW BERWICK (CCB) BOARD MEMBER	40.00 NONE	X						68,287.	NONE	7,037.
(264) NICOLE PICERNO (ULH) BOARD MEMBER	40.00 NONE	X						66,755.	NONE	8,306.
(265) ALYSON FISHER (HRF) BOARD MEMBER	40.00 NONE	X						61,734.	NONE	8,434.
(266) LOREN ROTH MD (CCB) FORMER BOARD MEMBER	NONE NONE						X	45,000.	NONE	14,136.
(267) THOMAS DIACOVO MD (MAG) FORMER BOARD MEMBER	NONE NONE						X	50,944.	NONE	4,269.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) SCOTT GRAUBARD (JMC) BOARD MEMBER	40.00 NONE	X						47,847.	NONE	3,920.
(269) SCOTT GRAUBARD (HRF) BOARD MEMBER	40.00 NONE	X						47,847.	NONE	3,920.
(270) ALISSA LAIRD (ALT) ASST SECRETARY	40.00 NONE			X				35,341.	NONE	14,031.
(271) DONNA OTTOVIANI (BHM) BOARD PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(272) MARSHALL WEBSTER MD (BHM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(273) BRIAN FRITZ (BHM) BOARD PRESIDENT AND TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(274) KAREN A ALLEN (BHM) BOARD VICE PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(275) JOHN INNOCENTI (CEM) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(276) SANDRA RADER (CEM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(277) DIANNE HUPP (CEM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(278) DAVID GIBBONS (CEM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) JAN E FISHER (CEM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(280) RICHARD BEIGI MD (CEM) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(281) DEBRA DELLAPOSTA (CPF) BOARD CHAIR & PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(282) BRUCE ERB (CPF) BOARD VICE CHAIR & V PRES	1.00 NONE	X		X				NONE	NONE	NONE
(283) MICHAEL CORSO (CPF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(284) MELYNDA BUDD (CCH) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(285) MICHAEL CALLAHAN (CCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(286) JOSHUA COSTA (CCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(287) JOHN LEETE (CCH) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(288) CONNIE PERKINS (CCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(289) PATRICK LARSEN (CCH) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) MATTHEW SPLAIN (CCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(291) ELIZABETH WALLANCE (CCH) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(292) DANIEL GLUNK MD (CCH) BOARD MEMBER & INTERIM PRESIDE	1.00 NONE	X		X				NONE	NONE	NONE
(293) PATRICIA JACKSON-GEHRIS (CCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(294) CARRIE ENNIS (CCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(295) DAVID LOPATOFISKY MD (CCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(296) CHERYL KIMMEL (CAC) BOARD CHAIR & PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(297) BARBARA HASSON (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(298) GINNY JACOB (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(299) CARA FLORIE (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(300) KATHLEEN GALBREATH (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) DIANA HANNON (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(302) DIANA REED (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(303) JAMES RUGH (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(304) DEBORAH SHAW (CAC) BOARD MEMBER & SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(305) RYAN STONER (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(306) ROSEANN TOMOCHECK (CAC) BOARD MEMBER & VICE PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(307) DAVID WARD (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(308) THOMAS MANSELL (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(309) KATE MULHOLLEN (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(310) MICHAEL OCCHIBONE (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(311) TRACEY RANKIN (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) CHARMALE COCKRELL (CAC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(313) AMI FOUST (COL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(314) DAVID ERRICK (COL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(315) SAMUEL LUSH (COL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(316) KAREN LARSEN (COL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(317) JOSHUA COSTA (COL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(318) ROBERT SMITH (COL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(319) CLIFF WOOD (COL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(320) DIANE HOLDER (CCB) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(321) SCOTT LAMMIE (CCB) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(322) JOHN LOVELACE (CCB) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) DEBORAH S BRODINE (CRP) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(324) MARK BONDI (CRP) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(325) DANIEL KLINGERMAN (DVP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(326) ALEXANDER NESBITT MD (DVP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(327) PATRICK WILSON (DVP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(328) ROGER YOST (DVP) BOARD MEMBER & ASST TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(329) DAVID GIBBONS (EPN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(330) DAVID KRUSZEWSKI MD (EPN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(331) LYNN RUPP (EPN) BOARD MEMBER & VICE PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(332) MICHAEL CALLAHAN (HCV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(333) JOSHUA COSTA (HCV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) JOHN LEETE (HCV) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(335) CONNIE PERKINS (HCV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(336) PATRICK LARSEN (HCV) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(337) MARYANN RIGAS (HCV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(338) MATTHEW SPLAIN (HCV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(339) DANIEL GLUNK MD (HCV) BOARD MEMBER & INTERIM PRESIDE	1.00 NONE	X		X				NONE	NONE	NONE
(340) PATRICIA JACKSON-GEHRIS (HCV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(341) CARRIE ENNIS (HCV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(342) DAVID LOPATOFISKY MD (HCV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(343) EDWARD HENDERSON (HNA) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(344) BERNARD CREPPAGE (HNA) BOARD CHAIR AND V PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) RONALD DEEMS (HNA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(346) BRYANT WESLEY ESQ (HNA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(347) JAN E FISHER (HNA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(348) JAMES DRENNING (HNA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(349) JOHN LOVELACE (HNA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(350) SUSAN THOMPSON (HNA) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(351) BRUCE ERB (HNA) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(352) ROBERT GRIFFITH (HNA) BOARD TREASURER AND CFO	1.00 NONE	X		X				NONE	NONE	NONE
(353) RICHARD WADAS MD (HNA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(354) MARK MOSCHELLA (HNF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(355) MICHAEL WARD (HNF) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) NANCY FOGEL (HNF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(357) DANA DIVECCHIO (HNF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(358) DEREK MARTIN (HNF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(359) EDWARD HENDERSON (HNF) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(360) SCOTT COX (HNF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(361) KATHY WAGNER (HNF) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(362) DALE PERELMAN (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(363) RANDY SILVERMAN (JHF) BOARD SECRETARY	1.00 NONE	X	X					NONE	NONE	NONE
(364) MARVIN LEBBY (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(365) JAY BRUCE (JHF) BOARD CHAIR & PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(366) ALYSON FISHER (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) JESSICA PHILLIPS (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(368) SCOTT GRAUBARD (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(369) PATSY MAXIM (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(370) TOM SABOL (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(371) MARGARET NOEL (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(372) KELLY CONGER (JHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(373) JERRY TRONTEL (JHF) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(374) ALYSON FISHER (JMC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(375) JESSICA PHILLIPS (JMC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(376) JERRY TRONTEL (JMC) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(377) FRANK MINDICINO (JMC) BOARD VICE PRESIDENT AND VICE	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(378) JAY BRUCE (JMC) BOARD PRESIDENT AND CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(379) RANDY SILVERMAN (JMC) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(380) DALE PERELMAN (JMC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(381) MARVIN LEBBY (JMC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(382) PATSY MAXIM (JMC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(383) TOM SABOL (JMC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(384) MARGARET NOEL (JMC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(385) KELLY CONGER (JMC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(386) JILL BURNS MD (LHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(387) MATTHEW DECAMP (LHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(388) JANIE HILFIGER (LHS) BOARD MEMBER & ASST SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(389) HAROLD HOOSE III (LHS) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(390) PATRICIA JACKSON-GEHRIS (LHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(391) MICHAEL LICHTY (LHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(392) J DENNIS MURRAY PHD (LHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(393) GLENN POIRIER (LHS) BOARD TREASURER AND VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(394) WENDY SWINGLE (LHS) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(395) ANN PEPPERMAN ESQ (LHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(396) NOREEN FREDRICK (MYC) BOARD PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(397) BETH BURNSIDE (RHS) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(398) EILEEN SIMMONS (RHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(399) DONNA OTTOVIANI (RHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(400) CARRIE ENNIS (RHS) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(401) DOUGLAS HEUSEY (RHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(402) FRANK VICTOR (RHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(403) DAVID ZIMMER (RHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(404) LAUREN BAUER (SHB) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(405) MARY KAY EISERT (SHB) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(406) AMY JONES (SHB) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(407) CARRIE ENNIS (SHB) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(408) JEFFREY SHAW (SHB) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(409) WILLIAM GROVE (SHB) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(410) RONALD ALDOM (SCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(411) FRED ROSEMEYER (SCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(412) KRISTA MATHIAS (SCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(413) SHARON CLAPPER (SCH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(414) KRISTA MATHIAS (SOH) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(415) TROY MILLER (SOH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(416) TED DESKEVICH (SOH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(417) DAVID T MARTIN (SOH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(418) DAVID BURWELL MD (SOH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(419) RICHARD WADAS MD (SOH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(420) DAVID GIBBONS (SOH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(421) MARK BONDI (SCS) BOARD CHAIR AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(422) WILLIAM A NIGRO (SCS) BOARD MEMBER TREAS AND CFO	1.00 NONE	X		X				NONE	NONE	NONE
(423) KEITH KUZIO (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(424) STEVEN JOHNSON (SHF) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(425) JOHN YOUNG (SHF) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(426) ROBERT CROCKETT (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(427) SISTER TERESA ANN JACOBS (SHF) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(428) FRANK PELLEGRINO (SHF) BOARD TREASURER & VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(429) MARK HUFFMAN (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(430) PAMELA LUNDY (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(431) BLAISE ALEXANDER (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(432) HANI TUFFAHA MD (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(433) MARISA RAINEY RAU (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(434) PATRICIA MCGEE (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(435) ANGIE ALEXANDER (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(436) BRIAN MCCLINTOCK (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(437) JON CONKLIN (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(438) ALANNA HUCK (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(439) SHERRY WATTS (SHF) BOARD MEMBER, PRESIDENT & ASST	1.00 NONE	X		X				NONE	NONE	NONE
(440) PATRICIA JACKSON-GEHRIS (SHF) BOARD MEMBER & ASST SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(441) SUSAN BRANTON MD (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(442) SAMUEL LUSH (SHF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(443) SISTER TERESA ANN JACOBS (SHS) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(444) PATRICIA JACKSON-GEHRIS (SHS) BOARD PRESIDENT, ASST SECRETAR	1.00 NONE	X		X				NONE	NONE	NONE
(445) PHILIP JOHNSON (SHS) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(446) STEVEN JOHNSON (SHS) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(447) ANN PEPPERMAN ESQ (SHS) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(448) CHRISTOPHER STOCKHAUSEN (SHS) BOARD MEMBER AND CFO	1.00 NONE	X		X				NONE	NONE	NONE
(449) DAVIE JANE GILMOUR (SHS) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(450) PATRICK WILSON (SHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(451) ANN PEPPERMAN ESQ (SPS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(452) MELISSA DAVIS (SPS) BOARD MEMBER & ASST SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(453) DAVIE JANE GILMOUR PHD (SPS) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(454) SISTER TERESA ANN JACOBS (SPS) BOARD VICE CHAIR & SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(455) PATRICIA JACKSON-GEHRIS (SPS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(456) DANIEL KLINGERMAN (SPS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(457) DAVID LOPATOFSKY MD (SPS) BOARD PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(458) J DENNIS MURRAY PHD (SPS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(459) GLENN POIRIER (SPS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(460) ROGER YOST (SPS) BOARD ASST TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(461) DEBORAH S BRODINE (THS) BOARD MEMBER AND VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(462) PETER EISENBRANDT (THS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(463) BARBARA GROSSMAN (THS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(464) RICHARD HAMILTON (THS) BOARD MEMBER AND CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(465) DANIEL R SULLIVAN MD (THS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(466) MARGARET JOY ESQ (THS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(467) NATALIE LELAND (THS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(468) KAREN WOMACK (THS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(469) THOMAS RECTOR (TLC) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(470) FREDERICK ROSEMYER (TLC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(471) MARK BOWER (TLC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(472) RON ALDOM (TLC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(473) JOON SUP LEE MD (UPC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(474) SY HOLZER (UPC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(475) CHARLES BOGOSTA (UPC) BOARD VICE PRESIDENT AND VICE	1.00 NONE	X		X				NONE	NONE	NONE
(476) OSCAR MARROQUIN MD (UPC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(477) HEATH SKINNER MD (UPC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(478) TRACEY BEIRIGER ESQ (UPC) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(479) MARSHALL WEBSTER MD (UHC) BOARD CHAIR AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(480) DAVID T MARTIN (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(481) JOHN INNOCENTI (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(482) DAVID GIBBONS (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(483) ANANTHA SHEKAR MD (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(484) ROBERT P EDWARDS MD (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(485) DONALD YEALY MD (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(486) JOEL YUHAS (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(487) DIANE HUPP (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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
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4		
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Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(488) ROBERT FRIEDLANDER MD (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(489) OSCAR MARROQUIN MD (UHC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(490) PAGE PENNELL (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(491) ANANTHA SHEKHAR MD (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(492) G NICHOLAS BECKWITH III (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(493) GEOVETTE WASHINGTON (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(494) JOHN GALLEY (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(495) JOHN SURMA (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(496) LESLIE C DAVIS (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(497) MARGARET P JOY ESQ (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(498) ANNE MARIE LENNON MD (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(499) MARSHALL WEBSTER MD (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(500) RICHARD BEIGI MD (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(501) RICHARD S HAMILTON (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(502) DIANNE HUPP (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(503) DEREK ANGUS MD (UPP) BOARD MEMBER AND DEPT CHAIR	1.00 NONE	X						NONE	NONE	NONE
(504) JOEL B NELSON MD (UPP) BOARD MEMBER AND DEPT CHAIR	1.00 NONE	X						NONE	NONE	NONE
(505) JOAN GABEL (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(506) OSCAR MARROQUIN MD (UPP) BOARD MEMBER AND SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(507) DONALD M YEALY MD (UPP) BOARD MEMBER AND DEPT CHAIR	1.00 NONE	X						NONE	NONE	NONE
(508) JOEL YUHAS (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(509) JOSE ZEVALLOS MD (UPP) BOARD MEMBER AND DEPT CHAIR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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
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Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(510) ROBERT P EDWARDS MD (UPP) BOARD MEMBER AND DEPT CHAIR	1.00 NONE	X						NONE	NONE	NONE
(511) TIMOTHY BILLIAR MD (UPP) BOARD MEMBER AND INTERIM PRESI	1.00 NONE	X		X				NONE	NONE	NONE
(512) DOUGLAS BROWNING (UPP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(513) ANN PEPPERMAN ESQ (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(514) DEBRA L CAPLAN (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(515) DOUGLAS P DICK (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(516) DOUGLAS A NEIDICH (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(517) ELAINE BELLIN (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(518) JAMES P COVERT (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(519) JOHN SURMA (UPM) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(520) JOHN VERBANAC (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(521) KATHY HUMPHREY (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(522) LISA HALEY (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(523) LOUIS CESTELLO (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(524) MARK RAIMY (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(525) MICHAEL P LYONS (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(526) MICHAEL G WELLS (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(527) SALEEM GHUBRIL (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(528) MARGARET JOY ESQ (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(529) ELENI LUCIDO (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(530) ROBERT MONTLER (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(531) SUSAN BAKER SHIPLEY (UPM) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(532) VAUGHN S CLAGETTE MD (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(533) EVA BLUM (UPM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(534) DOUGLAS BROWNING (UPM) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(535) DEBORAH S BRODINE (APP) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(536) BRYANT WESLEY ESQ (APP) BOARD MEMBER AND SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(537) DAVID BOBRZYNSKI (APP) BOARD MEMBER, TREAS & CFO	1.00 NONE	X		X				NONE	NONE	NONE
(538) MATTHEW STUCKEY (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(539) PHILIP FREEMAN (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(540) BRIAN GRABILL ESQ (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(541) DONALD YEALY MD (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(542) BERNARD CREPPAGE (ALT) BOARD MEMBER AND SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(543) DAVID BAER MD (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(544) DAVID T MARTIN (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(545) DAVID GIBBONS (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(546) HON. LISA PUPO LENIHAN (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(547) JOHN R BLACKBURN III (ALT) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(548) KAREN PFEFFER (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(549) JAMES DRENNING (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(550) BRUCE ERB (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(551) ROBERT MONTLER (ALT) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(552) JAMES VREELAND MD (ALT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(553) ANN BENZEL (ALT) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE

1b Sub-total ▶**c Total from continuation sheets to Part VII, Section A** ▶**d Total (add lines 1b and 1c)** ▶**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(554) JAMES DRENNING (ALF) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(555) ANN BENZEL (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(556) BETSY LEHMAN (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(557) CRAIG KILMER (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(558) ERIC IRWIN (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(559) JAN E FISHER (ALF) BOARD MEMBER & COO	1.00 NONE	X		X				NONE	NONE	NONE
(560) MICHAEL CORSO (ALF) BOARD MEMBER & COO	1.00 NONE	X		X				NONE	NONE	NONE
(561) JOSH BARNHART (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(562) MARGARET CAWTHERN (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(563) PAUL CUNNINGHAM (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(564) CHRIS WEIDLEY (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE

1b Sub-total ▶**c Total from continuation sheets to Part VII, Section A** ▶**d Total (add lines 1b and 1c)** ▶**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶**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

	Yes	No
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person**Section B. Independent Contractors****1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(565) MICHAEL SETTIMIO (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(566) NANCY DEVORRIS (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(567) NEIL PORT (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(568) ROBERT BILGER (ALF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(569) BARBARA KOOMAN (ALF) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(570) ROBERT OKONAK JR (ALF) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(571) WILLIAM WALLEN (ALF) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(572) WILLIAM WALLEN (APH) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(573) NEIL PORT (APH) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(574) MICHELLE ADAMS (APH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(575) COLEEN HEIM (APH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(576) JOHN R BLACKBURN III (BDF) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(577) DAVID T MARTIN (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(578) DAVID GIBBONS (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(579) ROBERT MONTLER (BDF) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(580) JAMES VREELAND MD (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(581) ANN BENZEL (BDF) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(582) BERNARD CREPPAGE (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(583) JAMES DRENNING (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(584) BRUCE ERB (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(585) HON. LISA PUPO LENIHAN (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(586) MATTHEW NEWLIN MD (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(587) KAREN PFEFFER (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(588) MATTHEW STUCKEY (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(589) PHILIP FREEMAN (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(590) BRIAN GRABILL ESQ (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(591) DONALD YEALY MD (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(592) MATTHEW BOUCHARD MD (BDF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(593) BERNARD CREPPAGE (BHA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(594) MARGARET ADAMS (BHA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(595) STEPHEN MARTYNUSKA (BHA) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(596) BRENDA IRELAND (CHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(597) CRISTIE HERBST (CHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(598) MARK RAIMY (CHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(599) LYNN RUPP (CHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(600) MICHAEL SULLIVAN (CHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(601) WILLIAM GEARY MD (CHS) BOARD MEMBER AND CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(602) DAVID GIBBONS (CHS) BOARD MEMBER AND VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(603) BRADLEY DINGER (CHS) BOARD MEMBER, TREAS & CFO	1.00 NONE	X		X				NONE	NONE	NONE
(604) STEVEN KILBURN (CHS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(605) HOWARD W HANNA III (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(606) DENA LAMAR (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(607) ANANTHA SHEKAR MD (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(608) CLIFFORD ROWE JR (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(609) DOROTHY J POLLON (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(610) HON. JILL RANGOS (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(611) JAY W CLEVELAND (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(612) JOAN STEPHANS (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(613) JOHN STALEY V (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(614) LAWRENCE N GUMBERG (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(615) LESLIE BRAKSICK PHD (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(616) LESLIE C DAVIS (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(617) MARTHA HARTLE MUNSCH ESQ (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(618) MARY JO HOWARD DIVELEY ESQ (CH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(619) VANESSA OPPERMAN MOREHOUSE (C) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(620) DOUGLAS P DICK (CHP) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(621) MERON YEMANE (CHP) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(622) DAVID T MARTIN (CMI) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(623) BRIAN FRITZ (CMI) BOARD MEMBER, TREASURER, SECRE	1.00 NONE	X		X				NONE	NONE	NONE
(624) RICHARD HAMILTON (CMI) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(625) OSCAR MARROQUIN MD (CMI) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(626) JOEL YUHAS (CMI) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(627) DAVID PATTON (CMI) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(628) NEIL KARLS (CMI) BOARD MEMBER AND TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(629) LESLIE C DAVIS (CPS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(630) REBECCA TAYLOR (CPS) BOARD VP	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(631) BRYANT WESLEY ESQ (CPS) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(632) EILEEN SIMMONS (CPS) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(633) MARK SEVCO (CPS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(634) JOEL YUHAS (CPS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(635) SEAN LOGAN (EAS) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(636) JAWDAT NIKOULA MD (EAS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(637) GEORGE A HUBER ESQ (EAS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(638) JAMES D HEATHERINGTON (EAS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(639) JO ELLEN KENNEY (EAS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(640) MARY PAT SOLTIS (EAS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(641) REBECCA SHAW MCHOLME JD (EAS) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(642) THOMAS W STERLING (EAS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(643) JOEL YUHAS (EAS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(644) DAVID PATTON (EMI) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(645) GWENDOLYN SOWA MD (FYO) BOARD MEMBER AND CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(646) LORI REYNOLDS (FYO) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(647) DIANE HOLDER (FYO) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(648) BARBARA ZABLOTNEY (FYO) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(649) MATTHEW BERWICK (FYO) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(650) REV PAUL ABERNATHY (FYO) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(651) ARDELL REIMAN (FYO) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(652) MARK RAIMY (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE

1b Sub-total ▶**c Total from continuation sheets to Part VII, Section A** ▶**d Total (add lines 1b and 1c)** ▶**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶**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

	Yes	No
3		
4		
5		

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(653) BETH BURNSIDE (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(654) BRIAN DURNIOK (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(655) C TALBOT HEPPENSTALL JR (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(656) DANIEL TEED (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(657) DAVID ZIMMER (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(658) DWANE BROCK (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(659) ELLIOTT EHRENREICH ESQ (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(660) FRANK VICTOR (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(661) MICHAEL VICTOR (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(662) DONALD YEALY MD (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(663) JOEL B NELSON MD (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(664) JOHNNY JOHNSON (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(665) KEITH TAYLOR PHD (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(666) LISA PRESTA-SMITH ESQ (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(667) PARTHA SRINIVASA (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(668) JOEL YUHAS (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(669) EILEEN SIMMONS (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(670) MARGARET P JOY ESQ (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(671) TIMOTHY NECASTRO (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(672) WILLIAM GEARY MD (HMT) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(673) JAMES SCHUSTER MD (HCM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(674) JENNIFER VENNARE (HCM) BOARD PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(675) SANDRA MCANALLEN (HCM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(676) TAMI MINNIER (HCM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(677) ROBERT GRIFFITH (HCM) BOARD MEMBER, TREASURER & CFO	1.00 NONE	X		X				NONE	NONE	NONE
(678) DIANE HOLDER (HCM) BOARD CO-CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(679) BRUCE ERB (HNV) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(680) KIM BURNS-WARD (HNV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(681) ROBERT BUTTER (HNV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(682) SANDRA TOMLINSON (HNV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(683) SISTER TERESA ANN JACOBS (HNV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(684) VAL MIGNOGNA (HNV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(685) JANIE CHRISTNER (HNV) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(686) ROBERT GRIFFITH (HNV) BOARD TREASURER & CFO	1.00 NONE	X		X				NONE	NONE	NONE
(687) KRISTIN HENDERSON (HNV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(688) BRYANT WESLEY ESQ (HHW) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(689) DIANE HOLDER (HHW) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(690) CHRISTINE KASPER MD (HHW) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(691) RICHARD WADAS MD (HHW) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(692) RONALD MCCALL (HRZ) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(693) CHERYL KIMMEL (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(694) KATHRYN LIMA (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(695) CHRISTOPHER MILLER (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(696) DAVID GRANDE (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(697) HENDLEY HOGE (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(698) KENNETH ROMIG (HRZ) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(699) DONALD YEALY MD (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(700) GAYLE YOUNG (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(701) JOEL YUHAS (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(702) LOUIS MERRYMAN (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(703) STEVEN GARGASZ (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(704) FRANK MINDICINO CFP (HRZ) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(705) JAY BRUCE (HRZ) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(706) LINDA EVANS (HRZ) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(707) JERRY TRONTEL (HRF) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(708) JESSICA PHILLIPS (HRF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(709) FRANK MINDICINO CFP (HRF) BOARD VICE PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(710) JAY BRUCE (HRF) BOARD PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(711) RANDY SILVERMAN (HRF) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(712) DALE PERELMAN (HRF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(713) MARVIN LEBBY (HRF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(714) TOM SABOL (HRF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(715) MARGARET NOEL (HRF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(716) KELLY CONGER (HRF) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(717) CHARLES BOGOSTA (IHI) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(718) TRACEY BEIRIGER ESQ (IHI) BOARD MEMBER & SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(719) JOEL NELSON (IHI) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(720) RONALD MCCALL (JAM) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(721) CHERYL KIMMEL (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(722) KATHRYN LIMA (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(723) CHRISTOPHER MILLER (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(724) DAVID GRANDE (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(725) HENDLEY HOGE (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(726) KENNETH ROMIG (JAM) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(727) DONALD YEALY MD (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(728) GAYLE YOUNG (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(729) LINDA EVANS (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(730) LOUIS MERRYMAN (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(731) STEVEN GARGASZ (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(732) TULIO ESTRADA MD (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(733) JAY BRUCE (JAM) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(734) FRANK C MINDICINO (JAM) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(735) JOEL YUHAS (JAM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(736) DAVID GIBBONS (KAN) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(737) CARRIE ENNIS (KAN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(738) HALCOLM BARD (KAN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(739) LINDA MYERS (KAN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(740) RONALD MATTIS (KAN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(741) BRADLEY DINGER (KAN) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(742) ERIK ROSS (KAN) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(743) DONALD PAYNE (KAN) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(744) JAMES DONNELLY (KAN) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(745) MICHAEL MARSALA (ULH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(746) ANN PEPPERMAN ESQ (ULH) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(747) RAJESH PATEL MD (ULH) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(748) ROGER YOST (ULH) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(749) MICHAEL ANDERSON (LOC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(750) RICHARD WADAS MD (LOC) BOARD VICE PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(751) MICHAEL ANDERSON (LOC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(752) BRIAN FRITZ (LOC) BOARD MEMBER, TREASURER & CFO	1.00 NONE	X		X				NONE	NONE	NONE
(753) TERRENCE LEWIS ESQ (LOC) BOARD MEMBER AND SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(754) OSAR MARROQUIN MD (LOC) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(755) DENNIS ENGLISH MD (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(756) KELLY GRAY (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(757) ANANTHA SHEKHAR MD (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(758) DEBRA BARBARITA (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(759) KATHY (MAYLE) TOWNS (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(760) MARGARET P JOY ESQ (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(761) MARK ALOE (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(762) MICHAEL SWEENEY (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(763) MICHELE ATKINS (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(764) SARAH MEEHAN PARKER (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(765) LESLIE C DAVIS (MAG) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(766) WILLIAM PIETRAGALLO II ESQ (M) BOARD PRESIDENT AND CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(767) ROSE ALMON-MARTIN (MAG) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(768) PETER W EISENBRANDT (MAG) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(769) HON. DONETTA AMBROSE (MAG) BOARD VICE PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(770) REBECCA SHAW MCHOLME JD (MCK) BOARD CO-CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(771) SEAN LOGAN (MCK) BOARD CO-CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(772) PAUL OGAGAN MD (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(773) MARC CORDERO MD (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(774) GEORGE A HUBER ESQ (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(775) JAWDAT NIKOULA MD (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(776) MATTHEW HARINSTEIN MD (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(777) ABDULRAB AZIZ MD (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(778) JAMES D HEATHERINGTON (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(779) JO ELLEN KENNEY (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(780) KOTAYYA KONDAVEETI MD (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(781) MARY PAT SOLTIS (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(782) THOMAS W STERLING (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(783) JOEL YUHAS (MCK) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(784) LAURENE TIMMONS (MCK) BOARD SECY, TREAS & CFO	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(785) HON. MAUREEN LALLY-GREEN (MER) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(786) RICHARD BEIGI MD (MER) BOARD PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(787) MADELYN ANNE REILLY (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(788) BRIAN PARKER (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(789) CHRISTOPHER LEE ESQ (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(790) DAVID DAUSEY PHD (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(791) F J LUCCHINO (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(792) HUGH BRANNAN (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(793) JUDITH K LINABURG (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(794) LAWRENCE A DINARDO VE JCL (ME) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(795) RACHEL RILEY-LAVELLE (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(796) JOEL YUHAS (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(797) RENEE CROSBY-SKINNER (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(798) WILMA MCNEESE (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(799) JOHN INNOCENTI (MER) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(800) DAWNDRA JONES (MER) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(801) EILEEN SIMMONS (MER) BOARD MEMBER, TREAS & CFO	1.00 NONE	X		X				NONE	NONE	NONE
(802) AUBREY ALEXANDER (MUN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(803) KIMBERLY BROWN (MUN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(804) BRIAN ENGEL (MUN) BOARD ASST TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(805) DANIEL GLUNK MD (MUN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(806) ROBERT GLUNK (MUN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(807) STEVEN HAWLEY DPM (MUN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(808) PATRICIA JACKSON-GEHRIS (MUN) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(809) SISTER TERESA ANN JACOBS (MUN) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(810) ROGER JARRETT (MUN) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(811) DAVID LOPATOFISKY MD (MUN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(812) PETER TREVOULEDES MD (MUN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(813) ANN PEPPERMAN ESQ (MUN) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(814) RONALD REYNOLDS (MUN) BOARD PRESIDENT AND ASST SECRE	1.00 NONE	X		X				NONE	NONE	NONE
(815) ROGER YOST (MUN) BOARD TREASURER AND CFO	1.00 NONE	X		X				NONE	NONE	NONE
(816) JEFFREY CLARK (NWH) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(817) DAVID GIBBONS (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(818) JAMES E KNARR DMD (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(819) JAMES L DAUGHERTY (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(820) JOSEPH MONTONE (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(821) JOSEPH PASTOR (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(822) KEITH PEMRICK (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(823) CHRISTOPHER SIMMS (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(824) JEFFREY STEIGERWALD (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(825) JANET STEWART (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(826) MARSHALL WEBSTER MD (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(827) PETER WINKLER (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(828) ROGER MCCAULEY (NWH) BOARD MEMBER AND SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(829) BART MATSON DO (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(830) TAMARA VARSEK (NWH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(831) BETH HARMAN (NWH) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(832) MATTHEW LAVERDE (NWH) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(833) DAVID BADWAY MD (BHO) BOARD PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(834) MARSHALL WEBSTER MD (BHO) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(835) EDWARD T KARLOVICH (BHO) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(836) CHARLES BOGOSTA (OVI) BOARD CHAIR & PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(837) JOEL NELSON (OVI) BOARD CHAIR & PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(838) ROBERT BLOSAT (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(839) RICHARD S HAMILTON (PSV) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(840) EDWARD A DILLS (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(841) HON. LISA PUPO LENIHAN (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(842) JULIE CAMPBELL (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(843) KAREN SCHOGEL MD (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(844) PAUL K VEY (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(845) ROBERT HOFMANN (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(846) VALERIE C WILLIAMS (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(847) JOEL YUHAS (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(848) JAMES FERGUSON (PSV) BOARD VICE CHAIR AND TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(849) DANIEL SWAYZE (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(850) DEBRA A DINNOCENZO (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(851) ERIC FRANKEL MD (PSV) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(852) YVETTE BROADNAX MD (PRY) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(853) LEZETTA COX (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(854) ANTHONY DELITTO PHD (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(855) JACQUELINE DUNBAR-JACOB PHD () BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(856) CRAIG ESTERLY (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(857) KAREN WOLK FEINSTEIN PHD (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(858) SHIELA FINE (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(859) MARK GERACI MD (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(860) MARY ELLEN SMITH GLASGOW PHD BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(861) CHRISTINE KASPER MD (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE

1b Sub-total ▶**c Total from continuation sheets to Part VII, Section A** ▶**d Total (add lines 1b and 1c)** ▶**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶**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

	Yes	No
3		
4		
5		

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(862) JENNIFER MARCH (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(863) LEEANNA MCKIBBEN (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(864) GEORGIA PETROPOULOS (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(865) AMY SEYBERT PHD (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(866) ANANTHA SHEKHAR MD (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(867) ANN THOMPSON MD MHCPM (PRY) BOARD SECOND VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(868) JOSEPH WALTON (PRY) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(869) ROBERT BLOSAT (SMH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(870) JULIE CAMPBELL (SMH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(871) EDWARD (TONY) DILLS (SMH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(872) DEBRA A DINNOCENZO (SMH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
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Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(873) MATTHEW EL-KADI MD (SMH)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(874) ERIC FRANKEL MD (SMH)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(875) JAMES M FERGUSON III (SMH)	1.00									
BOARD VICE CHAIR & TREASURER	NONE	X		X				NONE	NONE	NONE
(876) RICHARD S HAMILTON (SMH)	1.00									
BOARD CHAIR	NONE	X		X				NONE	NONE	NONE
(877) ROBERT HOFMANN (SMH)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(878) HON. LISA PUPO LENIHAN (SMH)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(879) KAREN SCHOGEL MD (SMH)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(880) DANIEL SULLIVAN (SMH)	1.00									
BOARD SECRETARY	NONE	X		X				NONE	NONE	NONE
(881) DANIEL SWAYZE (SMH)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(882) PAUL VEY (SMH)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(883) VALERIE C WILLIAMS (SMH)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(884) JOEL YUHAS (SMH) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(885) KRISA MATHIAS (SOM) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(886) MARK BOWER (SOM) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(887) TOM SKELTON (SOM) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(888) MARK YAROS MD (SOM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(889) DAVID MARTIN (SOM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(890) DAVID BURWELL (SOM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(891) RICHARD WADAS (SOM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(892) DAVID FINUI (SOM) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(893) DAVIE JANE GILMOUR PHD (SUS) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(894) SISTER TERESA ANN JACOBS (SUS) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(895) PHILIP JOHNSON (SUS) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(896) ANN PEPPERMAN ESQ (SUS) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(897) SUSAN BRANTON MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(898) JILL BURNS MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(899) RUTUAL DALAL MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(900) MICHAEL GERST MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(901) DAVID GIBBONS (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(902) JOEL YUHAS (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(903) MARSHALL WEBSTER MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(904) RONALD DISIMONE MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(905) JAMIE ADAM MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(906) ALANNA HUCK (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(907) DANIEL KLINGERMAN (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(908) KEITH KUZIO (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(909) J DENNIS MURRAY (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(910) ALEXANDER NESBITT MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(911) GLENN POIRIER (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(912) EILEEN SIMMONS (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(913) PATRICK WILSON (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(914) DONALD YEALY MD (SUS) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(915) DARIUS ABADI DO (WEL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(916) JOSEPH BUBACZ JR (WEL) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
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Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(917) MATTHEW DECAMP (WEL) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(918) ALANNA HUCK (WEL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(919) HAROLD HOOSE III (WEL) BOARD VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(920) PATRICIA JACKSON-GEHRIS (WEL) BOARD MEMBER AND PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(921) GERALD KRINER (WEL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(922) J DENNIS MURRAY PHD (WEL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(923) GLENN POIRIER (WEL) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(924) CHERYL SOTTOLANO (WEL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(925) WENDY SWINGLE (WEL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(926) ANN PEPPERMAN ESQ (WEL) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(927) DANIEL GLUNK (WEL) BOARD PRESIDENT & ASST SECRETA	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(928) RUTUL DALAL MD (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(929) RONALD DISIMONE MD (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(930) DAVIE JANE GILMOUR PHD (WIL) BOARD CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(931) SISTER TERESA ANN JACOBS (WIL) BOARD SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(932) PHILIP JOHNSON (WIL) BOARD TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(933) DANIEL KLINGERMAN (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(934) KEITH KUZIO (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(935) ALEXANDER NESBITT MD (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(936) ANN PEPPERMAN ESQ (WIL) BOARD MEMBER & VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(937) MICHAEL GERST MD (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(938) EILEEN SIMMONS (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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
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Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(939) MARSHALL WEBSTER MD (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(940) KIMBERLY ZYNN (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(941) DONALD YEALY MD (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(942) JOEL YUHAS (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(943) JAMIE ADAM MD (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(944) ALFREDO BLAS MD (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(945) DENNIS J MURRAY (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(946) ALANNA HUCK (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(947) GLENN POIRIER (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(948) JILL BURNS MD (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(949) PATRICK WILSON (WIL)	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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
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	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(950) TAMI MINNIER (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(951) DAVID GIBSON (WIL) BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(952) MARGARET BELL (AUE) TREASURER/SECRETARY	1.00 NONE			X				NONE	NONE	NONE
(953) JAN E FISHER (CPF) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(954) MONICA KLATT (CPF) TREASURER/SECRETARY	1.00 NONE			X				NONE	NONE	NONE
(955) JANIE HILFIGER (COL) VICE PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(956) DANIEL GLUNK (COL) INTERIM PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(957) SISTER TERESA ANN JACOBS (DVP) VICE CHAIRMAN	1.00 NONE			X				NONE	NONE	NONE
(958) PHILIP JOHNSON (DVP) TREASURER	1.00 NONE			X				NONE	NONE	NONE
(959) DAVIE JANE GILMOUR (DVP) CHAIRMAN	1.00 NONE			X				NONE	NONE	NONE
(960) ANN PEPPERMAN ESQ (DVP) SECRETARY	1.00 NONE			X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(961) PATRICIA JACKSON-GEHRIS (DVP) PRESIDENT, ASST SECRETARY & CE	1.00 NONE			X				NONE	NONE	NONE
(962) BRADLEY DINGER (EPN) TREASURER AND CFO	1.00 NONE			X				NONE	NONE	NONE
(963) MELYNDA BUDD (HCV) TREASURER	1.00 NONE			X				NONE	NONE	NONE
(964) ELIZABETH WALLACE (HCV) VICE CHAIRMAN	1.00 NONE			X				NONE	NONE	NONE
(965) JANIE HILFIGER (HCV) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(966) FRANK MINDICINO CFP (JHF) VICE CHAIRMAN	1.00 NONE			X				NONE	NONE	NONE
(967) BRADLEY DINGER (RHS) TREASURER AND CFO	1.00 NONE			X				NONE	NONE	NONE
(968) THOMAS RECTOR (SHB) TREASURER	1.00 NONE			X				NONE	NONE	NONE
(969) ANDREW RUSH (SCH) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(970) MONICA KLATT (SCH) CFO	1.00 NONE			X				NONE	NONE	NONE
(971) SHARON CLAPPER (SOH) SECRETARY	1.00 NONE			X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(972) BRUCE SHIPLEY (SOH) TREASURER	1.00 NONE			X				NONE	NONE	NONE
(973) ANDREW RUSH (SOH) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(974) MONICA KLATT (SOH) CFO	1.00 NONE			X				NONE	NONE	NONE
(975) PHILIP JOHNSON (SPS) TREASURER	1.00 NONE			X				NONE	NONE	NONE
(976) BRYANT WESLEY ESQ (THS) SECRETARY	1.00 NONE			X				NONE	NONE	NONE
(977) WILLIAM A NIGRO (THS) TREASURER	1.00 NONE			X				NONE	NONE	NONE
(978) BRIAN FRITZ (UHC) TREASURER AND CFO	1.00 NONE			X				NONE	NONE	NONE
(979) MONICA KLATT (ALT) TREASURER AND CFO	1.00 NONE			X				NONE	NONE	NONE
(980) MONICA KLATT (ALF) CHIEF FINANCIAL OFFICER	1.00 NONE			X				NONE	NONE	NONE
(981) JAN E FISHER (APH) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(982) MICHAEL CORSO (APH) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(983) SHARON SQUILLARIO (BDF) ASST SECRETARY	1.00 NONE			X				NONE	NONE	NONE
(984) MONICA KLATT (BDF) CFO & TREASURER	1.00 NONE			X				NONE	NONE	NONE
(985) JAN E FISHER (BDF) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(986) MICHAEL CORSO (BDF) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(987) NOREEN FREDRICK (BHA) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(988) CAROL VANZILE (BHA) SECRETARY	1.00 NONE			X				NONE	NONE	NONE
(989) THOMAS RECTOR (BHA) TREASURER & CFO	1.00 NONE			X				NONE	NONE	NONE
(990) MARK ZACHARIA ESQ (BHA) VICE PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(991) BRIAN DURNIOK (CHS) PRESIDENT & COO	1.00 NONE			X				NONE	NONE	NONE
(992) MARIO WILFONG (CHP) TREASURER & CFO	1.00 NONE			X				NONE	NONE	NONE
(993) BRADLEY DINGER (HMT) TREASURER AND CFO	1.00 NONE			X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(994) JENNIFER VENNARE (HNV) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(995) MARK O'HERN (MCK) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(996) EILEEN SIMMONS (BHO) TREASURER	1.00 NONE			X				NONE	NONE	NONE
(997) JOHN C STILLEY (PRY) TREASURER	1.00 NONE			X				NONE	NONE	NONE
(998) MICHELE P JEGASOTHY ESQ (PRY) SECRETARY	1.00 NONE			X				NONE	NONE	NONE
(999) EDWARD T KARLOVICH (PRY) CFO ACADEMIC COMM HOSPITALS	1.00 NONE			X				NONE	NONE	NONE
(000) FREDERICK HARGETT (PRY) CFO ACADEMIC COMM HOSPITALS	1.00 NONE			X				NONE	NONE	NONE
(001) NAFIS HILL (SMH) CHIEF FINANCIAL OFFICER	1.00 NONE			X				NONE	NONE	NONE
(002) ANDREW RUSH (SOM) PRESIDENT	1.00 NONE			X				NONE	NONE	NONE
(003) ROGER YOST (SUS) ASST TREASURER	1.00 NONE			X				NONE	NONE	NONE
(004) PATRICIA JACKSON-GEHRIS (SUS) PRESIDENT & ASST SECRETARY	1.00 NONE			X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		X

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O			
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	734,465.			
	b	Membership dues	1b				
	c	Fundraising events	1c	778,061.			
	d	Related organizations	1d	63,947,872.			
	e	Government grants (contributions) . .	1e	65,377,032.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	56,447,102.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 746,187.			
	h	Total. Add lines 1a-1f		187,284,532.			
	Program Service Revenue				Business Code		
2a		NET PATIENT REV		900099	10,785,258,171.	10,784,918,615.	339,556.
b		OTHER PATIENT SERV		900099	590,166,627.	590,166,627.	
c		OTHER PROG SRV REV		900099	12,358,870,754.	12,357,641,207.	1,229,547.
d		JOINT VENTURE REVENUE		900099	218,660,256.	219,140,843.	-480,587.
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			23,952,955,808.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			141,112,069.		141,112,069.
	4	Income from investment of tax-exempt bond proceeds . . .			NONE		
	5	Royalties			NONE		
	6a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)			NONE		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					1,356,507,185.	23,741,423.	
	b	Less: cost or other basis and sales expenses . .	7b		1,322,484,332.	16,567,262.	
	c	Gain or (loss)	7c		34,022,853.	7,174,161.	
	d	Net gain or (loss)			41,197,015.		41,197,015.
	8a	Gross income from fundraising events (not including \$ 778,061. of contributions reported on line 1c). See Part IV, line 18	8a				
				483,540.			
				433,990.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events			49,550.		49,550.	
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE			
				70,300.			
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities			-70,300.		-70,300.	
10a	Gross sales of inventory, less returns and allowances	10a		NONE			
				NONE			
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			NONE		
12	Total revenue. See instructions			24,322,528,674.	23,951,867,292.	1,088,516.	182,288,334.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	113,648,644.	113,648,644.		
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	143,122,413.	69,032,150.	74,090,263.	
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	7,107,036,265.	5,871,235,570.	1,235,800,695.	NONE
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	330,026,880.	233,371,477.	96,655,403.	
9 Other employee benefits	558,982,168.	497,408,416.	61,573,752.	
10 Payroll taxes	380,013,774.	312,759,632.	67,254,142.	
11 Fees for services (nonemployees):				
a Management	11,554,104.	10,080,863.	1,473,241.	
b Legal	22,405,167.	2,573,094.	19,832,073.	
c Accounting	6,023,032.	NONE	6,023,032.	
d Lobbying	3,216,411.	NONE	3,216,411.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	2,639,877.	NONE	2,639,877.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	255,614,615.	251,627,987.	3,986,628.	
12 Advertising and promotion	39,667,990.	39,667,990.		
13 Office expenses	95,963,099.	72,041,411.	23,921,688.	
14 Information technology.	418,609,404.	87,931,560.	330,677,844.	
15 Royalties.	NONE			
16 Occupancy	326,461,356.	276,010,605.	50,450,751.	
17 Travel	28,875,254.	22,495,797.	6,379,457.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	3,068,063.	2,556,932.	511,131.	
20 Interest	4,537,999.	1,262,907.	3,275,092.	
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	518,187,975.	518,187,975.		
23 Insurance	127,257,744.	112,242,260.	15,015,484.	
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	10156671140.	10156671140.		
b DRUGS	1,158,199,980.	1,158,199,980.		
c MEDICAL/PATIENT SUPPLIES	623,249,804.	623,249,804.		
d BAD DEBT	404,728,575.	404,728,575.		
e All other expenses	1,791,244,001.	1,723,393,815.	67,850,186.	
25 Total functional expenses. Add lines 1 through 24e	24631005734.	22560378584.	2,070,627,150.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	197,115,584.	1	100,596,405.
	2 Savings and temporary cash investments.	646,596,446.	2	104,638,501.
	3 Pledges and grants receivable, net	2,923,862.	3	1,693,127.
	4 Accounts receivable, net	2,442,689,384.	4	2,712,492,725.
	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	324,744,032.	7	301,062,360.
	8 Inventories for sale or use	82,777,455.	8	132,423,819.
	9 Prepaid expenses and deferred charges	126,318,211.	9	149,744,030.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11155176431.		
	b Less: accumulated depreciation.	10b 6250637718.		
	11 Investments - publicly traded securities.	4,735,548,559.	10c	4,904,538,713.
	12 Investments - other securities. See Part IV, line 11.	222,390,581.	11	205,094,242.
	13 Investments - program-related. See Part IV, line 11.	847,028,200.	12	908,558,300.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	62,675,802.	14	65,801,264.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,764,777,259.	15	1,566,081,082.	
	12455585375.	16	11152724568.	
Liabilities	17 Accounts payable and accrued expenses.	885,941,191.	17	1,219,260,842.
	18 Grants payable	2,060,957.	18	NONE
	19 Deferred revenue	149,130,698.	19	25,163,584.
	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	16,992,353.	23	16,531,722.
	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	3,058,997,900.	25	1,591,173,803.
	26 Total liabilities. Add lines 17 through 25.	4,113,123,099.	26	2,852,129,951.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.	7,471,237,551.	27	7,286,344,971.
	28 Net assets with donor restrictions.	871,224,725.	28	1,014,249,646.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <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 Total net assets or fund balances	8,342,462,276.	32	8,300,594,617.
33 Total liabilities and net assets/fund balances.	12455585375.	33	11152724568.	

Form **990** (2023)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	12	4,322,528,674.
2	Total expenses (must equal Part IX, column (A), line 25)	22	4,631,005,734.
3	Revenue less expenses. Subtract line 2 from line 1	3	-308,477,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,342,462,276.
5	Net unrealized gains (losses) on investments	5	5,924,872.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-58,884,891.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	319,569,420.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,300,594,617.

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

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**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 30

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

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

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

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,320,182.	11,920,349.	8,908,152.	7,084,581.	7,591,282.	39,824,546.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	4,320,182.	11,920,349.	8,908,152.	7,084,581.	7,591,282.	39,824,546.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						NONE
6 Public support. Subtract line 5 from line 4						39,824,546.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4,320,182.	11,920,349.	8,908,152.	7,084,581.	7,591,282.	39,824,546.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	401,232.	90,699.	424,146.	530,628.	649,469.	2,096,174.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-38,159.	808,074.	2,167,281.	1,037,518.	3,233,389.	7,208,103.
11 Total support. Add lines 7 through 10						47,433,881.
12 Gross receipts from related activities, etc. (see instructions)					12	45,928,606,305.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	83.96 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.20 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,546,634.	63,206,560.	15,982,002.	13,961,786.	9,814,639.	121,511,621.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,915,580,247.	7,180,105,274.	9,379,898,507.	10,896,529,852.	11,556,492,425.	45,928,606,305.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 Total. Add lines 1 through 5	6,934,126,881.	7,243,311,834.	9,395,880,509.	10,910,491,638.	11,566,307,064.	46,050,117,926.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						NONE
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						NONE
c Add lines 7a and 7b.						NONE
8 Public support. (Subtract line 7c from line 6.)						46,050,117,926.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.	6,934,126,881.	7,243,311,834.	9,395,880,509.	10,910,491,638.	11,566,307,064.	46,050,117,926.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,688,976.	14,432,582.	22,195,371.	50,332,123.	76,471,657.	186,120,709.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
c Add lines 10a and 10b	22,688,976.	14,432,582.	22,195,371.	50,332,123.	76,471,657.	186,120,709.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	37,901.	4,118,051.	14,784,030.	-25,033,537.	29,223,859.	23,130,304.
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,956,853,758.	7,261,862,467.	9,432,859,910.	10,935,790,224.	11,672,002,580.	46,259,368,939.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.55%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.70%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	0.40%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0.32%

- 19a 33 1/3% support tests - 2023.** 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 - 2022.** 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		X
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
8 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
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined 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
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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 Part VI .		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	X	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	X	

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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	Total annual distributions. 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 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

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 PUBLIC CHARITY STATUS

AUUE, INC.: PUBLIC CHARITY STATUS 3

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

CENTER FOR EMERGENCY MEDICINE OF WESTERN PA: PUBLIC CHARITY STATUS 10

CENTRAL PENNSYLVANIA MEDICAL FOUNDATION, INC.: PUBLIC CHARITY STATUS 12;

TYPE 1

CHARLES COLE MEMORIAL HOSPITAL: PUBLIC CHARITY STATUS 3

CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY: PUBLIC CHARITY STATUS 7

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

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION: PUBLIC CHARITY STATUS 10

CRANBERRY PLACE: PUBLIC CHARITY STATUS 10

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

ERIE PHYSICIANS NETWORK- UPMC INC.: PUBLIC CHARITY STATUS 3

HAMOT COLE VENTURES: PUBLIC CHARITY STATUS 12, TYPE 1

HOME NURSING AGENCY AFFILIATES: PUBLIC CHARITY STATUS 10

HOME NURSING AGENCY FOUNDATION: PUBLIC CHARITY STATUS 7

JAMESON HEALTHCARE FOUNDATION: PUBLIC CHARITY STATUS 12; TYPE 2

JAMESON MEDICAL CARE, INC.: PUBLIC CHARITY STATUS 10

LAUREL HEALTH SYSTEM: PUBLIC CHARITY STATUS 12; TYPE 2

MON YOUGH COMMUNITY SERVICES, INC.: PUBLIC CHARITY STATUS 10

REGIONAL HEALTH SERVICES, INC.: PUBLIC CHARITY STATUS 10

SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT: PUBLIC CHARITY 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: PUBLIC CHARITY STATUS 12; TYPE 3

SOMERSET HEALTH SERVICES, INC.: PUBLIC CHARITY STATUS 3

SUGARCREEK STATION: PUBLIC CHARITY STATUS 3

SUSQUEHANNA HEALTH FOUNDATION: PUBLIC CHARITY STATUS 7

SUSQUEHANNA HEALTH SYSTEM INNOVATION CENTER, INC.: PUBLIC CHARITY STATUS
12; TYPE 2

SUSQUEHANNA PHYSICIAN SERVICES: PUBLIC CHARITY STATUS 3

THE HERITAGE SHADYSIDE: PUBLIC CHARITY STATUS 10

TWIN LAKES CENTER, INC.: PUBLIC CHARITY STATUS TYPE 3

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES: PUBLIC CHARITY
STATUS 3

UNIVERSITY OF PITTSBURGH PHYSICIANS: PUBLIC CHARITY STATUS 3

UPMC ADVANCED PRACTICE PROVIDERS: PUBLIC CHARITY STATUS 10

UPMC ALTOONA FOUNDATION: PUBLIC CHARITY STATUS 7

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY: PUBLIC CHARITY STATUS
10

UPMC ALTOONA: PUBLIC CHARITY STATUS 3

UPMC BEDFORD: PUBLIC CHARITY STATUS 3

UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES: PUBLIC CHARITY STATUS 10

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

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH: PUBLIC CHARITY STATUS 3

UPMC COMMUNITY MEDICINE, INC.: PUBLIC CHARITY STATUS 3

UPMC COMMUNITY PROVIDER SERVICES, INC.: PUBLIC CHARITY STATUS 10

UPMC EAST: PUBLIC CHARITY STATUS 3

UPMC EMERGENCY MEDICINE, INC.: PUBLIC CHARITY STATUS 10

UPMC FOR YOU: PUBLIC CHARITY STATUS 10

UPMC HAMOT: PUBLIC CHARITY STATUS 3

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

UPMC HOME CARE MANAGEMENT SERVICES: PUBLIC CHARITY STATUS 10

UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA: PUBLIC CHARITY STATUS 10

UPMC HOME HEALTHCARE OF WESTERN PENNSYLVANIA: PUBLIC CHARITY STATUS 10

UPMC HORIZON COMMUNITY HEALTH FOUNDATION: PUBLIC CHARITY STATUS 7

UPMC HORIZON: PUBLIC CHARITY STATUS 3

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

UPMC JAMESON: PUBLIC CHARITY STATUS 3

UPMC KANE: PUBLIC CHARITY STATUS 3

UPMC LOCK HAVEN: PUBLIC CHARITY STATUS TYPE 3

UPMC LOCUM CLINICIANS: PUBLIC CHARITY STATUS 3

UPMC MAGEE-WOMENS HOSPITAL: PUBLIC CHARITY STATUS 3

UPMC MCKEESPORT: PUBLIC CHARITY STATUS 3

UPMC MEDICAL EDUCATION: PUBLIC CHARITY STATUS 12; TYPE 2

UPMC MERCY: PUBLIC CHARITY STATUS 3

UPMC MUNCY: PUBLIC CHARITY STATUS TYPE 3

UPMC NORTHWEST: PUBLIC CHARITY STATUS 3

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

UPMC OVERSEAS, INC.: PUBLIC CHARITY STATUS 12; TYPE 2

UPMC PASSAVANT: PUBLIC CHARITY STATUS 3

UPMC PRESBYTERIAN SHADYSIDE: PUBLIC CHARITY STATUS 3

UPMC SOMERSET: PUBLIC CHARITY STATUS 3

UPMC ST MARGARET: PUBLIC CHARITY STATUS 3

UPMC SUNBURY: PUBLIC CHARITY STATUS TYPE 3

UPMC SUSQUEHANNA: PUBLIC CHARITY STATUS 12; TYPE 2

UPMC TRAVEL STAFFING: PUBLIC CHARITY STATUS 3

UPMC WELLSBORO: PUBLIC CHARITY STATUS TYPE 3

UPMC WILLIAMSPORT: PUBLIC CHARITY 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 HEALTH CARE FOUNDATION (I) NAME OF SUPPORTED

ORGANIZATION: UPMC JAMESON (II) EIN: 25-01536037 (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 IV SUPPORTING ORGANIZATIONS, SECTION E, QUESTION 3A AND 3B

PER THE BYLAWS OF THE SOMERSET COMMUNITY HEALTH FOUNDATION, UPMC, THE PARENT AND CONTROLLING MEMBER OF THE SUPPORTED ORGANIZATION OF UPMC SOMERSET, HAS THE ABILITY TO APPOINT THE MAJORITY OF THE BOARD MEMBERS OF THE ORGANIZATION AND EXERCISES CONTROL OVER ALL DECISIONS OF THE SUPPORTING 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.)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization	Employer identification number
UPMC GROUP	20-8295721

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,159,071.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		57,340.
j Total. Add lines 1c through 1i			3,216,411.
2a Did the activities in line 1 cause the organization to not be 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.

PART II-B, LINE 1G

AMOUNTS REPRESENT EMPLOYED AND OUTSOURCED RESOURCES FOR LOBBYING AND EDUCATION EFFORTS FOR GOVERNMENT OFFICIALS IN AREAS DIRECTLY RELATED TO THE BUSINESS OF UPMC ENTITIES. THIS CAN INCLUDE DIRECT CONTACT WITH THE OFFICIALS OR SENDING OF CORRESPONDENCE.

Part IV Supplemental Information (continued)

PART II-B, LINE I

AMOUNTS INCLUDED IN MEMBERSHIP DUES IN HEALTHCARE RELATED ORGANIZATIONS
THAT IS INDICATED BY THE ORGANIZATION TO BE THE PORTION OF THE MEMBERSHIP
DUES THAT IS UTILIZED BY THE MEMBERSHIP ORGANIZATION FOR LOBBY EFFORTS.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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) 2023

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 d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 101,871,462. | 109,631,812. | 120,925,252. | 94,002,934. | 96,685,629. |
| b Contributions | 2,213,361. | -808,226. | -1,824,482. | -172,806. | -183,830. |
| c Net investment earnings, gains, and losses | 10,760,727. | -3,272,644. | -7,771,614. | 29,532,654. | -751. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,750,542. | 3,679,480. | 1,697,344. | 2,437,530. | 2,498,114. |
| f Administrative expenses | | | | | |
| g End of year balance | 112,095,008. | 101,871,462. | 109,631,812. | 120,925,252. | 94,002,934. |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.0000 %
- c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | X |
| (ii) Related organizations? | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | X |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		208,960,429.		208,960,429.
b Buildings		7163663376.	4078053742.	3,085,609,634.
c Leasehold improvements		109,567,314.	94,871,198.	14,696,116.
d Equipment		2790917977.	1964726981.	826,190,996.
e Other		882,067,335.	112,985,797.	769,081,538.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,904,538,713.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	69,051,152.	FMV
(B) CASH EQUIVALENTS	839,507,148.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	908,558,300.	

Part VIII Investments - Program Related

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

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

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	NONE
(2) BENEFICIAL INT IN FOUNDATIONS	699,059,778.
(3) OTHER ASSETS	867,021,304.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	1,566,081,082.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO EXEMPT PARENT	1,120,460,108.
(3) OTHER CURRENT & LT LIABILITIES	470,713,695.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	1,591,173,803.

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, 2024, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023**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	26,440.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	HEALTH CARE EDUCATION	115,193.
(3) EUROPE			PROGRAM SERVICES	HEALTH CARE EDUCATION	613,300.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	48,546.
(5) NORTH AMERICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	227,611.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	HEALTH CARE EDUCATION	14,124.
(7) SOUTH AMERICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	19,330.
(8) SOUTH ASIA			PROGRAM SERVICES	HEALTH CARE EDUCATION	10,789.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	56,492.
(10) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		62,755,684.
(11) EAST ASIA AND THE PACIFIC			INVESTMENTS		16,180,532.
(12) EUROPE			INVESTMENTS		37,966,445.
(13) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		160,863.
(14) NORTH AMERICA			INVESTMENTS		4,748,000.
(15) SOUTH AMERICA			INVESTMENTS		168,656.
(16) SOUTH ASIA			INVESTMENTS		252,525.
(17)					
3a Subtotal					123,364,530.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					123,364,530.

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

Schedule F (Form 990) 2023

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2023

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**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 CHARITY GOLF (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other events 18 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	152,747.	136,462.	861,968.	1,151,177.
	2 Less: Contributions	92,956.	6,897.	567,783.	667,636.
	3 Gross income (line 1 minus line 2)	59,791.	129,565.	294,185.	483,541.
Direct Expenses	4 Cash prizes	NONE	NONE	15,775.	15,775.
	5 Noncash prizes	37,171.	15,482.	25,557.	78,210.
	6 Rent/facility costs	33,100.	NONE	93,695.	126,795.
	7 Food and beverages	NONE	13,942.	100,025.	113,967.
	8 Entertainment	NONE	7,842.	17,971.	25,813.
	9 Other direct expenses	6,009.	1,815.	65,607.	73,431.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				433,991.
	11 Net income summary. Subtract line 10 from line 3, column (d)				49,550.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	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

2023

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 for instructions and the latest information.

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300.0000 %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			99,093,696.	NONE	99,093,696.	0.40
b Medicaid (from Worksheet 3, column a)			1,722,863,004.	1,292,218,363.	430,644,641.	1.74
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,693,525.	NONE	7,693,525.	0.03
d Total. Financial Assistance and Means-Tested Government Programs			1,829,650,225.	1,292,218,363.	537,431,862.	2.17
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			117,132,857.	11,100,628.	106,032,229.	0.43
f Health professions education (from Worksheet 5)			368,551,701.	137,903,286.	230,648,415.	0.94
g Subsidized health services (from Worksheet 6)			191,968,526.	NONE	191,968,526.	0.78
h Research (from Worksheet 7)			306,524,655.	NONE	306,524,655.	1.24
i Cash and in-kind contributions for community benefit (from Worksheet 8)			119,539,217.	NONE	119,539,217.	0.49
j Total. Other Benefits			1,103,716,956.	149,003,914.	954,713,042.	3.88
k Total. Add lines 7d and 7j			2,933,367,181.	1,441,222,277.	1,492,144,904.	6.05

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

Schedule H (Form 990) 2023

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 X 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** 82,559,194.
- 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** 8,988,853.
- 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** 3,093,472,491.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 4,155,537,219.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -1,062,064,728.
- 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 X 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 X 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? 38

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965480	163301									
	X	X		X		X	X			A
2 UPMC PRESBYTERIAN SHADYSIDE 5230 CENTRE AVENUE PITTSBURGH PA 15232 WWW.UPMC.COM EIN: 25-0965480	163301									
	X	X		X		X	X			A
3 UPMC PRESBYTERIAN SHADYSIDE 1300 OXFORD DRIVE PITTSBURGH PA 15102 WWW.UPMC.COM EIN: 25-0965480	09621500								OUTPATIENT AMBULATORY & SURGICAL CENTER	
	X									A
4 UPMC HAMOT 201 STATE STREET ERIE PA 16550 WWW.UPMC.COM EIN: 25-0965387	82301									
	X	X		X		X	X			A
5 UPMC HAMOT 118 EAST 2ND STREET ERIE PA 16507 WWW.UPMC.COM EIN: 25-0965387	82301									
	X	X								A
6 UPMC MERCY 1400 LOCUST STREET PITTSBURGH PA 15219 WWW.UPMC.COM EIN: 25-0965429	13610100								OUTPATIENT AMBULATORY & SURGICAL CENTER	
	X	X		X			X			A
7 UPMC PASSAVANT 9100 BABCOCK BLVD PITTSBURGH PA 15237 WWW.UPMC.COM EIN: 25-0965451	400401									
	X	X				X	X			A
8 UPMC PASSAVANT 1 ST FRANCIS WAY CRANBERRY TWP PA 16066 WWW.UPMC.COM EIN: 25-0965451	400401									
	X	X				X	X			A
9 UPMC MAGEE-WOMENS HOSPITAL 300 HALKET STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965420	650301									
	X	X		X		X	X			A
10 UPMC ALTOONA 620 HOWARD STREET ALTOONA PA 16601 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
1 UPMC CHILDREN'S HOSPITAL OF PGH 4401 PENN AVE PITTSBURGH PA 15224 WWW.UPMC.COM EIN: 25-0402510	291201									
	X	X	X	X		X	X			A
2 UPMC CHILDREN'S HOSPITAL OF PGH 2599 WEXFORD-BAYNE ROAD SEWICKLEY PA 15143 WWW.UPMC.COM EIN: 25-0402510	291201									
	X									A
3 UPMC WESTERN PSYCHIATRIC HOSPITAL 3811 O'HARA STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965480	390164									
	X									A
4 UPMC WILLIAMSPORT 700 HIGH STREET WILLIAMSPORT PA 17701 WWW.UPMC.COM EIN: 24-0795508	234601									
	X	X					X			A
5 UPMC WILLIAMSPORT DIVINE PROVIDENCE 1100 GRAMPION BLVD WILLIAMSPORT PA 17701 WWW.UPMC.COM EIN: 24-0795508	234601									
	X	X								A
6 UPMC ST. MARGARET 815 FREEPORT ROAD PITTSBURGH PA 15215 WWW.UPMC.COM EIN: 23-2875070	195901									
	X	X		X			X			A
7 UPMC ST. MARGARET 3 MARINER COURT PITTSBURGH PA 15238 WWW.UPMC.COM EIN: 23-2875070	195901								OUTPATIENT AMBULATORY & SURGICAL CENTER	A
8 UPMC MCKEESPORT 1500 FIFTH AVENUE MCKEESPORT PA 15132 WWW.UPMC.COM EIN: 25-0965423	650401									
	X	X		X			X			A
9 UPMC NORTHWEST 100 FAIRFIELD DRIVE SENECA PA 16346 WWW.UPMC.COM EIN: 25-0489010	151001									
	X	X					X			A
10 UPMC MUNCY 215 EAST WATER STREET MUNCY PA 17756 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
1 UPMC EAST 2775 MOSSIDE BOULEVARD MONROEVILLE PA 15146 WWW.UPMC.COM EIN: 27-4814831	22	76	0	1	0					A
2 UPMC JAMESON 1211 WILMINGTON AVENUE NEW CASTLE PA 16105 WWW.UPMCJAMESON.COM EIN: 25-0965406	10	12	0	1						A
3 UPMC HORIZON 110 MAIN STREET GREENVILLE PA 16125 WWW.UPMC.COM EIN: 25-0523970	7	19	0	1						A
4 UPMC HORIZON 2200 MEMORIAL DRIVE FARRELL PA 16121 WWW.UPMC.COM EIN: 25-0523970	7	19	0	1						A
5 UPMC SOMERSET 225 SOUTH CENTRAL AVENUE SOMERSET PA 15501 WWW.UPMC.COM EIN: 25-0965570	19	69	0	1						A
6 UPMC LOCK HAVEN 24 CREE DRIVE LOCK HAVEN PA 17745 WWW.UPMC.COM EIN: 82-1600494	12	22	0	1						A
7 CHARLES COLE MEMORIAL HOSPITAL 1001 EAST 2ND ST COUDERSPORT PA 16915 WWW.UPMC.COM EIN: 24-0802108	03	18	0	1						A
8 UPMC BEDFORD 10455 LINCOLN HIGHWAY EVERETT PA 15337 WWW.UPMC.COM EIN: 23-1396795	65	05	0	1						A
9 UPMC WELLSBORO 32-36 CENTRAL AVE WELLSBORO PA 16901 WWW.UPMC.COM EIN: 23-2176963	39	00	4	3						A
10 UPMC KANE 4372 ROUTE 6 KANE PA 16735 WWW.UPMC.COM EIN: 25-0998168	55	05	0	1						A

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

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

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UPMC SUNBURY 350 NORTH ELEVENTH ST SUNBURY PA 17801 WWW.UPMC.COM EIN: 82-1592230	45	03	01							A
2 UNIVERSITY OF PITTSBURGH MEDICAL CENT 275 CLAIRTON BLVD WEST MIFFLIN PA 15236 WWW.UPMC.COM EIN: 25-0965420	X						X		OUTPATIENT AMBULATORY & SURGICAL CENTER	A
3 UPMC ALTOONA SURGERY CENTER 800 HOWARD AVENUE, SUITE 2 ALTOONA PA 16602 WWW.UPMC.COM EIN: 23-1352155	12	80	1						OUTPATIENT AMBULATORY & SURGICAL CENTER	A
4 UPMC CENTER FOR REPRODUCTIVE ENDOCRIN 419 RODI ROAD PITTSBURGH PA 15235 WWW.UPMC.COM EIN: 25-0965420	65	03	01						OUTPATIENT AMBULATORY & SURGICAL CENTER	A
5 UPMC ST. MARGARET SURGICAL CENTER HAR 3 MARINER COURT PITTSBURGH PA 15238 WWW.UPMC.COM EIN: 23-2875070	19	59	01						OUTPATIENT AMBULATORY & SURGICAL CENTER	A
6 UPMC SOUTH SURGERY CENTER 1300 OXFORD DRIVE, SUITE G100 BETHEL PARK PA 15102 WWW.UPMC.COM EIN: 25-0965480	16	33	01						OUTPATIENT AMBULATORY & SURGICAL CENTER	A
7 UNIVERSITY OF PITTSBURGH MEDICAL CENT 1000 INTEGRITY DRIVE SUITE 110 PITTSBURGH PA 15235 WWW.UPMC.COM EIN: 25-0965480	16	33	01						OUTPATIENT AMBULATORY & SURGICAL CENTER	A
8 UNIVERSITY OF PITTSBURGH MEDICAL CENT 2600 WEXFORD BAYNE ROAD SEWICKLEY PA 15143 WWW.UPMC.COM EIN: 25-0402510	29	12	01						OUTPATIENT AMBULATORY & SURGICAL CENTER	A
9										
10										

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

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

Name of hospital facility or letter of facility reporting group: ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 38

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
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: <u>2021</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	X
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	X
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	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2021</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
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	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	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> % 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? 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 their application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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? 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)		

Schedule H (Form 990) 2023

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	<input checked="" type="checkbox"/>	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <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		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		<input checked="" type="checkbox"/>
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)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <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

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	<input checked="" type="checkbox"/>	
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
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

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

PART V SECTION B LINE 5

UPMC'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS INCLUDED A PARTNERSHIP WITH EXPERTS AT THE UNIVERSITY OF PITTSBURGH SCHOOL OF PUBLIC HEALTH TO CONDUCT THE CHNA USING A BEST-PRACTICE METHODOLOGY. THE ASSESSMENT BLENDED ANALYSIS OF DOCUMENTED HEALTH AND SOCIOECONOMIC FACTORS WITH A STRUCTURED, COMMUNITY INPUT SURVEY PROCESS. EFFECTIVELY ENGAGING THE COMMUNITY IN A BROAD, SYSTEMATIC WAY, THE SURVEY SOLICITED FEEDBACK FROM COMMUNITY ADVISORY PANELS COMPOSED OF LEADERS OF ORGANIZATIONS THAT REPRESENT PATIENT CONSTITUENCIES, INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY, AND CHRONICALLY ILL POPULATIONS WITHIN THE HOSPITAL'S COMMUNITY. UPMC INVITED NEARLY 3,000 STAKEHOLDERS TO HELP IDENTIFY THEIR COMMUNITY'S MOST PRESSING HEALTH NEEDS. APPENDIX C OF EACH HOSPITAL CHNA REPORT INCLUDES A LIST OF COMMUNITY PARTICIPANTS. WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX

PART V SECTION B LINE 6A

IN JUNE 2022 UPMC HOSPITALS COMPLETED JOINT CHNAS AS FOLLOWS:

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

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

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

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

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

Part V Facility Information (continued)

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

PART V SECTION B LINE 7A AND 10A

WEBSITE FOR CHNA

HTTP://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-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 38 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? 180

Name and address	Type of facility (describe)
1 UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP) 200 LOTHROP STREET PITTSBURGH PA 15213	PHYSICIAN SERVICES
2 UPMC COMMUNITY MEDICINE, INC (CMI) 200 LOTHROP STREET PITTSBURGH PA 15213	PHYSICIAN SERVICES
3 BENEDUM GERIATRIC BH CLINIC- UPMC WESTER 3459 FIFTH AVENUE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
4 SLEEP MEDICINE CENTER AT MONROEVILLE 400 OXFORD DRIVE, STE 65 MONROEVILLE PA 15146	OUTPATIENT SERVICES
5 ERIE PHYSICIAN NETWORK-UPMC, INC. (EPN) 3535 PINE AVENUE ERIE PA 16504	PHYSICIAN SERVICES
6 UPMC DIGESTIVE HEALTH AND ENDOSCOPY (PUH) 1000 INTEGRITY DRIVE, STE 110 PITTSBURGH PA 15235	OUTPATIENT SERVICES
7 UPMC HILLMAN CANCER CENTER TISSUE & RESE 5230 CENTRE AVENUE PITTSBURGH PA 15232	OUTPATIENT SERVICES
8 UPMC HILLMAN CANCER CENTER WEST MIFFLIN 1907 LEBANON CHURCH ROAD, SUITE 200 WEST MIFFLIN PA 15122	ONCOLOGY SERVICES
9 UPMC LEMIEUX SPORTS COMPLEX 8000 CRANBERRY SPRINGS DR CRANBERRY TWP PA 16066	OUTPATIENT SERVICES
10 UPMC MONROEVILLE IMAGING CENTER 600 OXFORD DR MONROEVILLE PA 15146	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)
1 UPMC PAIN MEDICINE 600 OXFORD DR MONROEVILLE PA 15146	OUTPATIENT SERVICES
2 UPMC PAIN MEDICINE AT CENTRE COMMON 5750 CENTRE AVE PITTSBURGH PA 15206	OUTPATIENT SERVICES
3 UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET PITTSBURGH PA 15213	REHABILITATION SERVICES
4 UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET, STE E-173 PITTSBURGH PA 15213	PHARMACY SERVICES
5 UPMC SHADYSIDE MEDICAL BUILDING 5200 CENTRE AVENUE PITTSBURGH PA 15232	OUTPATIENT SERVICES
6 UPMC SOUTH SURGERY CENTER 1300 OXFORD DR BETHEL PARK PA 15102	OUTPATIENT SERVICES
7 UPMC WESTERN PSYCHIATRIC HOSPITAL 3811 O'HARA STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
8 UPMC WESTERN PSYCHIATRIC HOSPITAL 1398 PAGE STREET PITTSBURGH PA 15233	OUTPATIENT BEHAVIORAL HEALTH
9 HARRISON CITY WOMEN'S IMAGING 3520 ROUTE 3520 130, BUILDING 1 IRWIN PA 15642	IMAGING SERVICES
10 MAGEE WOMENS IMAGING MCCANDLESS 9100 BABCOCK BLVD PITTSBURGH PA 15237	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)
1 MAGEE-WOMENS IMAGING AT HILLMAN CANCER (5115 CENTER AVENUE, STE 140, 1ST FLOOR PITTSBURGH PA 15232	IMAGING SERVICES
2 MAGEE-WOMENS IMAGING GREENTREE (MAG) 969 GREENTREE ROAD PITTSBURGH PA 15220	IMAGING SERVICES
3 MAGEE-WOMENS IMAGING IRWIN (MAG) 8955 STATE ROUTE 30 IRWIN PA 15642	IMAGING SERVICES
4 MAGEE-WOMENS IMAGING LEMIEUX (MAG) 8000 CRANBERRY SPRINGS DR, STE SM601A CRANBERRY TWP PA 16066	IMAGING SERVICES
5 MAGEE-WOMENS IMAGING MCKEESPORT (MAG) 1500 FIFTH AVENUE, STE MA12 MCKEESPORT PA 15132	OUTPATIENT SERVICES
6 MAGEE-WOMENS IMAGING MONROEVILLE (MAG) 4075 MONROEVILLE BLVD 2 STE 225 MONROEVILLE PA 15146	OUTPATIENT SERVICES
7 MAGEE-WOMENS IMAGING NATRONA HEIGHTS (MA 1800 UNION AVENUE, STE B NATRONA HEIGHTS PA 15065	IMAGING SERVICES
8 MAGEE-WOMENS IMAGING NORTH (MAG) 2599 WEXFORD-BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES &
9 MAGEE-WOMENS IMAGING ST. MARGARET (MAG) 815 FREEPORT ROAD, STE 2160 PITTSBURGH PA 15215	IMAGING SERVICES
10 MAGEE-WOMENS SOUTH HILLS (MAG) 1300 OXFORD DRIVE, SUITE 2A BETHEL PARK PA 15102	OUTPATIENT SERVICES &

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

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

Name and address	Type of facility (describe)
1 UPMC CENTER FOR FERTILITY AND REPRODUCTI 419 RODI ROAD PITTSBURGH PA 15235	ENDOCRINOLOGY SERVICES
2 UPMC HILLMAN CANCER CENTER (MAG) 5115 CENTRE AVENUE PITTSBURGH PA 15232	ONCOLOGY SERVICES
3 UPMC HILLMAN CANCER CENTER AT NATRONA HE 1604 BURTNER ROAD NATRONA HEIGHTS PA 15065	ONCOLOGY SERVICES
4 UPMC HILLMAN CANCER CENTER AT UPMC PASSA 9100 BABCOCK BLVD PITTSBURGH PA 15237	ONCOLOGY SERVICES
5 UPMC HILLMAN CANCER CENTER AT UPMC ST MA 200 DELAFIELD ROAD PITTSBURGH PA 15215	ONCOLOGY SERVICES
6 UPMC HILLMAN CANCER CENTER BEAVER (MAG) 1030 BEANER HOLLOW RD BEAVER PA 15009	ONCOLOGY SERVICES
7 UPMC HILLMAN CANCER CENTER MONROEVILLE 400 OXFORD DRIVE MONROEVILLE PA 15146	ONCOLOGY SERVICES
8 UPMC HILLMAN CANCER CENTER SEWICKLEY (MA 1600 CORAOPOLIS HEIGHTS ROAD CORAOPOLIS PA 15108	ONCOLOGY SERVICES
9 UPMC HILLMAN CANCER CENTER WASHINGTON (M 470 JOHNSON ROAD, STE 10 WASHINGTON PA 15301	ONCOLOGY SERVICES
10 UPMC HILLMAN CANCER CENTER WEST MIFFLIN 1907 LEBANON CHURCH RD 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)
1 UPMC MAGEE-WOMENS HOSPITAL (MAG) 720 PENN AVENUE PITTSBURGH PA 15221	OUTPATIENT SERVICES
2 UPMC MAGEE-WOMENS HOSPITAL (MAG) 4075 MONROEVILLE BLVD 2 STE 330 MONROEVILLE PA 15146	OUTPATIENT SERVICES
3 UPMC MAGEE-WOMENS HOSPITAL (MAG) 559 MILLER AVENUE CLAIRTON PA 15025	OUTPATIENT SERVICES
4 UPMC MAGEE-WOMENS HOSPITAL (MAG) 1630 ARLINGTON AVENUE PITTSBURGH PA 15210	OUTPATIENT SERVICES
5 UPMC OUTPATIENT CENTER WEST MIFFLIN (MAG) 275 CLAIRTON BLVD WEST MIFFLIN PA 15236	IMAGING SERVICES
6 UPMC OUTPATIENT SURGERY CENTER WEST MIFF 275 CLAIRTON BLVD WEST MIFFLIN PA 15237	AMBULATORY SURGERY CENTER
7 ST. CLAIR HOSPITAL CANCER CENTER, AFFILI 1000 BOWER HILL RD, SUITE 7700 ST. CLAIR PA 15243	ONCOLOGY SERVICES
8 UPMC HILLMAN CANCERCNTR AT INDEPENDENCE 129 ONEIDA VALLEY ROAD SUITE 311 BUTLER PA 16001	ONCOLOGY SERVICES
9 UPMC HILLMAN CANCERCNTR AT INDEPENDENCE 200 VILLAGE DR, SUITE E GREENSBURG PA 15601	ONCOLOGY SERVICES
10 UPMC HILLMAN CANCERCNTR AT INDEPENDENCE 508 SOUTH CHURCH ST, SUITE 202 MT. PLEASANT PA 15666	ONCOLOGY SERVICES

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

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

Name and address	Type of facility (describe)
1 UPMC HILLMAN CANCERCNTR AT INDEPENDENCE 8775 NORWIN AVE, SUITE J NORTH HUNTINGDON PA 15642	ONCOLOGY SERVICES
2 CHILDREN'S EAST (CHP) 4055 MONROEVILLE BOULEVARD, BUILDING 1 MONROEVILLE PA 15146	OUTPATIENT SERVICES
3 CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 205 MILLERS RUN ROAD BRIDGEVILLE PA 15017	OUTPATIENT SERVICES
4 CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 2619 WEXFORD BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES
5 CHILDREN'S HOSPITAL PITTSBURGH (CHP) 3420 FIFTH AVENUE PITTSBURGH PA 15213	OUTPATIENT SERVICES
6 CHILDREN'S HOSPITAL WEXFORD (CHP) 11279 PERRY HWY WEXFORD PA 15090	OUTPATIENT SERVICES
7 HEART AND VASCULAR INSTITUTE (HMT) 120 EAST 2ND STREET ERIE PA 16507	OUTPATIENT SERVICES
8 IMAGING CENTER AT STERLING SQUARE (HMT) 3406 PEACH STREET ERIE PA 16508	IMAGING SERVICES
9 UPMC CARDIOPULMONARY REHAB (HMT) 3300 PEACH STREET ERIE PA 16508	REHABILITATION SERVICES
10 UPMC HAMOT (HMT) 201 STATE STREET ERIE PA 16550	PHYSICIAN SERVICES

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

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

Name and address	Type of facility (describe)
1 UPMC HAMOT INFUSION CENTER (HMT) 215 HOLLAND ST ERIE PA 16507	OUTPATIENT SERVICES
2 UPMC HAMOT MAGEE-WOMENS (HMT) 118 EAST 2ND STREET ERIE PA 16507	OUTPATIENT SERVICES
3 UPMC HAMOT SLEEP DISORDERS CENTER (HMT) 4022 ZUCK RD ERIE PA 16506	OUTPATIENT SERVICES
4 UPMC HAMOT WOMEN'S IMAGING (HMT) 300 STATE STREET, STE 108 ERIE PA 16507	OUTPATIENT SERVICES
5 UPMC HILLMAN CANCER CENTER (HMT) 2500 WEST 12TH ST, STE B ERIE PA 16505	ONCOLOGY SERVICES
6 UPMC WOUND HEALING SERVICES AT UPMC 215 HOLLAND ST ERIE PA 16507	OUTPATIENT SERVICES
7 ALTOONA EMERGENCY PHYSICIANS 10455 LINCOLN HIGHWAY EVERETT PA 15537	PHYSICIAN SERVICES
8 ALTOONA FAMILY PHYSICIANS (ALT) 501 HOWARD AVENUE ALTOONA PA 16601	PHYSICIAN SERVICES
9 JOHN P. MURTHA REGIONAL CANCER CENTER 337 SOMERSET ST JOHNSTOWN PA 15901	ONCOLOGY SERVICES
10 PULMONARY CT SCANNER 800 CHESTNUT AVE ALTOONA PA 16601	OUTPATIENT SERVICES

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

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

Name and address	Type of facility (describe)
1 UPMC ALTOONA LOGAN MEDICAL BUILDING 800 S LOGAN BLVD, STE 3100 HOLLIDAYSBURG PA 16648	OUTPATIENT SERVICES
2 UPMC ALTOONA MEDICAL ONCOLOGY CANCER CEN 800 HOWARD AVENUE ALTOONA PA 16601	ONCOLOGY SERVICES
3 UPMC ALTOONA PREGNANCY CARE CENTER (ALT) 501 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES
4 UPMC ALTOONA STATION MEDICAL CENTER (ALT) 1516 9TH AVENUE ALTOONA PA 16602	OUTPATIENT SERVICES
5 UPMC ALTOONA SURGERY (ALT) 800 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES
6 UPMC ALTOONA WOMEN'S HEALTH & WELLNESS C 501 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES
7 UPMC OUTPATIENT CENTER- EBENSBURG 152 ZEMAN DR EBENSBURG PA 15931	OUTPATIENT SERVICES
8 WILLIAMSBURG FAMILY PHYSICIANS (ALT) 306 PLUM STREET WILLIAMSBURG PA 16693	PHYSICIAN SERVICES
9 EASTERN LYCOMING YMCA (WIL) 50 FITNESS DR MUNCY PA 17756	OUTPATIENT SERVICES
10 FAMILY MEDICINE (WIL) 1205 RIVER AVE WILLIAMSPORT PA 17701	OUTPATIENT SERVICES

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

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

Name and address	Type of facility (describe)
1 SUSQUEHANNA HEALTH HEART & VASCULAR INST 740 HIGH ST WILLIAMSPORT PA 17701	OUTPATIENT SERVICES
2 UPMC IMAGING SERVICES - RIVER AVE (WIL) 1205 RIVER AVE WILLIAMSPORT PA 17701	OUTPATIENT SERVICES
3 UPMC IMAGING SERVICES (WIL) 1201 GRAMPAN BLVD WILLIAMSPORT PA 17701	OUTPATIENT SERVICES
4 UPMC IMAGING SERVICES AT UPMC WILLIAMSP 1112 GRAMPAN BLVD WILLIAMSPORT PA 17701	OUTPATIENT SERVICES
5 UPMC LEWISBURG SURGERY CENTER (WIL) 2330 ST MARY ST LEWISBURG PA 17837	OUTPATIENT SERVICES
6 UPMC OUTPATIENT CENTER (WIL) 900 PLAZA DR MONTGOMERY PA 17754	OUTPATIENT SERVICES
7 UPMC PEDIATRIC REHABILITATION (WIL) 625 W EDWIN WILLIAMSPORT PA 17701	OUTPATIENT SERVICES
8 UPMC SUSQUEHANNA HEALTH (WIL) 1705 WARREN AVE WILLIAMSPORT PA 17701	OUTPATIENT SERVICES
9 UPMC SUSQUEHANNA PHYSICAL THERAPY (WIL) 449 RIVER AVE WILLIAMSPORT PA 17701	OUTPATIENT SERVICES
10 UPMC WILLIAMSPORT DIVINE PROVIDENCE CAMP 1100 GRAMPAN BLVD WILLIAMSPORT PA 17701	OUTPATIENT SERVICES

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

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

Name and address	Type of facility (describe)
1 HAVEN SKILLED REHABILITATION & NURSING (	REHABILITATION SERVICES
24 CREE DRIVE	
LOCK HAVEN PA 17745	
2 UPMC CENTER FOR SPORTS MEDICINE (MHP)	OUTPATIENT SERVICES
3200 S WATER STREET	
PITTSBURGH PA 15203	
3 UPMC MERCY GREENTREE (MHP)	OUTPATIENT SERVICES
969 GREENTREE ROAD	
PITTSBURGH PA 15220	
4 UPMC VISION INSTITUTE (MHP)	OUTPATIENT SERVICES
1622 LOCUST STREET	
PITTSBURGH PA 15219	
5 UPMC PASSAVANT- OUTPATIENT CENTER HAMPTO	IMAGING SERVICES
4490 MT. ROYAL BLVD	
ALLISON PARK PA 15101	
6 UPMC PASSAVANT (PAS)	OUTPATIENT SERVICES
ONE ST. FRANCIS WAY	
CRANBERRY TOWNSHIP PA 16066	
7 UPMC PASSAVANT-CRANBERRY CAMPUS (PAS)	OUTPATIENT SERVICES
3 ST FRANCIS WAY	
CRANBERRY TWP PA 16066	
8 UPMC PASSAVANT-SPINE CENTER (PAS)	IMAGING SERVICES
12680 PERRY HIGHWAY	
WEXFORD PA 15090	
9 UPMC WOUND HEALING SERVICES (PAS)	OUTPATIENT SERVICES
2030 MACKENZIE WAY, STE 400	
CRANBERRY TWP PA 16066	
10 UPMC PASSAVANT-CRANBERRY CAMPUS (PAS)	OUTPATIENT SERVICES
20130 ROUTE 19	
CRANBERRY TWP PA 16066	

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

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

Name and address	Type of facility (describe)
1 UPMC ST. MARGARET GERIATRIC CARE CENTER 1215 HULTON ROAD OAKMONT PA 15139	OUTPATIENT SERVICES
2 UPMC NATRONA HEIGHTS MULTISPECIALTY (SMH) 1800 UNION AVENUE NATRONA HEIGHTS PA 15065	OUTPATIENT SERVICES
3 UPMC ST. MARGARET DERMATOLOGY (SMH) 2585 FREEPORT ROAD, STE 204 PITTSBURGH PA 15238	OUTPATIENT SERVICES
4 UPMC ST. MARGARET MEDICAL ARTS BUILDING 100 DELAFIELD ROAD PITTSBURGH PA 15215	OUTPATIENT SERVICES
5 UPMC ST. MARGARET MEDICAL ARTS BUILDING 200 DELAFIELD ROAD PITTSBURGH PA 15215	OUTPATIENT SERVICES
6 UPMC ST. MARGARET-NATRONA HEIGHTS (SMH) 1604 BURTNER ROAD STE 109 (SMH) NATRONA HEIGHTS PA 15065	OUTPATIENT SERVICES
7 UPMC WESTERN PSYCHIATRIC HOSPITAL 225 PENN AVENUE PITTSBURGH PA 15221	OUTPATIENT BEHAVIORAL HEALTH
8 UPMC WESTERN PSYCHIATRIC HOSPITAL 11279 PERRY HIGHWAY WEXFORD PA 15090	OUTPATIENT BEHAVIORAL HEALTH
9 UPMC WESTERN PSYCHIATRIC HOSPITAL 807 WALLACE AVENUE PITTSBURGH PA 15221	OUTPATIENT BEHAVIORAL HEALTH
10 UPMC WESTERN PSYCHIATRIC HOSPITAL 3811 O'HARA STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH

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

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

Name and address	Type of facility (describe)
1 UPMC WESTERN PSYCHIATRIC HOSPITAL 250 N BELLEFIELD AVENUE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
2 UPMC WESTERN PSYCHIATRIC HOSPITAL 1398 PAGE STREET PITTSBURGH PA 15233	OUTPATIENT BEHAVIORAL HEALTH
3 UPMC WESTERN PSYCHIATRIC HOSPITAL 2400 EAST CARSON STREET PITTSBURGH PA 15203	OUTPATIENT BEHAVIORAL HEALTH
4 UPMC WESTERN PSYCHIATRIC HOSPITAL - OUTP 2400 E CARSON ST PITTSBURGH PA 15203	OUTPATIENT BEHAVIORAL HEALTH
5 UPMC WESTERN PSYCHIATRIC HOSPITAL- SCHOO 250 N BELLEFIELD AVE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
6 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 100 N BELLEFIELD AVE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
7 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 1011 BINGHAM STREET PITTSBURGH PA 15203	OUTPATIENT BEHAVIORAL HEALTH
8 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 300 HALKET STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
9 WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 3501 FORBES AVENUE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
10 DIAGNOSTIC CENTER - MERCER (HRZ) 737 GREENVILLE ROAD MERCER PA 16137	OUTPATIENT SERVICES

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

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

Name and address	Type of facility (describe)
1 DIAGNOSTIC CENTER - NEW WILMINGTON (HRZ) 3438 ROUTE 208 NEW WILMINGTON PA 16142	OUTPATIENT SERVICES
2 HILLMAN CANCER CTR ONCOLOGY - NEW CASTLE 3410 WILMINGTON ROAD NEW CASTLE PA 16105	ONCOLOGY SERVICES
3 OUTPATIENT IMAGING - GREENVILLE MED CENT 90 SHENANGO STREET GREENVILLE PA 16125	IMAGING SERVICES
4 PAIN MANAGEMENT & WOUND CLINIC (HRZ) 2120 LIKENS LANE FARRELL PA 16121	OUTPATIENT SERVICES
5 REGIONAL SLEEP CENTER (HRZ) 875 N HERMITAGE ROAD HERMITAGE PA 16148	AMBULATORY SERVICES
6 SPECIALTY CARE CENTER - HERMITAGE (HRZ) 875 N HERMITAGE ROAD HERMITAGE PA 16148	OUTPATIENT SERVICES
7 BEHAVIOR HEALTH SERVICES 1980 GREEN STREET FARRELL PA 16121	OUTPATIENT BEHAVIORAL HEALTH
8 BEHAVIORAL HEALTH SERVICES 26 CONNEAUT LAKE ROAD GREENVILLE PA 16125	OUTPATIENT BEHAVIORAL HEALTH
9 DIAGNOSTIC CENTER 565 NESHANNOCK ROAD NEW WILMINGTON PA 16142	OUTPATIENT SERVICES
10 GREENVILLE ONCOLOGY 103 WOODFIELD DRIVE GREENVILLE PA 16125	ONCOLOGY SERVICES

Schedule H (Form 990) 2023

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

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

Name and address	Type of facility (describe)
1 OCCUPATIONAL & ENVIRONMENTAL MEDICINE 1980 GREEN STREET FARRELL PA 16121	OUTPATIENT SERVICES
2 OUTPATIENT ELECTROMYOGRAPHY CLINIC 3150 HIGHLAND ROAD HERMITAGE PA 16148	OUTPATIENT SERVICES
3 OUTPATIENT REHABILITATION SERVICES 26 CONNEAUT LAKE ROAD GREENVILLE PA 16125	REHABILITATION SERVICES
4 PAIN MANAGEMENT 30 CONNEAUT LAKE ROAD GREENVILLE PA 16125	OUTPATIENT SERVICES
5 REGIONAL HEALTH SERVICES 201 STATE STREET ERIE PA 16550	PHYSICIAN SERVICES
6 CLARION FAMILY PRACTICE (NWH) 22681 ROUTE 68 CLARION PA 16214	OUTPATIENT SERVICES
7 UPMC NORTHWEST 1 MEMORIAL DRIVE OIL CITY PA 16301	OUTPATIENT SERVICES
8 UPMC NORTHWEST 1008 SOUTH FIFTH AVENUE, STE 203 CLARION PA 16214	PHYSICIAN SERVICES
9 UPMC NORTHWEST 1310 LIBERTY STREET FRANKLIN PA 16323	OUTPATIENT SERVICES
10 UPMC NORTHWEST CTR FOR WOUND TREATMENT 6885 US HIGHWAY 322, STE 4 FRANKLIN PA 16323	OUTPATIENT SERVICES

Schedule H (Form 990) 2023

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

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

Name and address	Type of facility (describe)
1 UPMC NORTHWEST MRI CENTER (NWH) 1671 ALLEGHENY BLVD RENO PA 16343	IMAGING SERVICES
2 UPMC CANCER CARE 103 TRANSIT DR UNIONTOWN PA 15401	ONCOLOGY SERVICES
3 UPMC MCKEESPORT CARDIAC REHABILITATION 2001 LINCOLN WAY WHITE OAK PA 15131	OUTPATIENT SERVICES
4 CARDIAC REHAB - MAYZON (JAM) 3124 WILMINGTON AVE, STE 301 NEW CASTLE PA 16105	OUTPATIENT SERVICES
5 CHILDRENS ADVOCACY CENTER OF LAWRENCE CO 2016 WEST STATE STREET NEW CASTLE PA 16101	OUTPATIENT SERVICES
6 OUTPATIENT IMAGING - COLLEGE FIELDS (JAM) 130 ENCLAVE DRIVE NEW CASTLE PA 16101	IMAGING SERVICES
7 OUTPATIENT IMAGING - WESTGATE (JAM) 2004 WEST STATE STREET NEW CASTLE PA 16101	IMAGING SERVICES
8 PARTIAL HOSPITALIZATION BEHAVIORAL HEALT 253 E WASHINGTON ST, STE 200 NEW CASTLE PA 16101	OUTPATIENT SERVICES
9 WOMENS IMAGING CENTER - NESBITT (JAM) 26 NESBITT ROAD, 2ND FLR NEW CASTLE PA 16105	IMAGING SERVICES
10 BERLIN MEDICAL CENTER (SOM) 426 MAIN STREET BERLIN PA 15530	OUTPATIENT SERVICES

Schedule H (Form 990) 2023

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

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

Name and address	Type of facility (describe)
1 THE WHEELER CENTER (SOM) 126 EAST CHURCH STREET SOMERSET PA 15501	OUTPATIENT SERVICES
2 BEHAVIORAL HEALTH-TELEMD (CCH) 11 8TH STREET COUDERSPORT PA 16915	OUTPATIENT SERVICES
3 BOWMAN HEALTH CENTER (CCH) 83 MARVIN STREET SMETHPORT PA 16749	OUTPATIENT SERVICES
4 BRADFORD SPECIALISTS (CCH) 1001 EAST MAIN STREET BRADFORD PA 16701	OUTPATIENT SERVICES
5 CENTRAL POTTER HEALTH CENTER (CCH) 46 ELK STREET COUDERSPORT PA 16915	OUTPATIENT SERVICES
6 COVID COLLECTION SIGHT (CCH) 438 EAST 2ND STREET COUDERSPORT PA 16915	OUTPATIENT SERVICES
7 ELDRED HEALTH CENTER (CCH) 139 MAIN STREET ELDRED PA 16371	OUTPATIENT SERVICES
8 EMPORIUM HEALTH CENTER (CCH) 288 SIZERVILLE ROAD EMPORIUM PA 15834	OUTPATIENT SERVICES
9 GALETON HEALTH CENTER (CCH) 30 RIVER STREET GALETON PA 16922	OUTPATIENT SERVICES
10 HOME HEALTH AND HOSPICE (CCH) 102-108 SOUTH MAIN ST COUDERSPORT PA 16915	OUTPATIENT SERVICES

Schedule H (Form 990) 2023

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

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

Name and address	Type of facility (describe)
1 NORTHERN POTTER HEALTH CENTER (CCH) 511 ACADEMY STREET ULYSSES PA 16948	OUTPATIENT SERVICES
2 PORT ALLEGANY HEALTH CENTER (CCH) 45 PINE STREET PORT ALLEGANY PA 16743	OUTPATIENT SERVICES
3 SHINGLEHOUSE HEALTH CENTER (CCH) 129 NORTH PURITAN STREET SHINGLEHOUSE PA 16748	OUTPATIENT SERVICES
4 WESTFIELD RURAL HEALTH CLINIC (CCH) 222 CHURCH STREET WESTFIELD PA 16950	OUTPATIENT SERVICES
5 BRADFORD SPECIALISTS 700 SOUTH AVE BRADFORD PA 16701	OUTPATIENT SERVICES
6 CENTRAL POTTER HEALTH CENTER 71 ELK STREET COUDERSPORT PA 16915	OUTPATIENT SERVICES
7 UPMC HILLMAN CANCER CENTER AT WELLSBORO 15 MEADE ST, STE L 3 WELLSBORO PA 16901	OUTPATIENT SERVICES
8 UPMC WELLSBORO MEDICAL BUILDING (WEL) 7 WATER ST WELLSBORO PA 16901	OUTPATIENT SERVICES
9 UPMC WELLSBORO OBGYN (WEL) 15 MEADE ST, STE U3 WELLSBORO PA 16901	OUTPATIENT SERVICES
10 UPMC WELLSBORO OCC HEALTH BUILDING (WEL) 25 WALNUT ST WELLSBORO PA 16901	OUTPATIENT SERVICES

Schedule H (Form 990) 2023

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

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

Name and address	Type of facility (describe)
1 UPMC WELLSBORO OFFICE OF FOOT AND ANKLE 103 WEST AVE, STE 202 WELLSBORO PA 16901	OUTPATIENT SERVICES
2 UPMC WELLSBORO OFFICE OF GENERAL SURGERY 1 MAIN ST WELLSBORO PA 16901	OUTPATIENT SERVICES
3 UPMC WELLSBORO OFFICE OF INTERNAL MEDICI 103 WEST AVE, STE 203 WELLSBORO PA 16901	OUTPATIENT SERVICES
4 UPMC WELLSBORO OFFICE OF ORTHOPEDICS (WE 9 WATER ST WELLSBORO PA 16901	OUTPATIENT SERVICES
5 UPMC WELLSBORO PEDIATRICS (WEL) 15 MEADE ST, STE U2 WELLSBORO PA 16901	OUTPATIENT SERVICES
6 UPMC WELLSBORO PHYSICAL THERAPY (WEL) 11893 ROUTE 6 WELLSBORO PA 16901	OUTPATIENT SERVICES
7 UPMC WELLSBORO WELLNESS CENTER (WEL) 301 E MAIN ST KNOXVILLE PA 16928	OUTPATIENT SERVICES
8 UPMC BEDFORD CHESTNUT RIDGE OFFICE 2004 QUAKER VALLEY ROAD FISHERTOWN PA 15539	PHYSICIAN SERVICES
9 UPMC BEDFORD NEW PARIS OFFICE 4186 CORTLAND DRIVE NEW PARIS PA 15554	PHYSICIAN SERVICES
10 UPMC BEDFORD ORTHOPEDICS (BDF) 249 HOSPITAL DRIVE, STE 1 EVERETT PA 15537	OUTPATIENT SERVICES

Schedule H (Form 990) 2023

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% 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

Part VI Supplemental Information

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EQUAL TO 400% OF THE FEDERAL POVERTY GUIDELINES AND UNINSURED, THE
PATIENT IS ELIGIBLE FOR REDUCED CHARITY CARE.

THERE WILL BE AN 90% REDUCTION IN THE PATIENT BILL.THE DISCOUNTED CHARITY
CARE SCALE IS LISTED
BELOW:

F/S= FAMILY SIZE 2024

2024

FAMILY SIZE	CATEGORY 1 (300% FPL)	CATEGORY 2 (400% FPL)
1	\$45,180	\$60,240
2	\$61,320	\$81,760
3	\$77,460	\$103,280
4	\$93,600	\$124,800
5	\$109,740	\$146,320
6	\$125,880	\$167,840
7	\$142,020	\$189,360
8	\$158,160	\$210,880

Part VI Supplemental Information

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EACH ADDITIONAL \$16,140 \$21,520

3. FINANCIAL HARDSHIP: IF A PATIENT IS APPROVED FOR DISCOUNTED OR REDUCED CHARITY CARE AND CANNOT AFFORD TO PAY THE REMAINING BALANCE, THE PATIENT MAY BE CONSIDERED FOR FINANCIAL HARDSHIP. ASSISTANCE WILL BE PROVIDED IN THE FORM OF AN ADJUSTMENT OF CHARGES TO PREVENT THE PATIENT LIABILITY FROM EXCEEDING THE LESSER OF 15% OF FAMILY INCOME OR THE AGB.

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

Part VI Supplemental Information

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

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

PART I LINE 6A-B

UPMC PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT. THE REPORT ENCOMPASSES
INFORMATION FOR THE ENTIRE INTEGRATED DELIVERY AND FINANCING SYSTEM
(IDFS) THAT MAKES UP THE UPMC HEALTH SYSTEM. IT IS POSTED AND AVAILABLE
TO THE PUBLIC VIA THE UPMC WEBSITE, WWW.UPMC.COM.

Part VI Supplemental Information

Provide the following information.

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

THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I LINE 7 IS 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 TO CHARGES'.

PART I LINE 7, COLUMN F

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

Part VI Supplemental Information

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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 \$24,226,256,955.

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 VI Supplemental Information

Provide the following information.

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PART III LINE 3

RATIONALE FOR INCLUDING BAD DEBT AMOUNTS IN COMMUNITY BENEFIT

THE ORGANIZATION'S BAD DEBT EXPENSE CONSISTS SOLELY OF SELF-PAY PATIENTS

ACCOUNTS DEEMED UNCOLLECTABLE. IT IS UPMC GROUP'S CONTENTION THAT THE

COST OF BAD DEBT SHOULD BE STATED IN PART I LINE 7 OF SCHEDULE H AS

THEY REPRESENT THE COSTS FOR PROVISION OF SERVICES TO PATIENTS FOR

WHICH THE ENTITY HAS EXHAUSTED ALL RECOURSE FOR REIMBURSEMENT AS

PERMITTED UNDER 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 VI Supplemental Information

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PART III LINE 3

PROCESS FOR REALLOCATION FROM BAD DEBT TO CHARITY CARE: UPMC RECLASSIFIES
 BAD DEBT ACCOUNTS AS CHARITY CARE BY UTILIZING A PREDICTIVE MODEL CALLED
 PARO (PAYMENT ASSISTANCE RANK ORDER). PARO WAS BUILT AS A SOCIO-ECONOMIC
 SCORE THAT IDENTIFIES THOSE PATIENTS THAT ARE MOST LIKELY TO BE THE
 HIGHEST NEED OF FINANCIAL ASSISTANCE. THIS IS ACCOMPLISHED BY ANALYZING
 CONSUMER DATA AND ACTIVITY, COURT RECORDS, GOVERNMENT RECORDS, PROPERTY
 FILES, CENSUS DATA AND IRS DATA. PARO PROVIDES A SYSTEMATIC APPROACH TO
 FINANCIAL ASSISTANCE: " PREDICTIVE MODEL THAT ENCOMPASSES HEALTHCARE
 ECONOMICS AND CREDIT POLICIES;" UNIFORM ASSESSMENT MEASURE FOR EVERY
 PATIENT REGARDLESS OF FINANCIAL STANDING; " ACCOUNTS FOR PATIENTS THAT
 ARE UNRESPONSIVE, ILLITERATE, OR OTHERWISE CHALLENGED TO APPLY; "
 ELIMINATES BARRIER 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

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THE ESTIMATED INCOME LEVEL BASED ON THE FEDERAL POVERTY LEVEL GUIDELINES.

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

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

IMPOSSIBLE FOR SOME CONSUMERS.

PART III LINE 4

THERE IS NO FOOTNOTE IN THE AUDITED FIANCIAL STATEMENTS SPECIFIC TO BAD DEBT.

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

ALLOWABLE COSTS OF CARE

THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE IS A RATIO OF COSTS TO CHARGES METHOD. THE METHOD IS IN LINE WITH THOSE DESCRIBED IN SCHEDULE H, WORKSHEET 2, "RATIO OF PATIENT COSTS TO CHARGES". IT IS UPMC GROUP'S CONTENTION THAT ALL AMOUNTS CALCULATED TO BE SHORTFALLS IN REIMBURSEMENT FOR SERVICES PROVIDED TO MEDICARE PATIENTS ARE TRULY 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,

Schedule H (Form 990) 2023

Part VI Supplemental Information

Provide the following information.

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REGARDLESS OF THE EFFICIENCY OF PROVISION OF THE RELATED CARE COSTS.

PART III LINE 9A AND B

UPMC HAS A DEBT COLLECTION POLICY OUTLINING COLLECTION PRACTICES FOR PATIENTS. IF AT ANY TIME THE PATIENT EXPRESSES AN INABILITY TO PAY, THEY ARE SENT A FINANCIAL ASSISTANCE APPLICATION. INFORMATION REGARDING FINANCIAL ASSISTANCE IS PRINTED ON ALL COLLECTION LETTERS. COLLECTIONS PER POLICY DO NOT APPLY TO ACCOUNT BALANCES KNOWN TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART V SECTION B LINE 16:

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

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PART V SECTION D LINE 1

THE UNIVERSITY OF PITTSBURGH PHYSICIANS HAD 707 CLINICAL LOCATIONS AS OF
JUNE 30, 2024.

PART V SECTION D LINE 2

UPMC COMMUNITY MEDICINE, INC. HAD 200 CLINICAL LOCATIONS AS OF JUNE 30,
2024.

PART V SECTION D LINE 5

ERIE PHYSICIAN NETWORK-UPMC INC. HAD 5 LOCATIONS AS OF JUNE 30, 2024.

Part VI Supplemental Information

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PART V SECTION D LINE 134

REGIONAL HEALTH SERVICES HAD 72 LOCATIONS AS OF JUNE 30, 2024.

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, 2024.

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.

Part VI Supplemental Information

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

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PART VI LINES 2, 4, 5, AND 6

UPMC SUPPORTS NUMEROUS COMMUNITY-BUILDING ACTIVITIES THROUGH ALL OF ITS SYSTEM ENTITIES, NOT JUST THOSE ENTITIES REPORTED WITHIN THE UPMC GROUP 990. AS THE LARGEST NONGOVERNMENTAL EMPLOYER IN PENNSYLVANIA, UPMC'S SYSTEM-WIDE OPERATIONS GENERATED A TOTAL ANNUAL ECONOMIC IMPACT OF \$52 BILLION. UPMC ALSO SUPPORTS MUNICIPALITIES, COUNTIES, AND THE COMMONWEALTH THROUGH APPROXIMATELY \$533 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 SUPPLY CHAIN'S OPPORTUNITY AND INCLUSION PROGRAM, WHICH IS AN INTEGRAL PART OF UPMC'S OVERALL SUPPLY CHAIN MANAGEMENT

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STRATEGY. DESIGNED TO ENSURE THAT ALL ARE PROVIDED WITH MAXIMUM OPPORTUNITIES TO PARTICIPATE AS PARTNERS AND SUPPLIERS OF GOODS AND SERVICES, UPMC'S SUPPLIER OPPORTUNITY AND INCLUSION PROGRAM FOSTERS DEVELOPMENT OF THESE FIRMS TO ENHANCE THEIR COMPETITIVENESS AND SUSTAINABILITY. UPMC'S SPEND ON SUPPORTING BUSINESSES INCLUDED IN THE SUPPLIER OPPORTUNITY AND INCLUSION PROGRAM WAS \$311 MILLION IN 2024.

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 NEW RESEARCH DISCOVERY AND DEVELOPMENT PROJECTS UNDERWAY WITH THE UNIVERSITY OF PITTSBURGH; FIVE PITTSBURGH-BASED LIFE SCIENCES STARTUP COMPANIES WITH ONE MOVING INTO

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CLINICAL TRIALS IN LATE 2024 AND ONE MOVING TOWARD IND FILING EARLY 2025;
FOUR STRATEGIC PARTNERSHIPS WITH GLOBAL PHARMACEUTICAL COMPANIES; MORE
THAN 40 COMMERCIALY-FOCUSED LIFE SCIENCES 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

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IMPORTANCE OF GREEN SPACES, HIGH ENERGY EFFICIENCY HEATING/COOLING MECHANICAL SYSTEMS, LIGHTING SENSORS, REFLECTIVE WINDOWS, AND OTHER SUSTAINABLE BUILDING MATERIAL SELECTIONS. THE UPMC MERCY PAVILION OPENED ON MAY 1, 2023, AND IS SLATED TO RECEIVE SILVER LEED STATUS. UPMC EAST ACHIEVED SILVER LEED STATUS.

IN 2024, UPMC NORTHWEST WAS ONE OF TWENTY-ONE HOSPITALS ACROSS THE COUNTRY TO RECEIVE THE ENERGY TO CARE SUSTAINABILITY CHAMPION AWARD. HIGHLIGHTS OF THE AWARD INCLUDE WORK THAT WAS INITIATED IN 2020 AND 2021 ON RECOMMISSIONING AIR HANDLING UNITS, CHILLER PLANT OPTIMIZATION, IMPLEMENTATION OF PUMP VARIABLE FREQUENCY DRIVES, RECOMMISSIONING A ROOF TOP GEOTHERMAL UNIT, EXTERIOR LED UPGRADES, AND KITCHEN HOOD DEMAND VENTILATION INSTALLATION. ALL THE PROJECTS TARGETED REDUCED ANNUAL EMISSIONS AND ENERGY USAGE INTENSITY.

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

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PRACTICAL PRODUCTIVITY BY GROWING VEGETABLES AND HERBS ONSITE AND USING THEM IN FOOD PREPARATION. BEEHIVES WERE ADDED AT THREE UPMC HOSPITALS TO SUPPORT THE LOCAL ECOSYSTEM, AS WELL AS TO PRODUCE HONEY THAT IS USED IN SEASONAL RECIPES ONSITE. 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, REDUCING SUPPLY CHAIN GHG AND PROMOTING HEALTHY FOOD SELECTIONS THROUGH SIGNAGE AND EDUCATION WITHIN CAFETERIAS, FOOD VENDOR STATIONS, AND CATERING SERVICES.

UPMC'S GREENING INITIATIVES INCLUDE SUPPORT FOR COMMUNITY DEVELOPMENT AND COMMUNITY COLLABORATION. IN ERIE, PENNSYLVANIA, UPMC HAMOT HEALTH

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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. IN ADDITION, 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.

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 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

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CLOSES MAIN THOROUGHFARES TO CAR TRAFFIC IN A FEW OF PITTSBURGH'S
NEIGHBORHOODS DURING THE SUMMER MONTHS. THESE EVENTS PROMOTE BIKING,
WALKING, AND SUPPORTING LOCAL BUSINESSES THROUGH A DIFFERENT LENS AND
HAVE 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, AS WELL AS THE NEWLY FORMING NEW
KENSINGTON 2030 DISTRICT. UPMC ALSO CONTINUES TO SHARE LESSONS LEARNED
AND INDUSTRY-BASED BEST PRACTICES WITH OTHER REGIONAL ORGANIZATIONS THAT
ARE INCORPORATING SUSTAINABILITY INTO THEIR OPERATIONS. STAFF CONTINUE TO
SERVE ON REGIONAL AND STATE PLANNING COMMITTEES, ADVOCATING FOR EXPANDED
IMPLEMENTATION OF LOCAL POLICIES THAT POSITIVELY AFFECT HEALTH. UPMC IS
A PARTICIPATING MEMBER OF THE OAKLAND ENERGY MASTER PLAN, A COORDINATED
EFFORT TO REVIEW ENERGY NEEDS WITH KEY STAKEHOLDERS - INCLUDING ACADEMIA,

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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 THAT INCLUDES A PLEDGE TO CUT GREENHOUSE GAS EMISSIONS BY 50 PERCENT BY 2030 AND BE CARBON NEUTRAL BY 2050. SEVERAL HOSPITALS ARE PRACTICE GREENHEALTH MEMBERS, JOINING THE NATION-WIDE COHORT OF HEALTH SYSTEMS WORKING TO DECARBONIZE AND TO 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 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

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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. BY THE END OF 2024, 118 ELECTRIC VEHICLE CHARGING STATIONS WILL BE AVAILABLE TO STAFF, PATIENTS, VISITORS, AND COMMUNITY MEMBERS. UPMC RECYCLES PACKAGING AT ITS WAREHOUSES, AND REUSES FURNITURE ACROSS THE SYSTEM. A GROWING PARTNERSHIP WITH STRYKER, CARDINAL HEALTH, AND MEDLINE'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 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

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FOOD TO LOCAL RESCUE OPERATIONS, SUCH AS THE GREATER PITTSBURGH COMMUNITY FOOD BANK AND 412 FOOD RESCUE. AT UPMC MERCY HOSPITAL, HIGH-RISK PATIENTS ARE PROVIDED NUTRITIOUS FROZEN MEALS THAT THEY ARE ABLE TO TAKE HOME AT DISCHARGE. THIS PROGRAM FOCUSES ON A WHOLISTIC APPROACH THAT FOOD IS MEDICINE. BY FREEZING FOOD AND REDISTRIBUTING THE FOOD, NO FOOD IS WASTED. A NUMBER OF KITCHENS ARE ALSO PILOTING A FOOD WASTE COMPOSTING PROGRAM, WITH FOUR LOCATIONS TO DATE DIVERTING MORE THAN 17 TONS OF FOOD WASTE FROM LANDFILLS.

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 HELPS ENSURE AN EFFICIENCY OF MOVEMENT, PROVIDES A DIVERSITY OF TRAVEL OPTIONS, AND INVITES PEDESTRIAN ACTIVITY. STREET CALMING TECHNIQUES WILL PROVIDE PHYSICAL CUES TO SLOW TRAFFIC AND ENCOURAGE PEDESTRIAN ACTIVITY.

DEMONSTRATING REGIONAL STEWARDSHIP, UPMC ACTIVELY COLLABORATES IN

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COMMUNITY-BASED INITIATIVES. UPMC COSPONSORED COMMUNITY-BASED HOUSEHOLD

HAZARDOUS WASTE AND PRESCRIPTION DRUG COLLECTION EVENTS.

LEADERSHIP AND WORKFORCE DEVELOPMENT - IN FISCAL YEAR 2024, 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, 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

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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 HARBOR, 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. TO DATE 60 PROJECT SEARCH INTERNS HAVE BEEN HIRED AT UPMC HAMOT. UPMC JAMESON HAS HIRED EIGHT PROJECT SEARCH INTERNS OVER THE YEARS, AND ONE INTERN WAS HIRED AT UPMC HORIZON. UPMC MERCY PROJECT SEARCH TRAINEES WHO COMPLETED THE 2022-2023 PROGRAM YEAR HAVE ALL OBTAINED/MAINTAINED COMPETITIVE EMPLOYMENT OVER THE LAST 12 MONTHS. AS A RESULT, UPMC MERCY PROJECT SEARCH RECEIVED THE 100 PERCENT EMPLOYMENT OUTCOMES AWARD AND WAS RECENTLY RECOGNIZED AT THE NATIONAL PROJECT SEARCH CONFERENCE IN ALBUQUERQUE, NEW MEXICO. 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

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READINESS, AND INTERVIEWING SKILLS. SUCCESSFUL CANDIDATES ARE PLACED IN PERMANENT JOBS; TO DATE 157 EAGLE'S NEST CANDIDATES HAVE BEEN HIRED AT UPMC HAMOT.

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 SUB-COMMITTEE WAS CREATED TO ENSURE ALL SMALL AND DISADVANTAGED BUSINESSES HAD THE OPPORTUNITY TO PARTICIPATE 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, PARTNER4WORK, 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 CAREER OPPORTUNITIES FOR BOTH YOUTH

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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 WORKPLACE CULTURE AND COMMUNITY ENGAGEMENT SUB-COMMITTEE ANNUALLY AWARDS SCHOLARSHIPS TO VARIOUS ORGANIZATIONS THAT WILL DIRECTLY HELP TO REDUCE HURDLES RELATED TO WORKFORCE DEVELOPMENT, EDUCATION, AND TRAINING OPPORTUNITIES.

UPMC ALSO PARTNERS WITH PITTSBURGH'S 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 PARTNERED WITH COMMUNITY ORGANIZATIONS TO EDUCATE AND ENCOURAGE STUDENTS TO APPLY FOR CAREER OPPORTUNITIES AT UPMC THAT THEY MAY NOT HAVE BEEN AWARE OF. UPMC OFFERED IMMERSIVE EXPOSURE OPPORTUNITIES TO HIGH SCHOOL STUDENTS, INCLUDING REAL-TIME RESOURCES (MOCK INTERVIEWS, RESUME

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WRITING, RESUME REVIEWS), LUNCH & LEARN/CAREER EXPLORATION SESSIONS, CAREER/INTERNSHIP FAIRS, HIRING EVENTS, JOB SHADOWING, AND HEALTH AND WELLNESS EXPOS FOR COMMUNITY MEMBERS AND STUDENTS. COMMUNITY PARTNERS FOR THESE EVENTS INCLUDED A.W. BEATTIE TECHNICAL CAREER CENTER, ALLEGANY COLLEGE OF MARYLAND, ALLEGANY HIGH SCHOOL, BEDFORD FARMERS MARKET, BIG SPRING HIGH SCHOOL, BIGLERVILLE HIGH SCHOOL, BOILING SPRINGS HIGH SCHOOL, CAMP HILL HIGH SCHOOL, CAPITAL AREA INTERMEDIATE UNIT, CAREERLINK, CEDAR CREST HIGH SCHOOL, CENTER FOR CAREER & TECHNICAL EDUCATION, CENTRAL HIGH SCHOOL (MARTINSBURG), CENTRAL PENN COLLEGE, CENTRAL PENNSYLVANIA EMPLOYMENT CONSORTIUM, CENTRAL YORK HIGH SCHOOL, COLUMBIA HIGH SCHOOL, COLUMBIA MIDDLE SCHOOL, COMMONWEALTH CHARTER ACADEMY, CUMBERLAND PERRY CAREER & TECHNICAL CENTER, CUMBERLAND PERRY VC-TECH, CUMBERLAND VALLEY SCHOOL DISTRICT, CYBER CHARTER SCHOOL, DALLASTOWN AREA HIGH SCHOOL, DUQUESNE UNIVERSITY, ELIZABETHTOWN COLLEGE, FRANKLIN COUNTY CTC, FROSTBURG STATE UNIVERSITY, GARDEN SPOT HIGH SCHOOL, GOODWILL INDUSTRIES, GREATER ALTOONA CAREER AND TECHNOLOGY CENTER, HACC CENTRAL PENNSYLVANIA'S COMMUNITY COLLEGE, HALIFAX HIGH SCHOOL, HARRISBURG UNIVERSITY, INDIANA UNIVERSITY OF PENNSYLVANIA, JOHN HARRIS (HARRISBURG HIGH SCHOOL), JUNIATA

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 MIDDLE SCHOOL, LEBANON VALLEY COLLEGE, LINCOLN MIDDLE SCHOOL, LNP MEDIA,
 LOCK HAVEN UNIVERSITY, MARYLAND DEPARTMENT OF LABOR, MARYLAND PHYSICIAN'S
 CARE, MCCASKEY HIGH SCHOOL, MESSIAH COLLEGE, MIDDLETOWN SCHOOL DISTRICT,
 MIFFLIN COUNTY HIGH SCHOOL, MILLERSVILLE UNIVERSITY, MOUNT ALOYSIUS
 COLLEGE, NEW HOPE MINISTRIES, NEWPORT HIGH SCHOOL, NORTHWEST PENNSYLVANIA
 COLLEGIATE ACADEMY, PENN STATE HARRISBURG, PENN STATE YORK, PENN
 STATE-ALTOONA, PENNWEST CLARION, PITTSBURGH PUBLIC SCHOOLS, RED LION HIGH
 SCHOOL, REYNOLDS MIDDLE SCHOOL, ROAD TO SUCCESS - CENTRAL PENN, SAINT
 FRANCIS UNIVERSITY, SALVATION ARMY, SHIPPENSBURG HIGH SCHOOL,
 SHIPPENSBURG UNIVERSITY, SOUTHWESTERN HIGH SCHOOL, SPRING GROVE AREA HIGH
 SCHOOL, STATION MEDICAL CENTER, STEELTON HIGH-SPIRE SCHOOL DISTRICT, TEC
 CENTRO, THE AKA FOUNDATION, THE PITTSBURGH PROMISE, TRINITY HIGH SCHOOL,
 UNIVERSITY OF PITTSBURGH AT JOHNSTOWN, WEST PERRY HIGH SCHOOL, WEST SHORE
 SCHOOL DISTRICT, WEST VIRGINIA UNIVERSITY SCHOOL OF NURSING, WEST YORK
 HIGH SCHOOL, WESTERN MARYLAND CONSORTIUM, WILLIAM PENN SENIOR HIGH
 SCHOOL, YORK COUNTY ALLIANCE FOR LEARNING (YCAL), AND YMCA.

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UPMC ALSO OFFERED HANDS-ON EXPERIENCE THROUGH EARLY LEARNING OPPORTUNITIES AND COOPERATIVE EDUCATION. UPMC MAGEE HOSTED A FUTURE HEALTH CARE PROFESSIONALS SIX-WEEK SUMMER PROGRAM FOCUSED ON NURSING AND RADIOLOGY. UPMC IN NORTH CENTRAL PENNSYLVANIA OFFERS A BROAD, 18-WEEK PROGRAM THAT PROVIDES CLINICAL AND EDUCATIONAL WORK EXPERIENCE FOR SENIOR HIGH SCHOOL STUDENTS FOCUSED ON THE CARE ATTENDANT ROLE. UPMC PRESBYTERIAN, UPMC SHADYSIDE, AND UPMC PASSAVANT HOSPITALS MENTORED SEVERAL HIGH SCHOOL AND TECHNICAL SCHOOL STUDENTS THROUGH ASSIGNMENTS IN PATIENT AND FAMILY CONCIERGE ROLES.

UPMC'S MILITARY AND VETERAN RECRUITMENT, RETENTION, ENGAGEMENT, AND COMMUNITY PARTNERSHIP STRATEGY ENABLES RECRUITERS TO CONNECT WITH VETERANS WHO ARE SEEKING NEW OPPORTUNITIES AND SUPPORT THEM IN THE HIRING PROCESS. UPMC IS COMMITED TO ENSURING THE VETERAN POPULATION FINDS MEANINGFUL EMPLOYMENT. 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

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WITH VETJOBS, PITTSBURGH HIRES VETERANS, AND VETERANS LEADERSHIP PROGRAM 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. OVER THE PAST YEAR, UPMC RECEIVED MULTIPLE AWARDS AND RECOGNITION OF ITS EFFORTS SUPPORTING THE MILITARY AND VETERAN COMMUNITY.

THROUGH UPMC PATHWAYS TO WORK AND FREEDOM HOUSE 2.0 WORKFORCE TRAINING AND JOB PLACEMENT PROGRAMS, UPMC COLLABORATES 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 THEY ENGAGE 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. IN ADDITION TO INDIVIDUAL

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COACHING SESSIONS, PATHWAYS TO WORK OFFERS WEEKLY SEMINARS ABOUT RESUME WRITING, INTERVIEW SKILLS, AND APPLICATION ASSISTANCE. MONTHLY EVENTS ARE HELD TO EDUCATE JOB-SEEKERS ABOUT VARIOUS CAREER OPPORTUNITIES. PATHWAYS TO WORK PARTNERS WITH MORE THAN 150 COMMUNITY GROUPS STATEWIDE AND ASSISTS MORE THAN 100 JOB-SEEKERS PER-MONTH ON AVERAGE. AS A SERVICE TO THE COMMUNITY, PATHWAYS TO WORK PARTNERS WITH LITERACY PITTSBURGH TO OFFER ENGLISH AS A SECOND LANGUAGE CLASSES. PARTICIPANTS ARE INVITED TO NETWORKING EVENTS FOLLOWING THE CLASS TO MEET UPMC HIRING MANAGERS AND RECRUITERS. 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 WORKPLACE CULTURE AND COMMUNITY ENGAGEMENT LEARNING FORUMS, WHICH PROVIDE OPPORTUNITIES TO LEARN ABOUT THE IMPACT OF CULTURE AND BELONGING AS IT RELATES TO BEST PRACTICES IN PATIENT CARE DELIVERY,

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MEMBER SERVICE, WORKPLACE PRACTICES, AND WAYS TO MANAGE. THE LEARNING

FORUMS AND WEB-BASED LEARNING ALSO FOCUS ON CULTURAL AWARENESS, AND

ALLYSHIP. THIS LEARNING IS DESIGNED TO INCREASE THE KNOWLEDGE, SKILLS,

AND THE CULTURAL COMPETENCY OF THE WORKFORCE IN SERVING DIVERSE

POPULATIONS.

UPMC'S HEALTH CARE EDUCATION PROGRAMS, MANY OF WHICH ARE UNDERTAKEN WITH

THE UNIVERSITY OF PITTSBURGH AND OTHER AFFILIATED COLLEGES AND

UNIVERSITIES, OFFER 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

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GOALS THAT NEITHER ORGANIZATION COULD ACHIEVE INDEPENDENTLY. TO LEVERAGE
COMMUNITY IMPROVEMENT THROUGH JOINT EFFORTS, UPMC WORKED WITH SEVERAL
NONPROFIT ALLIES IN FISCAL 2024.

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.

UPMC'S LEND A HAND (LAH) PROGRAMS CONTINUE TO SERVE AS A POSITIVE FORCE
IN THE COMMUNITY. MONTHLY LAH PROGRAMS ARE OFFERED 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 150 UPMC EMPLOYEES PARTICIPATED
IN EVENTS IN NOVEMBER, APRIL, AND MAY TO SUPPORT SEVERAL COMMUNITY
ORGANIZATIONS, SUCH AS WORLD VISION PITTSBURGH, SOUTHSIDE COMMUNITY
COUNCIL, GREATER PITTSBURGH COMMUNITY FOOD BANK, WESTERN PA DIAPER BANK,

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AND HILLTOP URBAN FARM, PROVIDING MORE THAN 1,200 COMMUNITY SERVICE HOURS. UPMC CORPORATE LEGAL 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 2023-2024 SCHOOL YEAR, 22 STUDENTS MET VIRTUALLY WITH THEIR UPMC MENTORS FOR SESSIONS FOCUSED ON BUILDING MEANINGFUL RELATIONSHIPS THROUGH CONVERSATIONS, GOOD BOOKS, AND LITERACY-BASED ACTIVITIES. JUNIOR HEALTH CARE EXPLORERS (JHCE) IS A YOUTH STEM PROGRAM FOR MIDDLE SCHOOL STUDENTS WHO WISH TO BEGIN THEIR CAREER EXPLORATION IN THE HEALTH CARE INDUSTRY. INTERACTIVE SESSIONS AND PANEL DISCUSSIONS EXPOSED THE EXPLORERS TO SEVERAL FIELDS OF HEALTH CARE: DENTISTRY, GENERAL MEDICINE, HEALTH AND REHABILITATION SCIENCES, IMAGING, LABORATORY, NURSING, NURSING EDUCATION, PHARMACY, PUBLIC HEALTH, RADIATION THERAPY, RESPIRATORY THERAPY, SURGICAL SERVICES, INFORMATION TECHNOLOGY, AND CORPORATE CONSTRUCTION. THE VIRTUAL PROGRAM ENGAGED 115 MIDDLE SCHOOL STUDENTS FROM 23 COUNTIES ACROSS UPMC'S FOOTPRINT.

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UPMC CORPORATE SUPPLY CHAIN'S SUPPLIER OPPORTUNITY AND INCLUSION PROGRAM, IN PARTNERSHIP WITH THE UNIVERSITY OF PITTSBURGH, PROVIDED FOUR FREE TRAINING SESSIONS DURING ITS FIFTH ANNUAL "ESSENTIALS FOR SUCCESS" PROGRAM ON HOW TO DO BUSINESS WITH UPMC. LOCATIONS INCLUDED PITTSBURGH AND HARRISBURG, PENNSYLVANIA, AS WELL AS HAGERSTOWN, MARYLAND, AND CHAUTAUQUA, NEW YORK, WITH APPROXIMATELY 400 ATTENDEES. THE TEAM ALSO COORDINATED, IN PARTNERSHIP WITH SEVERAL CORPCRATIONS ACROSS PITTSBURGH AND HARRISBURG, PENNSYLVANIA, THE SHARE 2023 FREE MATCHMAKING SERIES SERVING MORE THAN 300 DIVERSE-OWNED COMPANIES, MEETING WITH 30+ CORPORATIONS AND PUBLIC ENTITIES AND EXCHANGING MILLIONS OF DOLLARS IN BUSINESS OPPORTUNITIES. THE PROGRAM ALSO HELD ITS FOURTH ANNUAL POLICY TO PROSPERITY DAY, MEETING WITH COMMONWEALTH OF PENNSYLVANIA HOUSE AND SENATE MEMBERS, DISCUSSING UPMC'S IMPACTS THROUGH ITS SUPPLIER OPPORTUNITY AND INCLUSION PROGRAM WITHIN THEIR DISTRICTS, AND PROVIDING SUBJECT MATTER EXPERTISE IN ADVISING REPRESENTATIVES ON LEGISLATION BEING CONSIDERED AT THE HOUSE AND SENATE LEVEL IMPACTING PENNSYLVANIA VENDORS.

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IN 2024, UPMC HEALTH PLAN WORKED WITH FOOD BANKS AND OTHER COMMUNITY-BASED ORGANIZATIONS IN PENNSYLVANIA TO HELP 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, MIDWEST FOOD BANK, EAST END COOPERATIVE MINISTRY, 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 2024, UPMC CONTINUED TO PARTICIPATE IN THE SCOUTING FOR FOOD AND CHOW WAGON CAMPAIGN IN PARTNERSHIP WITH THE GREATER PITTSBURGH FOOD BANK, ANIMAL FRIENDS, AND 10 ADDITIONAL FOOD BANKS AND ANIMAL SHELTERS. THROUGH THESE EFFORTS, 1.9 MILLION UNITS WERE COLLECTED BENEFITING 12 NONPROFIT ORGANIZATIONS ACROSS THE UPMC FOOTPRINT. UNITS INCLUDE EMPLOYEE MONETARY DONATIONS, NON-PERISHABLE FOOD, PET PLAY TOYS AND CARE ITEMS, AND EMPLOYEE VOLUNTEER HOURS.

UPMC'S CENTER FOR SOCIAL IMPACT CONTINUED TO EXPAND ITS HOMEWARD HOUSING INITIATIVE, A COALITION AIMED AT INCREASING THE SUPPLY OF QUALITY,

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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 POPULATION. IN 2024, THE PRESERVE AFFORDABILITY PITTSBURGH LOAN FUND MADE ITS FIRST LOANS TO PRESERVE HOUSING WITH EXPIRING AFFORDABILITY. THE CENTER'S SUPPORTIVE HOUSING PROGRAM FOR UNHOUSED INDIVIDUALS IN ALLEGHENY, BLAIR, AND LAWRENCE COUNTIES HOUSED ITS 200TH MEMBER. FURTHER EVALUATION SHOWED THAT HOUSING PREVIOUSLY HOMELESS MEMBERS IMPROVES HEALTH OUTCOMES AND LOWERS COST. ALSO, THE CENTER CONTINUED COLLABORATIONS WITH COMMUNITY ORGANIZATIONS AND INTELLECTUAL DISABILITY PROVIDERS THAT LEVERAGE COMMUNITY HEALTH WORKER CONNECTIONS TO MEET HEALTH GOALS.

THE UPMC HEALTH PLAN NEIGHBORHOOD CENTER CONTINUED TO SUPPORT RESIDENTS IN PITTSBURGH'S EAST END, SERVING NEARLY 4,000 INDIVIDUALS FROM JANUARY THROUGH AUGUST 2024. THROUGH SEVERAL TARGETED PROGRAMS AND COMMUNITY PARTNERSHIPS, THE NEIGHBORHOOD CENTER HELPED DISADVANTAGED INDIVIDUALS AND FAMILIES ACCESS AFFORDABLE HOUSING OPPORTUNITIES, LOCAL FOOD PANTRIES, CITIZENSHIP AND LITERACY COURSES, HEALTH SCREENINGS AND

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VACCINES, TELEMEDICINE, CHILDCARE, JOB TRAINING AND WORKFORCE DEVELOPMENT OPPORTUNITIES, AND OTHER SOCIAL SERVICES RESOURCES. IT ALSO HOSTS A FREE, MONTHLY FOOD DISTRIBUTION, WHICH CONSISTENTLY REACHES ABOUT 100 FOOD-INSECURE FAMILIES. THE UPMC HEALTH PLAN NEIGHBORHOOD CENTER EXEMPLIFIES A SUCCESSFUL MODEL OF ON-GROUND, PERSONALIZED SUPPORT MECHANISMS THAT UTILIZE COMMUNITY RESOURCES TO IMPROVE HEALTH OUTCOMES FOR HIGH-RISK INDIVIDUALS.

BY PARTICIPATING IN THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT'S 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

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RESOURCES TO ATTEND.

OTHER ALLIANCES INCLUDED: THE U.S. DRUG ENFORCEMENT ADMINISTRATION TO HOST DRUG TAKE-BACK DAYS; FREE CLINICS, SUCH AS THE BIRMINGHAM FREE CLINIC, WHICH OFFERS CARE TO THE CITY'S HOMELESS POPULATION; LOCAL COMMUNITY ORGANIZATIONS, SUCH AS THE BRASHEAR ASSOCIATION, WHICH PROVIDES AN EMPLOYMENT RESOURCE CENTER IN A LOCAL LOW-INCOME NEIGHBORHOOD; AND OTHER NONPROFIT ORGANIZATIONS, SUCH AS NEIGHBORHOOD LEARNING ALLIANCE, READING IS FUNDAMENTAL, JAPAN-AMERICAN SOCIETY OF PA, WESTEND P.O.W.E.R., URBAN LEAGUE OF GREATER PITTSBURGH, ALZHEIMER'S ASSOCIATION, ASSOCIATION OF LATINO PROFESSIONALS FOR AMERICA, COMMUNITY EMPOWERMENT ASSOCIATION, BIBLE CENTER CHURCH OF PITTSBURGH, BROWN MAMAS, 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)

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BUILDING ON THE PREVIOUS CHNAS CONDUCTED IN FISCAL YEARS 2013, 2016 AND 2019, THE FISCAL YEAR 2022 CHNA PROVIDED AN OPPORTUNITY FOR UPMC TO RE-ENGAGE WITH COMMUNITY STAKEHOLDERS IN A RIGOROUS, STRUCTURED PROCESS GUIDED BY PUBLIC HEALTH EXPERTS. AN ONGOING OBJECTIVE OF THE CHNA EFFORT IS TO HELP ALIGN COMMUNITY BENEFIT PROGRAMS AND RESOURCES WITH COMMUNITY HEALTH NEEDS.

UPMC ACTIVELY ENGAGED ITS HOSPITAL BOARDS, COMMUNITY STAKEHOLDERS, AND PUBLIC HEALTH EXPERTS TO IDENTIFY COMMUNITY HEALTH NEEDS AND DETERMINE HOW TO COLLABORATE MOST EFFECTIVELY TO ADDRESS THOSE NEEDS. THE ORGANIZATION SOLICITED AND TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. IN MAY THROUGH JUNE 2021, PITT PUBLIC HEALTH SURVEYED COMMUNITY LEADERS AND STAKEHOLDERS SPECIFIC TO EACH HOSPITAL'S LOCAL COMMUNITY, AS WELL AS A SYSTEM-WIDE PANEL OF REGIONAL STAKEHOLDERS. IN PARTNERSHIP WITH PITT PUBLIC HEALTH, UPMC REFINED THE COMMUNITY SURVEY TO INCORPORATE EMERGING AREAS OF EXPLORATION WITHIN THE PUBLIC HEALTH FIELD (E.G., SHORT- AND LONG-TERM EFFECTS OF

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COVID-19 AND HEALTH DISPARITIES). THE SURVEY WAS EXTENDED TO A TOTAL OF 2,868 COMMUNITY PARTICIPANTS FROM 28 UPMC HOSPITAL COMMUNITIES. MORE THAN 1,100 INDIVIDUALS PARTICIPATED IN THE SURVEY. PARTICIPANTS INCLUDED: LEADERS OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE; REPRESENTATIVES FROM PUBLIC HEALTH DEPARTMENTS OR GOVERNMENTAL AGENCIES SERVING COMMUNITY HEALTH; MEDICAL STAFF LEADERS WHO HAVE A UNIQUE PERSPECTIVE AND VIEW OF THE COMMUNITY; AND OTHER STAKEHOLDERS IN COMMUNITY HEALTH, SUCH AS CONSUMER ADVOCATES, NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS, LOCAL SCHOOL DISTRICTS, GOVERNMENT ORGANIZATIONS, AND HEALTH CARE PROVIDERS. THREE-QUARTERS OF INDIVIDUALS WHO COMPLETED THE SURVEY SELF-IDENTIFIED AS BEING A REPRESENTATIVE OR MEMBER OF A MEDICALLY UNDERSERVED, MINORITY, OR LOW-INCOME POPULATION.

UPMC USED THE COMMUNITY INPUT TO DEVELOP STRATEGIC PLANS FOR EACH OF ITS LICENSED HOSPITALS TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS. IMPORTANTLY, THESE PLANS ADDRESS LOCAL COMMUNITY NEEDS NOT ONLY AT THE HOSPITAL LEVEL, BUT ALSO INCLUDE EFFORTS UNDERTAKEN IN PARTNERSHIP WITH

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

UPMC MADE MEASURABLE PROGRESS ON IMPROVING COMMUNITY HEALTH IN THE PERIOD

FROM FISCAL YEARS 2014 THROUGH 2024. 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

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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 2014 THROUGH 2024, 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

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ENHANCED TO BETTER COORDINATE RESOURCES. EXAMPLES OF UPMC HOSPITALS'

PROGRESS DURING FISCAL YEARS 2014 THROUGH 2024 INCLUDE:

CREATING HEALTHIER SCHOOLS AND STUDENTS: UPMC CHILDREN'S CONTINUES ITS PARTNERSHIP WITH THE ALLIANCE FOR A HEALTHIER GENERATION AND REMAINS COMMITTED TO SUPPORTING LOCAL SCHOOLS AND COMMUNITY ORGANIZATIONS IN IMPLEMENTING EVIDENCE-BASED PROGRAMS THAT HELP CREATE A CULTURE WHERE HEALTHY EATING, PHYSICAL ACTIVITY, AND SOCIAL-EMOTIONAL WELL-BEING ARE THE NORM THROUGH POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. UPMC CHILDREN'S HOSPITAL CONTINUES TO EXPAND ITS SCHOOL-HEALTH PARTNERSHIPS, ENGAGING MORE THAN 75 SCHOOL PARTNERS IN ALLEGHENY COUNTY WITH THE HEALTHY SCHOOLS PROGRAM AND REACHING AN ADDITIONAL 30 SCHOOL PARTNERS OUTSIDE OF ALLEGHENY COUNTY VIA A PARTNERSHIP WITH ADAGIO HEALTH. 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

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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. THE HOSPITAL'S SUPPORT CONTRIBUTED TO HELPING SCHOOLS ACHIEVE NATIONAL RECOGNITION FOR HEALTH PROMOTION EFFORTS. IN OCTOBER 2023, 15 SCHOOL PARTNERS THAT PARTICIPATE IN THE HEALTHY SCHOOLS PROGRAM WERE NATIONALLY RECOGNIZED AMONG AMERICA'S HEALTHIEST SCHOOLS. STAFF FROM UPMC CHILDREN'S, ALONG WITH SEVERAL SCHOOL PARTNERS, WERE INVITED TO WASHINGTON D.C. TO RECEIVE RECOGNITION AND CELEBRATE THEIR ACCOMPLISHMENTS.

PROMOTING INJURY PREVENTION AND SAFETY INITIATIVES THROUGH UPMC CHILDREN'S HOSPITAL OF PITTSBURGH'S INJURY PREVENTION AND SAFETY DEPARTMENT'S COMPREHENSIVE PROGRAMMING. SINCE 2014, PROGRAMS HAVE REACHED MORE THAN 30,000 YOUTH AND INCLUDE CAR SEAT SAFETY, HOME SAFETY, ON-WHEELS SAFETY, AND FIREARM SAFETY. TO ENCOURAGE CHILD PASSENGER SAFETY, THE HOSPITAL CONTINUES TO OFFER ITS CAR SEAT LOANER PROGRAM FOR

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PATIENTS LEAVING THE HOSPITAL IN NEED; UPMC CHILDREN'S LOANS OR DONATES APPROXIMATELY 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 HELP ADDRESS ON-WHEELS SAFETY, UPMC CHILDREN'S AND THE HARD HEADS HELMET PROGRAM PROVIDE MORE THAN 4,000 BIKE HELMETS TO YOUTH IN THE REGION EVERY YEAR, THROUGH SUMMER PROGRAMS WITH PITTSBURGH PUBLIC SCHOOLS, LOCAL LAW ENFORCEMENT EVENTS, AND OTHER COMMUNITY EVENTS AND PROGRAMS. TO ADDRESS FIREARM SAFETY, 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. DURING THE 2022-2025 CHNA CYCLE, UPMC CHILDREN'S INJURY PREVENTION GREATLY EXPANDED THE SAFER FIREARM STORAGE PROGRAM, WITH SUPPORT FROM EQUITRANS MIDSTREAM FOUNDATION AND THE AMERICAN TRAUMA SOCIETY, PENNSYLVANIA DIVISION. SINCE JULY 2022, THE HOSPITAL HOSTED SIX EDUCATIONAL EVENTS ACROSS ALLEGHENY, GREENE, AND WASHINGTON COUNTIES,

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PROVIDING MORE THAN 500 FAMILIES WITH BIOMETRIC FIREARM SAFES AND EDUCATION FOCUSED ON SUICIDE AND UNINTENTIONAL INJURY PREVENTION. THESE EVENTS HAVE RESULTED IN SIGNIFICANT IMPROVEMENT 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. IN ADDITION, UPMC CHILDREN'S SAFETY CENTER AND HOME SAFETY VAN DISTRIBUTED 300 GUNLOCKS. AS PART OF A NATIONAL EFFORT TO PROMOTE INJURY PREVENTION, IN NOVEMBER 2023, UPMC JOINED ACRISURE STADIUM, PITTSBURGH PARKING AUTHORITY, THE CITY-COUNTY BUILDING, THE COURTHOUSE, GULF TOWER, AND KOPPERS IN LIGHTING UP GREEN FOR NATIONAL INJURY PREVENTION DAY AND PARTICIPATED IN A NATIONAL X/TWITTER CHAT FOR ONE HOUR TO PROVIDE SAFETY EDUCATION TO MORE THAN A MILLION NATIONALLY AND INTERNATIONALLY.

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

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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 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 IS SLATED TO OPEN IN 2026, AND, IN NOVEMBER 2023, UPMC ANNOUNCED PLANS TO CONSTRUCT A NEW HEART INSTITUTE AT UPMC CHILDREN'S HOSPITAL OF PITTSBURGH TO ELEVATE CARE AND TECHNOLOGY IN PEDIATRIC CARDIOLOGY. THE HEART INSTITUTE WILL BE HOME TO STATE-OF-THE-ART CLINICAL SPACE WITH CARDIAC CATHETERIZATION LABS, AN INTEROPERATIVE MRI, AND INPATIENT AND OUTPATIENT PROCEDURAL, DIAGNOSTIC, AND CONSULTATION SPACES. IN WEST CENTRAL PENNSYLVANIA, UPMC ALTOONA CONTINUED TO COLLABORATE WITH UPMC BEDFORD, UPMC SOMERSET, AND UPMC

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WESTERN MARYLAND, TO FOCUS EFFORTS ON RECRUITING AND SHARING PHYSICIAN SPECIALISTS IN THE REGION. SINCE JUNE 2022, UPMC ALTOONA RECRUITED 33 MEDICAL AND SURGICAL SPECIALIST PHYSICIANS. SPECIALISTS WERE RECRUITED IN AREAS INCLUDING NEUROLOGY, RADIATION ONCOLOGY, DERMATOLOGY, MEDICAL ONCOLOGY, TRAUMA, EMERGENCY MEDICINE, ENDOCRINOLOGY, UROLOGY, AND PODIATRY. 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 ADDITION, THROUGH THE PENNSYLVANIA RURAL HEALTH MODEL, UPMC KANE IS LEVERAGING TELEPULMONOLOGY TO IMPROVE ACCESS TO CARE FOR PATIENTS WITH CHRONIC RESPIRATORY CONDITIONS THROUGH TELEHEALTH OPTIONS. BETWEEN JULY 2022 AND DECEMBER 2023, THE HOSPITAL SERVED MORE THAN 120 PATIENTS THROUGH TELEPULMONOLOGY VISITS. IN CLINTON COUNTY, UPMC IN NORTH CENTRAL PA. WORKED WITH THE PENNSYLVANIA DEPARTMENT

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OF HEALTH (PADOH) 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 VASCULAR SURGERY, 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.

RAISED AWARENESS OF CHRONIC DISEASE THROUGH OUTREACH, EDUCATION, AND HEALTH SCREENINGS: FROM 2014-2024, 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. 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,

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PRESENTATIONS TO SCHOOL-AGED CHILDREN ABOUT SKIN CANCER, AN ANNUAL CELEBRATION OF SURVIVORSHIP, AND COLON CANCER SCREENINGS WITH FIT KITS. TO RAISE AWARENESS OF DIABETES, UPMC SOMERSET'S DIABETES EDUCATION CENTER PARTICIPATES IN LOCAL COMMUNITY OUTREACH AND PROVIDES DIABETES SELF-MANAGEMENT AND SUPPORT, FOCUSING ON INCREASING THE NUMBER OF INDIVIDUALS WHO RETURN FOR FOLLOW-UP APPOINTMENTS. TO HELP ADDRESS OBESITY, DIABETES, AND HEART DISEASE AND STROKE, 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. AND TO HELP IMPROVE THE HEALTH AND WELLNESS OF ERIE RESIDENTS, UPMC HAMOT CONTINUES TO ENCOURAGE PREVENTIVE SCREENINGS AT HEALTH AND WELLNESS FAIRS THROUGHOUT THE REGION, INCLUDING THE SARAH REED HEALTH FAIR AND ERIE CENTER FOR ARTS AND TECHNOLOGY (ECAT) HEALTH FAIR. IN ADDITION, THE HOSPITAL CONTINUES TO PROMOTE EARLY DETECTION OF BREAST CANCER THROUGH ITS MAMMO MARATHON EVENT, WHICH COMPLETED NEARLY 150 MAMMOGRAMS IN OCTOBER 2023, AND THROUGH OUTREACH REMINDERS FOR PATIENTS WHO ARE DUE FOR MAMMOGRAPHY AND CERVICAL CANCER SCREENINGS. THROUGH A PARTNERSHIP WITH FAITH UNITED METHODIST

Part VI Supplemental Information

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CHURCH, UPMC ST. MARGARET PARTICIPATES IN MONTHLY NEIGHBORHOOD DINNERS - PART OF AN ANTI-POVERTY PROGRAM FOR THE SHARPSBURG COMMUNITY. IN VERONA, UPMC ST. MARGARET PARTNERS WITH THE VERONA UNITED METHODIST CHURCH, WHERE 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 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

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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. BETWEEN JUNE 2022 AND DECEMBER 2023, THERE WERE 375 PATIENT VISITS FOR MAT THROUGH THE HOSPITAL'S FHCS. IN MAY 2023, UPMC ALTOONA FAMILY PHYSICIANS EXPANDED MAT SERVICES TO FAMILY MEDICINE PRACTICES, INCREASING ACCESS TO TREATMENT THROUGH LOCAL PRIMARY CARE OFFICES. TO HELP CARE FOR WOMEN WITH SUBSTANCE USE DISORDER AND THEIR BABIES, UPMC MAGEE-WOMENS HOSPITAL'S PREGNANCY AND WOMEN'S RECOVERY CENTER (PWRC) PROVIDES OUTPATIENT PROGRAMS THAT OFFER MEDICINE FOR OPIOID USE DISORDER (MOUD), INCLUDING BUPRENORPHINE PRODUCTS AND NALTREXONE, RESOURCES FOR BEHAVIORAL HEALTH COUNSELING, SOCIAL SUPPORT SERVICES, AND ROUTINE MEDICAL CARE. DURING THE THREE-YEAR CHNA CYCLE, THE PWRC

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CONTINUED TO GROW, SERVING MORE THAN 750 WOMEN BETWEEN JULY 2022 AND DECEMBER 2023 AND EXTENDING SERVICES TO LAWRENCE AND CLARION COUNTIES IN 2024. AND, IN 2023, UPMC MAGEE REFINED ITS MEDICATION DELIVERY PROCESS TO HELP INCREASE NALOXONE DISTRIBUTION TO OBSTETRICAL PATIENTS WITH SUBSEQUENT OUD/SUD DIAGNOSIS AT DISCHARGE, WHICH HELPS EMPOWER PEOPLE WHO HAVE A HISTORY OF SUBSTANCE USE DISORDER REDUCE NEGATIVE OUTCOMES, SUCH AS MATERNAL MORBIDITY CAUSED BY OVERDOSE. 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. FINALLY, IN NORTHWEST PENNSYLVANIA, UPMC WESTERN BEHAVIORAL HEALTH AT SAFE HARBOR IS IMPROVING ACCESS TO HARM REDUCTION SUPPLIES AND RESOURCES FOR PEOPLE IN ERIE COUNTY. IN 2024, SAFE HARBOR INSTALLED TWO NALOXONE VENDING MACHINES IN ITS FACILITY LOBBIES AND BECAME A RECOGNIZED ENTITY FOR HARM REDUCTION SUPPLIES THROUGH THE PENNSYLVANIA OVERDOSE PREVENTION

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PROGRAM.

EXTENDING ACCESS TO BEHAVIORAL HEALTH SERVICES ACROSS COMMUNITIES: USING
TELEPSYCHIATRY, UPMC WESTERN PSYCHIATRIC HOSPITAL OFFERS ACCESS TO
BEHAVIORAL HEALTH CARE TO PATIENTS IN UNDERSERVED, RURAL, AND SUBURBAN
AREAS IN A VARIETY OF OUTPATIENT, INPATIENT, NURSING, AND REHABILITATION
SETTINGS ACROSS 19 COUNTIES. 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

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CRISIS TEAM, WHICH EXPERIENCED A 21.2 PERCENT INCREASE IN THE NUMBER OF VISITS FROM JANUARY-JUNE 2023 COMPARED TO JULY-DECEMBER 2022. RECOGNIZING A HIGH NEED FOR LOCAL BEHAVIORAL HEALTH SERVICES, UPMC ALTOONA PARTNERED WITH THE BLAIR DRUG AND ALCOHOL PROGRAM, CITY OF ALTOONA, BLAIR COUNTY, PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAM, AND THE U.S. DEPARTMENT OF HEALTH RESOURCES AND SERVICES TO SECURE FUNDING FOR AN EMERGENCY PSYCHIATRIC ASSESSMENT TREATMENT AND HEALTH UNIT (EMPATH UNIT) AT UPMC ALTOONA. UPMC ALTOONA IS IN THE PLANNING PHASE OF THE DEVELOPMENT OF THE EMPATH UNIT, WHICH IS DESIGNED FOR ACUTE PSYCHIATRIC PATIENTS TO RECEIVE ASSESSMENT AND TREATMENT. 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. IN AUGUST 2023, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, IN COLLABORATION WITH UPMC

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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. AND, TO HELP REACH CHILDREN IN COMMUNITY SETTINGS, UPMC WESTERN PSYCHIATRIC IS COLLABORATING WITH UPMC CHILDREN'S HOSPITAL AND LOCAL SCHOOL PARTNERS TO INSERT THERAPISTS AND OTHER BEHAVIORAL HEALTH SUPPORT INTO SCHOOLS. 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. LASTLY, IN NORTH CENTRAL PENNSYLVANIA, UPMC WILLIAMSPORT IS RECRUITING BEHAVIORAL HEALTH SPECIALISTS TO MEET LOCAL NEEDS. IN 2023, UPMC WILLIAMSPORT ADDED THREE NEW CLINICIANS TO ITS OUTPATIENT THERAPY SERVICES, AND IN 2024, THE HOSPITAL ADDED TWO MORE THERAPY CLINICIANS, TWO PSYCHIATRISTS, AND AN ADDITIONAL DAY OF CHILD/ADOLESCENT PSYCHIATRY SERVICES. THE HOSPITAL'S OUTPATIENT BEHAVIORAL HEALTH PROGRAMS OFFER SERVICES TO CHILDREN, ADOLESCENTS AND ADULTS WHO ARE EXPERIENCING A VARIETY OF MENTAL HEALTH PROBLEMS, INCLUDING ANXIETY, DEPRESSION, PANIC ATTACKS, AND POST-TRAUMATIC STRESS DISORDER (PTSD).

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ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH SUPPORT PROGRAMS

TARGETING TRADITIONALLY UNDERSERVED POPULATIONS UPMC CONTINUES TO ADDRESS

SOCIAL DETERMINANTS OF HEALTH (SDOH), WHICH ARE CONDITIONS IN THE PLACES

WHERE PEOPLE LIVE, LEARN, WORK, AND PLAY THAT AFFECT A WIDE RANGE OF

HEALTH RISKS AND OUTCOMES. 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. AND, IN OCTOBER 2023, UPMC WILLIAMSPORT AND THE CENTRAL

PA FOOD BANK WORKED TOGETHER TO ESTABLISH AN EMERGENCY FOOD BOX PROGRAM

FOR INPATIENT AND EMERGENCY DEPARTMENT PATIENTS THAT INDICATE THEY ARE

FOOD INSECURE BEFORE BEING DISCHARGED. THIS HELPS ENSURE THAT PATIENTS DO

NOT GO HOME HUNGRY AND HELPS THEM CONNECT WITH AVAILABLE RESOURCES. TO

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HELP ADDRESS THE RISING MATERNAL MORTALITY RATES FOR WOMEN OF COLOR, UPMC
MAGEE-WOMENS IS ENGAGING POSTPARTUM WOMEN IN CARDIOVASCULAR MONITORING.
THROUGH OUTREACH 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 JULY 2022 AND DECEMBER 2023, MORE
THAN 1,300 PATIENTS HAD A DOULA AT THEIR DELIVERY WITH SUPPORT FROM THE
BIRTH CIRCLE DOULAS PROGRAM. IN NORTH CENTRAL PENNSYLVANIA, UPMC LAUNCHED
A RURAL FAMILY MEDICINE RESIDENCY PROGRAM 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.

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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. UPMC ST.

MARGARET CONTINUES TO REFER AND CONNECT PATIENTS TO THE LIVING-AT-HOME

PROGRAM; OVER THE LAST THREE YEARS, AN AVERAGE OF 70 SENIORS LIVING IN

UNDERSERVED AREAS - INCLUDING BLAWNOX, ETNA, MILLVALE, SHARPSBURG, NEW

KENSINGTON, AND VERONA - RECEIVED SERVICES, SUCH AS HOME-DELIVERED MEALS,

GROCERY SHOPPING ASSISTANCE, AND HOME MAKING SERVICES. PARTICIPANTS

RECEIVE MEDICATION MANAGEMENT SERVICES PROVIDED BY A NURSE IF NEEDED TO

ASSIST WITH KEEPING CLIENTS COMPLIANT WITH MEDICATIONS PRESCRIBED BY

THEIR PHYSICIAN. STUDIES HAVE SHOWN THAT PROGRAM PARTICIPANTS ATTEND MORE

PRIMARY CARE OFFICE VISITS AND HAVE FEWER HOSPITAL ADMISSIONS AND

EMERGENCY DEPARTMENT VISITS. 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

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OLDER ADULTS AND THEIR FAMILIES IN MAKING HEALTH CARE DECISIONS TO FULFILL THE PATIENT'S DAILY NEEDS. UPMC ST. MARGARET ALSO OFFERS FREE FLU SHOT CLINICS FOR SENIORS TO HELP PROTECT THEM DURING FLU SEASON. THE HOSPITAL HOSTS AN ANNUAL DRIVE-THRU FREE FLU SHOTS FOR SENIORS EVENT - REACHING AN AVERAGE OF 90 SENIORS EACH OCTOBER. AND, TO HELP REDUCE TRANSPORTATION BARRIERS TO CARE FOR SENIORS, UPMC ST. MARGARET PARTNERS WITH ST. MARGARET FOUNDATION, NORTH HILLS COMMUNITY OUTREACH, AND WESLEY FAMILY SERVICES TO OPERATE FREE SHUTTLE SERVICES FOR SENIOR RESIDENTS TO THE HOSPITAL, MEDICAL OFFICES, DIAGNOSTIC CENTERS, AND DISCOUNT STORES. IN ITS 19TH YEAR, THIS FREE RIDES FOR SENIORS PROGRAM SUPPORTS HEALTHY MINDS AND BODIES AMONG THE OLDER ADULT POPULATION - AND PROVIDES AN OPPORTUNITY TO CREATE A "COMMUNITY CENTER ON WHEELS" FOR THE AREA'S SENIORS IN NEED.

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 VI

LINE 6 SEE SCHEDULE O

LINE 7 STATES RECEIVING COMMUNITY BENEFIT REPORT:

PENNSYLVANIA

SCHEDULE I
(Form 990)

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 2P110 CARES INC 700 SECOND AVE PITTSBURGH, PA 15219-2004	85-2456928	N/A	143,970.				GENERAL SUPPORT
(2) 412THRIVE 44 WOODY CREST DR PITTSBURGH, PA 15234	85-2991974	501 (C) (3)	31,750.				GENERAL SUPPORT
(3) AARON DONALD 99 SOLUTIONS FOUNDATION PO BOX 81270 PITTSBURGH, PA 15217	83-1710251	501 (C) (3)	20,000.				GENERAL SUPPORT
(4) ABOARD'S AUTISM CONNECTION OF PA 35 WILSON ST PITTSBURGH, PA 15223	25-1760214	501 (C) (3)	10,000.				AUTISM RESEARCH
(5) AFRICAN AMERICAN CULTURAL CENTER 980 LIBERTY AVENUE PITTSBURGH, PA 15222	47-2697273	501 (C) (3)	60,000.				GENERAL SUPPORT
(6) AFRICAN AMERICAN LEADERSHIP FOUNDATION 901 WESTERN AVE PITTSBURGH, PA 15235	85-0950976	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) AFRO AMERICAN MUSIC INSTITUTE INC 7131 HAMILTON AVE PITTSBURGH, PA 15208	25-1689025	501 (C) (3)	8,000.				GENERAL SUPPORT
(8) ALDI INC 6000 NORTH NOAH DR SAXONBURG, PA 16056	36-3735912	N/A	71,600.				GENERAL SUPPORT
(9) ALLEGHENY CONF ON COMMUNITY DEVELOPMENT 11 STANWIX ST PITTSBURGH, PA 15222-1312	25-0965213	501 (C) (3)	535,000.				GENERAL SUPPORT
(10) ALLEGHENY COUNTY BAR ASSOCIATION PO BOX 23238 PITTSBURGH, PA 15222	25-0314900	501 (C) (6)	6,500.				GENERAL SUPPORT
(11) ALLEGHENY COUNTY BAR FOUNDATION 400 KOPPERS BLDG PITTSBURGH, PA 15219	25-1383622	501 (C) (3)	10,000.				GENERAL SUPPORT
(12) ALLEGHENY HEALTH NETWORK 120 5TH AVENUE PITTSBURGH, PA 15222	45-3674924	501 (C) (3)	75,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 247
- 3 Enter total number of other organizations listed in the line 1 table 36

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

20-8295721

UPMC GROUP

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(1) ALLEGHENY INTERMEDIATE UNIT 475 E WATERFRONT DR HOMESTEAD, PA 15120	25-6007669	GOVERNMENT	9,000.				GENERAL SUPPORT
(2) ALLIES FOR HEALTH WELLBEING 5913 PENN AVE PITTSBURGH, PA 15206	25-1537128	501 (C) (3)	12,500.				GENERAL SUPPORT
(3) ALTOONA COMMUNITY THEATRE PO BOX 908 ALTOONA, PA 16603	25-6078781	501 (C) (3)	5,820.				COMMUNITY LEVEL
(4) ALZHEIMERS DISEASE AND RELATED DIS ASSOC 1100 LIBERTY AVE PITTSBURGH, PA 15222	25-1510692	501 (C) (3)	12,000.				ALZHEIMERS RESEARCH
(5) AMEN CORNER PITTSBURGH PO BOX 1474 PITTSBURGH, PA 15230	84-2031453	501 (C) (4)	10,000.				GENERAL SUPPORT
(6) AMER FOUNDATION FOR SUICIDE PREVENTION 199 WATER ST NEW YORK, NY 10038	13-3393329	501 (C) (3)	15,500.				SUICIDE AWARENESS
(7) AMERICAN CANCER SOCIETY INC 2 CRESENT PK WARREN, PA 16365	13-1788491	501 (C) (3)	66,467.				CANCER RESEARCH
(8) AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR WARREN, PA 16365	13-1623888	501 (C) (3)	60,000.				DIABETES RESEARCH
(9) AMERICAN HEART ASSOCIATION 444 LIBERTY AVE PITTSBURGH, PA 15222	13-5613797	501 (C) (3)	422,174.				HEART RESEARCH
(10) AMERICAN LUNG ASSOCIATION 241 4TH AVE PITTSBURGH, PA 15222	25-1825116	501 (C) (3)	25,000.				LUNG RESEARCH
(11) AMERICAN MEDICAL REHAB PROVIDERS ASSOC 529 14TH ST NW 1280 WASHINGTON, DC 20045	36-4164771	501 (C) (3)	10,605.				GENERAL SUPPORT
(12) AMERICAN MIDDLE EAST INSTITUTE 5 VON LENT PL PITTSBURGH, PA 15232	26-3562819	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) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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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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
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(1) AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501 (C) (3)	25,000.				GENERAL SUPPORT
(2) ARTHRITIS FOUNDATION 1355 PEACHTREE ST ATLANTA, GA 30309	58-1341679	501 (C) (3)	82,500.				ARTHRITIS RESEARCH
(3) ARTS & EDUCATION AT THE HOYT 124 E LEASURE AVENUE NEW CASTLE, PA 16101	47-1064170	501 (C) (3)	6,000.				GENERAL SUPPORT
(4) AUTISM SPEAKS 50 F. ST NW WASHINGTON, DC 20001	20-2329938	501 (C) (3)	13,550.				AUTISM RESEARCH
(5) BEVERLYS BIRTHDAYS 11065 PARKER DR NORTH HUNTINGTON, PA 15642	45-4248006	501 (C) (3)	20,000.				GENERAL SUPPORT
(6) BIG A BOOSTER CLUB 813 4TH AVE ALTOONA, PA 16602	25-1464457	N/A	5,400.				GENERAL SUPPORT
(7) BIG BROTHERS BIG SISTERS OF GREATER PGH 5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206	25-6074707	501 (C) (3)	24,520.				COMMUNITY DEVEL
(8) BLACK NURSE NETWORK PITTSBURGH INC 2102 WEBSTER AVENUE PITTSBURGH, PA 15219	87-4148569	501 (C) (3)	7,500.				GENERAL SUPPORT
(9) BLACK POLITICAL EMPOWERMENT PROJECT 2201 WYLIE AVENUE PITTSBURGH, PA 15219	47-2507780	501 (C) (3)	16,000.				GENERAL SUPPORT
(10) BLAIR COUNTY CHAMBER FOUNDATION INC 3900 INDUSTRIAL PARK DR ALTOONA, PA 16602	25-1895033	501 (C) (6)	10,350.				GENERAL SUPPORT
(11) BLAIR COUNTY CHAMBER OF COMMERCE 3900 INDUSTRIAL PARK DR ALTOONA, PA 16602	23-0340330	501 (C) (6)	5,250.				GENERAL SUPPORT
(12) BLIND AND VISION REHAB SERVICES OF PGH 1800 WEST STREET HOMESTEAD, PA 15120	25-1803195	501 (C) (3)	9,000.				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) 2023

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

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(1) BLOOMFIELD LITTLE ITALY DAYS INC 2549 PENN AVE PITTSBURGH, PA 15222	46-0691769	N/A	12,500.				GENERAL SUPPORT
(2) BOROUGH OF GREENVILLE 125 MAIN STREET GREENVILLE, PA 16125	25-6000376	GOVERNMENT	35,000.				GENERAL SUPPORT
(3) BOYS AND GIRLS CLUBS OF WESTERN PA 33 TERMINAL WAY PITTSBURGH, PA 15219	25-1206970	501 (C) (3)	10,000.				COMMUNITY DEVEL
(4) BRASHEAR ASSOCIATION 320 BROWNVILLE RD PITTSBURGH, PA 15210	25-0369810	501 (C) (3)	10,000.				GENERAL SUPPORT
(5) BRENTWOOD BUSINESS OWNERS ASSOCIATION IN 3325 SAW MILL RUN BLVD PITTSBURGH, PA 15227	25-1864157	501 (C) (6)	7,000.				GENERAL SUPPORT
(6) BUHL PARK CORPORATION 715 HAZEN RD HERMITAGE, PA 16148	20-3453034	501 (C) (3)	11,000.				GENERAL SUPPORT
(7) CAMP RAISING SPIRITS GROUP 564 FORBES AVE PITTSBURGH, PA 15219	47-5574829	501 (C) (3)	6,000.				COMMUNITY DEVEL
(8) CANCER BRIDGES 2816 SMALLMAN ST PITTSBURGH, PA 15222	25-1845284	501 (C) (3)	85,000.				CANCER SUPPORT
(9) CAPTAIN ERICK FCSTER MEMORIAL RIDE PO BOX 2145 PHILADELPHIA, PA 19103	47-3192875	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) CARLOW UNIVERSITY 3333 FIFTH AVENUE PITTSBURGH, PA 15213	25-0965438	501 (C) (3)	10,000.				GENERAL SUPPORT
(11) CARNEGIE INSTITUTE 4400 FORBES AVE PITTSBURGH, PA 15213	25-0965280	501 (C) (3)	11,075.				GENERAL SUPPORT
(12) CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501 (C) (3)	10,000.				GENERAL SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service
Name of the organization

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(1) CASA SAN JOSE 933 BROOKLINE BLVD PITTSBURGH, PA 15226	46-4729004	501 (C) (3)	10,000.				GENERAL SUPPORT
(2) CATHOLIC CHARITIES OF THE DIOCESE OF PG 212 NINTH ST PITTSBURGH, PA 15222	25-1326213	501 (C) (3)	30,000.				GENERAL SUPPORT
(3) CATHOLIC YOUTH ASSOC OF PITTSBURGH INC 286 MAIN ST PITTSBURGH, PA 15201	25-0964596	501 (C) (3)	9,250.				GENERAL SUPPORT
(4) CCAC EDUCATIONAL FOUNDATION 800 ALLEGHENY AVE PITTSBURGH, PA 15233	25-1384469	501 (C) (3)	100,000.				GENERAL SUPPORT
(5) CELEBRATE POSITIVE LLC 9055 FOREST PATH DR GAINESVILLE, GA 30506	27-2198733	N/A	7,500.				COMMUNITY DEVEL
(6) CENTER FOR THE THEATRE ARTS 250 MT LEBANON BLVD PITTSBURGH, PA 15234	25-1407710	501 (C) (3)	10,000.				COMMUNITY DEVEL
(7) CENTRAL CATHOLIC HIGH SCHOOL 504 ST CLAIR DR VERONA, PA 15147	20-0478989	501 (C) (3)	28,968.				GENERAL SUPPORT
(8) CHABAD JEWISH CENTER OF MONROEVILLE INC 137 MONTICELLO DR MONROEVILLE, PA 15146	27-0540008	501 (C) (3)	6,500.				GENERAL SUPPORT
(9) CHABAD OF SQUIRREL HILL INC 1700 BEECHWOOD BLVD PITTSBURGH, PA 15217	83-3424533	501 (C) (3)	15,000.				GENERAL SUPPORT
(10) CHILDRENS AID SOCIETY FOUNDATION 222 W MAIN ST SOMERSET, PA 15501	25-0967470	501 (C) (3)	10,000.				GENERAL SUPPORT
(11) CHILDRENS HEART FOUNDATION 5 REVERE DRIVE NORTHBROOK, IL 60062	36-4077528	501 (C) (3)	7,500.				HEART DEFECT RES
(12) CHILDRENS HOME OF PITTSBURGH 5324 PENN AVE PITTSBURGH, PA 15224	25-0965292	501 (C) (3)	10,000.				COMMUNITY DEVEL

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

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(1) CHILDRENS HOSPITAL OF PGH FOUNDATION 4401 PENN AVE PITTSBURGH, PA 15224	25-1865744	501 (C) (3)	79,000.				HEALTHCARE SUPPORT
(2) CHUCK COOPER FOUNDATION 49 THORNCREST DR PITTSBURGH, PA 15235-5215	27-4722527	501 (C) (3)	7,500.				GENERAL SUPPORT
(3) CITY OF FARRELL 500 ROEMER BLVD FARRELL, PA 16121	25-6000858	GOVERNMENT	35,000.				GENERAL SUPPORT
(4) CIVIC LIGHT OPERA ASSOC OF GREATER PGH 719 LIBERTY AVE PITTSBURGH, PA 15222	25-6000890	501 (C) (3)	6,252.				GENERAL SUPPORT
(5) CIVICALLY INC 1001 WOOD ST PITTSBURGH, PA 15221	81-1401674	501 (C) (3)	6,000.				GENERAL SUPPORT
(6) CLARK MEMORIAL BAPTIST CHURCH 1301 GLENN ST HOMESTEAD, PA 15120	23-7411758	501 (C) (3)	9,000.				GENERAL SUPPORT
(7) CLINTON COUNTY FAIR ASSOCIATION PO BOX 174 MACKEYVILLE, PA 17750	23-2133293	501 (C) (3)	10,000.				GENERAL SUPPORT
(8) COLE FOUNDATION INC 1001 E SECOND ST COUDERSPORT, PA 16915	45-5417308	501 (C) (3)	10,000.				GENERAL SUPPORT
(9) COMMUNITY FOUNDATION OF GREATER JOHNSTOWN 216 FRANKLIN ST JOHNSTOWN, PA 15901	25-1637373	501 (C) (3)	9,500.				COMMUNITY DEVEL
(10) COMMUNITY HUMAN SERVICES CORP 2525 LIBERTY AVE PITTSBURGH, PA 15222	25-1219610	501 (C) (3)	37,988.				COMMUNITY DEVEL
(11) COMMUNITY LIVER ALLIANCE 100 W STATION SQ DR PITTSBURGH, PA 15219	46-1909171	501 (C) (3)	55,000.				LIVER RESEARCH
(12) CONNECTING CHAMFIONS 6101 PENN AVE PITTSBURGH, PA 15206	45-2831126	501 (C) (3)	25,000.				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) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
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(1) CRANBERRY TOWNSHIP COMMUNITY CHEST 2525 ROCHESTER RD CRANBERRY TWP, PA 16066	25-1464323	501 (C) (3)	50,000.				COMMUNITY DEVEL
(2) CRIBS FOR KIDS 5450 SECOND AVE PITTSBURGH, PA 15207	25-1442806	501 (C) (3)	5,450.				COMMUNITY DEVEL
(3) CROHNS AND COLITIS FOUNDATION OF AMERICA 5001 BAUM BLVD PITTSBURGH, PA 15213	13-6193105	501 (C) (3)	20,000.				CHRON & COLITIS RES
(4) CUTTING EDGE BASEBALL 1700 W 4TH STREET WILLIAMSPORT, PA 17701	47-2078456	N/A	150,000.				GENERAL SUPPORT
(5) CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 20814	13-1950701	501 (C) (3)	37,500.				CYSTIC FIBROSIS RES
(6) DISTRICT 4 COACHES ASSOCIATION 435 RUSSELL AVE WILLIAMSPORT, PA 17701	88-2176333	N/A	10,000.				GENERAL SUPPORT
(7) DIVERSITY MBA FOUNDATION NFP 24 EAST 107TH ST CHICAGO, IL 60628	85-2129949	N/A	25,000.				GENERAL SUPPORT
(8) DOLLAR ENERGY FUND INC PO BOX 42329 PITTSBURGH, PA 15203	25-1442933	501 (C) (3)	7,300.				GENERAL SUPPORT
(9) DOWN SYNDROME ASSOC OF PITTSBURGH 5513 WILLIAM FLYNN HWY GIBSONIA, PA 15044	25-1621542	501 (C) (3)	15,000.				DOWN SYNDROME RES
(10) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 600 FORBES AVE PITTSBURGH, PA 15264	25-1035663	501 (C) (3)	749,413.				GENERAL SUPPORT
(11) EASTERN MINORITY SUPPLIER DEVELOP CO 2000 HAMILTON ST PHILADELPHIA, PA 19130	25-1236796	501 (C) (3)	8,000.				GENERAL SUPPORT
(12) EPILEPSY ASSOCIATION WESTERN CENTRAL PA 1501 REEDSDALE ST PITTSBURGH, PA 15233	23-7241930	501 (C) (3)	25,000.				EPILEPSY RESEARCH

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) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

UPMC GROUP
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) ERIE DOWNTOWN DEVELOPMENT CORPORATION 417 STATE STREET ERIE, PA 16501	82-0709054	501 (C) (3)	50,000.				COMMUNITY DEVELOPMENT
(2) ERIE DOWNTOWN PARTNERSHIP 140 EAST 5TH ST ERIE, PA 16507	45-0464988	501 (C) (3)	10,000.				GENERAL SUPPORT
(3) EXTRA MILE EDUCATION FOUNDATION 111 BLVD OF THE ALLIES PITTSBURGH, PA 15222	25-1621067	501 (C) (3)	26,200.				GENERAL SUPPORT
(4) EYE AND EAR FOUNDATION 200 LOTHROP STREET PITTSBURGH, PA 15213	25-1439732	501 (C) (3)	56,911.				GENERAL SUPPORT
(5) FAITH UNITED METHOD CHURCH OF FOX CHAPEL 261 W CHAPEL RIDGE RD PITTSBURGH, PA 15238	25-1544985	501 (C) (3)	7,500.				GENERAL SUPPORT
(6) FAMILY GUIDANCE INC 850 CRANBERRY WOODS DR CRAN TWP, PA 16066	25-1128116	501 (C) (3)	7,230.				COMMUNITY DEVELOPMENT
(7) FAMILY HOUSE INC 5001 BAUM BLVD PITTSBURGH, PA 15213	25-1519959	501 (C) (3)	164,866.				COMMUNITY DEVELOPMENT
(8) FARRELL AREA SCHOOL DISTRICT 1600 ROEMER BLVD FARRELL, PA 16121	25-6010685	GOVERNMENT	35,000.				GENERAL SUPPORT
(9) FASHIONAFRICANA 5653 BEACON ST PITTSBURGH, PA 15217	85-2034011	N/A	12,500.				GENERAL SUPPORT
(10) FILM PITTSBURGH 1789 S BRADDOCK AVE PITTSBURGH, PA 15218	47-2906717	501 (C) (3)	15,000.				GENERAL SUPPORT
(11) FIRST COMMUNITY FOUNDATION PARTNERSHIP 330 PINE ST WILLIAMSPORT, PA 17707	24-6013117	501 (C) (3)	15,000.				COMMUNITY DEVELOPMENT
(12) FONTANAFEST 1309 CREEDMORE AVE PITTSBURGH, PA 15226	26-0301352	501 (C) (3)	8,000.				GENERAL SUPPORT

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(1) FOUNDATION FOR ENHANCING COMMUNITIES 200 N 3RD ST HARRISBURG, PA 17101	01-0564355	501 (C) (3)	10,000.				GENERAL SUPPORT
(2) FRANK CALANDRA JR FOUNDATION 258 KAPPA DRIVE PITTSBURGH, PA 15238	92-1275363	501 (C) (3)	10,000.				GENERAL SUPPORT
(3) FRATERNAL ASSOC OF PROF PARAMEDICS PO BOX 8454 PITTSBURGH, PA 15220	25-1368007	501 (C) (5)	7,000.				GENERAL SUPPORT
(4) FREDDIE FU CYCLING 1229 TWELVE OAKS CT MURRYSVILLE, PA 15238	27-3821191	N/A	7,000.				GENERAL SUPPORT
(5) GIORGIO FOUNDATION 118 McDONALD DR HOLLIDAYSBURG, PA 16635	46-6548416	501 (C) (3)	6,000.				GENERAL SUPPORT
(6) GIRL SCOUTS WESTERN PENNSYLVANIA 503 MARTINDALE ST PITTSBURGH, PA 15212	25-1126094	501 (C) (3)	12,500.				COMMUNITY DEVEL
(7) GIVING IT FORWARD TOGETHER 5513 BEACON ST PITTSBURGH, PA 15217	38-3975053	501 (C) (3)	15,000.				GENERAL SUPPORT
(8) GLOBAL LINKS 700 TRUMBULL DR PITTSBURGH, PA 15205	52-1629060	501 (C) (3)	25,000.				GENERAL SUPPORT
(9) GOODWILL OF SOUTHWESTERN PA INC 118 52ND ST PITTSBURGH, PA 15201	25-1098928	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) GRAND AERIE FRATERNAL ORDER OF EAGLES 1623 GATEWAY CIR SOUTH GROVE CITY, OH 43123	39-0920675	501 (C) (3)	10,000.				GENERAL SUPPORT
(11) GREATER PGH COMMUNITY FOOD BANK 1 N LINDEN ST DUQUESNE, PA 15110	25-1420599	501 (C) (3)	10,000.				COMMUNITY DEVEL
(12) GREATER PITTSBURGH CHAMBER OF COMMERCE 11 STANWIX ST PITTSBURGH, PA 15222	25-0399620	501 (C) (6)	6,000.				GENERAL SUPPORT

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(1) GREATER SUSQUEHANNA VALLEY CHAMBER OF CO 2859 N SUSQ. TRL SHAMOKIN DAM, PA 17876	24-0737000	501 (C) (6)	13,564.				GENERAL SUPPORT
(2) GREENVILLE AREA CHAMBER OF COMMERCE 182 MAIN STREET GREENVILLE, PA 16125	25-0931476	501 (C) (6)	5,550.				GENERAL SUPPORT
(3) GREENVILLE AREA SCHOOL DISTRICT 9 DONATON RD GREENVILLE, PA 16125	25-6011926	GOVERNMENT	35,000.				GENERAL SUPPORT
(4) HELLO NEIGHBOR 6587 HAMILTON AVE PITTSBURGH, PA 15206	82-3695047	501 (C) (3)	7,500.				GENERAL SUPPORT
(5) HILL COMMUNITY DEVELOPMENT CORPORATION 2015-17 CENTER AVE PITTSBURGH, PA 15219	25-1541548	501 (C) (3)	10,000.				COMMUNITY DEVEL
(6) HISTORICAL SOCIETY OF WESTERN PA 1212 SMALLMAN ST PITTSBURGH, PA 15222	25-0965391	501 (C) (3)	51,895.				GENERAL SUPPORT
(7) HOLIDAYSBURG AREA YMCA 2459 RESERVOIR RD HCLLDAYSBURG, PA 16648	23-1352603	501 (C) (3)	6,600.				GENERAL SUPPORT
(8) INDIANA HEALTHCARE FOUNDATION 835 HOSPITAL RD INDIANA, PA 15701	25-1574302	501 (C) (3)	7,400.				HEALTHCARE SUPPORT
(9) INSTITUTE FOR RESEARCH EDU & TRAINING 611 WILLIAM PENN PL PITTSBURGH, PA 15219	25-1857820	501 (C) (3)	20,000.				GENERAL SUPPORT
(10) INTERNATIONAL ASSN OF EMERGENCY MGRS 201 PK WASHINGTON CT FALLS CHURCH, VA 22046	46-4600879	501 (C) (3)	6,000.				GENERAL SUPPORT
(11) IOTA PHI FOUNDATION OF PITTSBURGH 1423 LIVERPOOL ST PITTSBURGH, PA 15233	23-2907335	501 (C) (3)	11,500.				GENERAL SUPPORT
(12) IRELAND INSTITUTE OF PITTSBURGH 1601 MARYS AVENUE PITTSBURGH, PA 15215	25-1626106	501 (C) (3)	5,500.				GENERAL SUPPORT

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(1) JEWISH FEDERATION OF GREATER PITTSBURGH 2000 TECHNOLOGY DR PITTSBURGH, PA 15219	25-1017602	501 (C) (3)	10,000.				COMMUNITY DEVEL
(2) JEWISH HEALTHCARE FOUNDATION PGH 625 LIBERTY AVE PITTSBURGH, PA 15222	25-1624347	501 (C) (3)	201,000.				HEALTHCARE SUPPORT
(3) JEWISH RESIDENTIAL SERVICES INC 2609 MURRAY AVE PITTSBURGH, PA 15217	25-1612868	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) JUNIOR ACHIEVEMENT OF WESTERN PA INC 120 MARSHALL DR WARRENDALE, PA 15086	25-0983059	501 (C) (3)	42,500.				COMMUNITY DEVEL
(5) JUVENILE DIABETES RESEARCH FOUNDATION 960 PENN AVE PITTSBURGH, PA 15222	23-1907729	501 (C) (3)	70,000.				DIABETES RESEARCH
(6) KAPPA SCHOLARSHIP ENDOWMENT FUND OF W PA PO BOX 5013 PITTSBURGH, PA 15206	25-1672589	501 (C) (3)	12,500.				GENERAL SUPPORT
(7) KIDS VOICE 437 GRANT ST PITTSBURGH, PA 15219	25-0983060	501 (C) (3)	10,000.				COMMUNITY DEVEL
(8) LADIES HOSPITAL AID SOCIETY 3459 FIFTH AVE PITTSBURGH, PA 15213	23-7257527	501 (C) (3)	200,000.				GENERAL SUPPORT
(9) LAWRENCEVILLE UNITED INC 118 52ND ST PITTSBURGH, PA 15201	23-3070601	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) LEBO PRIDE 255 LINENWOOD AVE PITTSBURGH, PA 15228	88-3718863	501 (C) (3)	7,500.				GENERAL SUPPORT
(11) LENDING HEARTS 114 HOORIDGE DR PITTSBURGH, PA 15228	45-1783751	501 (C) (3)	20,000.				GENERAL SUPPORT
(12) LIBERTY ARENA INC 1500 SYCAMORE RD MONTOURSVILLE, PA 17754	41-2136702	N/A	29,750.				GENERAL SUPPORT

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(1) LUMINARI INC 400 BROAD ST SEWICKLEY, PA 15143	26-4196781	501 (C) (3)	20,000.				GENERAL SUPPORT
(2) LYCOMING COUNTY FAIR ASSOCIATION PO BOX 116 HUGHESVILLE, PA 17737	24-0777607	501 (C) (3)	20,000.				GENERAL SUPPORT
(3) LYCOMING COUNTY UNITED WAY 1 W 3RD ST WILLIAMSPORT, PA 17701	24-0828149	501 (C) (3)	30,000.				GENERAL SUPPORT
(4) WAGEE WOMENS RESEARCH INSTITUTE AND FND 3240 CRAFT PL PITTSBURGH, PA 15213	25-1462312	501 (C) (3)	70,000.				GENERAL SUPPORT
(5) MARCH OF DIMES INC 1550 CRYSTAL DR ARLINGTON, VA 22202	13-1846366	501 (C) (3)	48,500.				GENERAL SUPPORT
(6) MARINE CORPS SCHOLARSHIP FOUNDATION INC 909 N WASHINGTON ST ALEXANDRIA, VA 22314	22-1905062	501 (C) (3)	25,000.				GENERAL SUPPORT
(7) MARIO LEMIEUX FOUNDATION 816 FIFTH AVE PITTSBURGH, PA 15219	25-1708231	501 (C) (3)	35,316.				GENERAL SUPPORT
(8) MCKEESPORT HOSPITAL FOUNDATION 1500 FIFTH AVE MCKEESPORT, PA 15132	25-1380418	501 (C) (3)	6,000.				HEALTHCARE SUPPORT
(9) MENTAL HEALTH AVER OF WESTMORELAND COUNTY 409 COULTER AVE GREENSBURG, PA 15601	25-1142972	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) METAVIVOR RESEARCH & SUPPORT INC 1783 FOREST DR ANNAPOLIS, MD 21401	37-1578088	501 (C) (3)	12,500.				BREAST CANCER RES
(11) MIGHTY PENGUINS SLED HOCKEY INC 8000 CRANBERRY SPGS DR CRAN TWP, PA 16066	27-5095701	501 (C) (3)	15,000.				GENERAL SUPPORT
(12) MONROEVILLE AREA CHAMBER OF COMMERCE 2790 MOSSIDE BLVD MONROEVILLE, PA 15146	25-1293687	501 (C) (6)	12,500.				GENERAL SUPPORT

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(1) MONROEVILLE ARTS COUNCIL PO BOX 942 MONROEVILLE, PA 15146	25-6074858	N/A	10,000.				GENERAL SUPPORT
(2) MONROEVILLE FOUNDATION INC 2700 MONROEVILLE BLVD MONROEVILLE, PA 15146	20-1073113	501 (C) (3)	12,000.				GENERAL SUPPORT
(3) MONROEVILLE PUBLIC LIBRARY 4000 GTWY CAMPUS BLVD MONROEVILLE, PA 15146	25-1441343	501 (C) (3)	6,000.				GENERAL SUPPORT
(4) MOUNT ALOYSIUS COLLEGE 7373 ADM PERRY HWY CRESSON, PA 16630-1999	25-1114320	501 (C) (3)	10,000.				GENERAL SUPPORT
(5) M-POWERHOUSE INC 1435 BEDFORD AVE PITTSBURGH, PA 15219	52-2054025	501 (C) (3)	10,000.				GENERAL SUPPORT
(6) WT ARARAT COMMUNITY ACTIVITY CENTER 745 N NEGLEY AVE PITTSBURGH, PA 15206	25-1628168	501 (C) (3)	20,000.				GENERAL SUPPORT
(7) MUNICIPALITY OF MONROEVILLE 2700 MONROEVILLE BLVD MONROEVILLE, PA 15146	25-6004094	GOVERNMENT	15,500.				GENERAL SUPPORT
(8) NAMI KEYSTONE PENNSYLVANIA 105 BRAUNLICH DR PITTSBURGH, PA 15237	25-1477291	501 (C) (3)	69,650.				GENERAL SUPPORT
(9) NATIONAL ASSOCIATION OF HISPANIC NURSES 201 EAST MAIN ST LEXINGTON, KY 40507	91-1010677	501 (C) (3)	8,500.				GENERAL SUPPORT
(10) NATIONAL BLACK NURSES ASSOCIATION INC 8630 FENTON ST SILVER SPRING, MD 20910	23-7194995	501 (C) (3)	20,000.				GENERAL SUPPORT
(11) NATIONAL KIDNEY FOUNDATION INC 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501 (C) (3)	35,000.				KIDNEY RESEARCH
(12) NATIONAL MULTIPLE SCLEROSIS SOCIETY 215 BEECHAM DR PITTSBURGH, PA 15205	25-1066473	501 (C) (3)	25,000.				MS RESEARCH

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(1) NATL ASSOC OF HEALTH SERVICES EXECUTIVES 1050 CONNECTICUT AVE NW WASH, DC 20036	62-1312239	501 (C) (3)	9,950.				GENERAL SUPPORT
(2) NATL OVARIAN CANCER COALITION PO BOX 101081 PITTSBURGH, PA 15237	65-0628064	501 (C) (3)	11,667.				CANCER RESEARCH
(3) OAKLAND BUSINESS IMPROVEMENT DISTRICT 235 ATWOOD ST PITTSBURGH, PA 15213	25-1833743	N/A	85,000.				GENERAL SUPPORT
(4) OAKLAND TRANSPORTATION MGMT ASSOC 235 ATWOOD ST PITTSBURGH, PA 15213	25-1701562	N/A	10,000.				GENERAL SUPPORT
(5) ONE DAY TO REMEMBER INC 138 W LYNHURST DR PITTSBURGH, PA 15206	81-3960499	501 (C) (3)	8,700.				GENERAL SUPPORT
(6) OPEN FIELD 6401 PENN AVENUE PITTSBURGH, PA 15206	27-4829728	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) ORTHOPAEDIC RESEARCH AND EDUCATION FOUND 9400 W HIGGINS RD ROSEMONT, IL 60018	36-6009467	501 (C) (3)	10,000.				ORTHOPAEDIC RES
(8) PA BREAST CANCER COALITION 2397 QUENTIN RD LEBANON, PA 17042	25-1722323	501 (C) (3)	15,000.				CANCER RESEARCH
(9) PA CHAMBER OF BUSINESS & INDUSTRY 417 WALNUT STREET HARRISBURG, PA 17101	23-0961100	501 (C) (6)	15,000.				GENERAL SUPPORT
(10) PA COLLEGE OF TECHNOLOGY ONE COLLEGE AVENUE WILLIAMSPORT, PA 17701	23-2564508	501 (C) (3)	40,000.				GENERAL SUPPORT
(11) PA COLLEGE OF TECHNOLOGY FOUNDATION INC ONE COLLEGE AVENUE WILLIAMSPORT, PA 17701	23-2186644	501 (C) (3)	63,500.				GENERAL SUPPORT
(12) PA STATE ATHLETIC DIRECTORS ASSOCIATION 136 W 6TH AVE EVERETT, PA 15537	23-7262104	N/A	9,000.				GENERAL SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990.

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

OMB No. 1545-0047

2023

**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 1500 ROSECRANS AVE MANHATTAN BCH, CA 90266	33-0841281	501 (C) (3)	10,000.				CANCER RESEARCH
(2) PARENT ED AND ADVOCACY LEADERSHIP CENTER 2325 E CARSON ST PITTSBURGH, PA 15203	20-2943378	501 (C) (3)	10,000.				GENERAL SUPPORT
(3) PASSAVANT HOSPITAL FOUNDATION 9100 BABCOCK BLVD PITTSBURGH, PA 15237	25-1407815	501 (C) (3)	14,500.				HEALTHCARE SUPPORT
(4) PAULINE AUBERLE FOUNDATION 1101 HARTMAN ST MCKEESPORT, PA 15132	25-1344183	501 (C) (3)	7,500.				GENERAL SUPPORT
(5) PENN MONT ACADEMY 131 HOLL. HILLS DR HOLLIDAYSBURG, PA 16648	25-1128155	501 (C) (3)	6,300.				GENERAL SUPPORT
(6) PENNSYLVANIA NATIONAL GUARD FOUNDATION BLDG 9-109, FTIG ANNVILLE, PA 17003	25-1599655	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) PENNSYLVANIANS FOR MODERN COURTS 1500 JOHN F KENNEDY BLVD PHILA, PA 19102	23-2434262	501 (C) (3)	17,150.				GENERAL SUPPORT
(8) PEOPLES OAKLAND 3433 BATES ST PITTSBURGH, PA 15213	23-7407933	501 (C) (3)	52,988.				GENERAL SUPPORT
(9) PERSAD CENTER INC 5150 PENN AVE PITTSBURGH, PA 15224	25-1234680	501 (C) (3)	45,000.				GENERAL SUPPORT
(10) PITTSBURGH ACTION AGAINST RAPE 81 SOUTH 19TH ST PITTSBURGH, PA 15203-1852	25-1253675	501 (C) (3)	8,250.				GENERAL SUPPORT
(11) PITTSBURGH BALLET THEATRE INC 2900 LIBERTY AVE PITTSBURGH, PA 15201-1500	23-7101094	501 (C) (3)	27,500.				GENERAL SUPPORT
(12) PITTSBURGH CHINESE CULTURE CENTER INC 1613 PENN AVENUE PITTSBURGH, PA 15222	47-5463866	501 (C) (3)	11,000.				GENERAL SUPPORT

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Department of the Treasury
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(1) PITTSBURGH DOWNTOWN PARTNERSHIP 307 4TH AVE PITTSBURGH, PA 15222	25-1728064	501 (C) (3)	37,500.				GENERAL SUPPORT
(2) PITTSBURGH HARDEALL ACADEMY INC 6506 BARTLETT STREET PITTSBURGH, PA 15217	84-4020953	501 (C) (3)	10,000.				COMMUNITY DEVEL
(3) PITTSBURGH HIRES VETERANS 1333 BAKSVILLE ROAD PITTSBURGH, PA 15216	27-0124770	501 (C) (3)	20,000.				GENERAL SUPPORT
(4) PITTSBURGH LIFE SCIENCES ALLIANCE 122 MEYER AVENUE PITTSBURGH, PA 15213	99-1227398	501 (C) (3)	50,000.				GENERAL SUPPORT
(5) PITTSBURGH NORTH REGIONAL CHAMBER 5000 BROOKTREE RD WEXFORD, PA 15090	25-1374594	501 (C) (6)	5,085.				GENERAL SUPPORT
(6) PITTSBURGH OPERA 2425 LIBERTY AVE PITTSBURGH, PA 15222	25-1073139	501 (C) (3)	7,500.				GENERAL SUPPORT
(7) PITTSBURGH PUBLIC THEATER CORP 621 PENN AVE PITTSBURGH, PA 15222	23-7398683	501 (C) (3)	10,400.				GENERAL SUPPORT
(8) PITTSBURGH SYMPHONY 600 PENN AVE PITTSBURGH, PA 15222	25-0986052	501 (C) (3)	12,170.				GENERAL SUPPORT
(9) PITTSBURGH THREE RIVERS MARATHON 810 RIVER AVE PITTSBURGH, PA 15212	26-2524046	501 (C) (3)	15,000.				GENERAL SUPPORT
(10) PITTSBURGH TRUST FOR CULTURAL RESOURCES 803 LIBERTY AVE PITTSBURGH, PA 15222	25-1469002	501 (C) (3)	33,650.				GENERAL SUPPORT
(11) PITTSBURGH URBAN MAGNET PROJECT 100 ROSS ST PITTSBURGH, PA 15219	25-1800835	501 (C) (3)	12,000.				GENERAL SUPPORT
(12) POINT PARK UNIVERSITY 201 WOOD STREET PITTSBURGH, PA 15222	25-1094922	501 (C) (3)	210,000.				GENERAL SUPPORT

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Schedule I (Form 990) 2023

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

2023

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Department of the Treasury
Internal Revenue Service
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(1) POISE FOUNDATION 429 FORBES AVE PITTSBURGH, PA 15219	25-1393426	501 (C) (3)	7,500.				GENERAL SUPPORT
(2) POSTPARTUM PITTSBURGH 6930 REYNOLDS STREET PITTSBURGH, PA 15208	84-1824128	501 (C) (3)	17,500.				GENERAL SUPPORT
(3) PRESBYTERIAN SENIORCARE FOUNDATION 1215 HULTON RD OAKMONT, PA 15139	56-2289600	501 (C) (3)	7,800.				GENERAL SUPPORT
(4) PRESQUE ISLE PARTNERSHIP 301 PENINSULA DR ERIE, PA 16505	25-1737521	501 (C) (3)	13,000.				GENERAL SUPPORT
(5) PROGRAM TO AID CITIZEN ENTERPRISE 603 STANWIX ST PITTSBURGH, PA 15222	25-1205316	501 (C) (3)	9,200.				GENERAL SUPPORT
(6) PROSTATE CANCER PITTSBURGH 350 TOWN SQUARE LANE PITTSBURGH, PA 15227	87-1411534	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) PROUD HAVEN INC PO BOX 99727 PITTSBURGH, PA 15233	46-2669379	501 (C) (3)	10,000.				GENERAL SUPPORT
(8) READING IS FUNDAMENTAL PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	25-1558336	501 (C) (3)	10,000.				GENERAL SUPPORT
(9) REHABILITATION AND COMMUNITY PROV ASSOC 777 E PARK DR HARRISBURG, PA 17111	22-2839539	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) RETREAT & REFRESH STROKE CAMP 2000 W PIONEER PKWY PEORIA, IL 61615	64-0954851	501 (C) (3)	25,000.				GENERAL SUPPORT
(11) RIVER VALLEY TRANSIT AUTHORITY 1500 WEST THIRD ST WILLIAMSPORT, PA 17701	88-1363358	GOVERNMENT	7,500.				GENERAL SUPPORT
(12) ROBERT MORRIS UNIVERSITY 6001 UNIVERSITY BLVD MOON TWP, PA 15108	25-1120678	501 (C) (3)	885,000.				GENERAL SUPPORT

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

20-8295721

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(1) RONALD McDONALD HOUSE CHARITIES PGH 451 44TH ST PITTSBURGH, PA 15201	25-1320272	501 (C) (3)	15,850.				GENERAL SUPPORT
(2) RYAN BLANEY FAMILY FOUNDATION 1266 SPEEDWAY BLVD SALISBURY, NC 28146	83-0955974	501 (C) (3)	10,000.				GENERAL SUPPORT
(3) RYAN SHAZIER FUND FOR SPINAL REHAB PO BOX 5258 PITTSBURGH, PA 15217	85-0837155	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) SHADYSIDE CHAMBER OF COMMERCE 5501 WALNUT ST PITTSBURGH, PA 15232	25-1373067	501 (C) (6)	10,000.				GENERAL SUPPORT
(5) SHADYSIDE HOSPITAL FOUNDATION 532 SOUTH AIKEN AVE PITTSBURGH, PA 15232	25-1290546	501 (C) (3)	25,000.				HEALTHCARE SUPPORT
(6) SHENANGO VALLEY CHAMBER OF COMMERCE 41 CHESTNUT ST SHARON, PA 16146	25-1039261	501 (C) (6)	5,500.				GENERAL SUPPORT
(7) SIDE PROJECT INC 2635 OLD OKE RD WEST PALM BEACH, FL 33409	46-0769403	501 (C) (3)	15,000.				GENERAL SUPPORT
(8) SOCIETY FOR IMMUNOTHERAPY OF CANCER INC 555 E WELL ST MILWAUKEE, WI 53202	39-1554806	501 (C) (3)	13,000.				GENERAL SUPPORT
(9) SOLDIERS AND SAILORS MEMORIAL HALL 4141 FIFTH AVE PITTSBURGH, PA 15213	25-1821862	501 (C) (3)	7,500.				GENERAL SUPPORT
(10) SOMERSET COMMUNITY HOSPITAL FOUNDATION 225 S CENTER AVE SOMERSET, PA 15501	25-1441863	501 (C) (3)	11,400.				HEALTHCARE SUPPORT
(11) SOUTH SIDE CHAMBER OF COMMERCE PO BOX 42345 PITTSBURGH, PA 15203	25-1168530	501 (C) (6)	20,000.				GENERAL SUPPORT
(12) SOUTH SIDE COMMUNITY COUNCIL INC PO BOX 10776 PITTSBURGH, PA 15203	25-1494027	501 (C) (3)	26,500.				GENERAL SUPPORT

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(1) SOUTH SIXTH STREET PLAYGROUND ASSOC 525 S BROAD STREET LEBANON, PA 17042	20-3191639	501 (C) (3)	10,000.				COMMUNITY DEVELOPMENT
(2) SOUTHERN ALLEGHENIES MUSEUM OF ART PO BOX 9 LORETO, PA 15940	25-1271659	501 (C) (3)	8,815.				GENERAL SUPPORT
(3) SPECIAL OLYMPICS PENNSYLVANIA 2570 BLVD OF THE GENS NORRISTOWN, PA 19403	23-2078543	501 (C) (3)	12,500.				GENERAL SUPPORT
(4) STANLEY M MARKS BLOOD CANCER RESEARCH PO BOX 48042 PITTSBURGH, PA 15232	82-3369773	501 (C) (3)	17,500.				GENERAL SUPPORT
(5) STOP THE VIOLENCE PITTSBURGH 1106 SUCCESS STREET PITTSBURGH, PA 15212	82-0594337	N/A	35,000.				GENERAL SUPPORT
(6) STRONG WOMEN STRONG GIRLS INC 89 SOUTH STREET BOSTON, MA 02111	20-2321377	501 (C) (3)	7,500.				GENERAL SUPPORT
(7) SUNBURYS REVITALIZATION INC 450 CHESTNUT ST SENECA, PA 17801	20-4194890	501 (C) (3)	12,500.				GENERAL SUPPORT
(8) SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501 (C) (3)	44,369.				HEALTHCARE SUPPORT
(9) T CONN SPORTS INC 528 SKYLINE DR BELLE VERNON, PA 15012	22-3902543	N/A	17,500.				GENERAL SUPPORT
(10) TERRI LYNNE SHIELDS 5111 GLENWOOD AVE PITTSBURGH, PA 15207	47-2123377	501 (C) (3)	7,500.				GENERAL SUPPORT
(11) THE ADVANCED LEADERSHIP INSTITUTE INC 500 GRANT ST PITTSBURGH, PA 15219	85-3695252	501 (C) (3)	65,000.				GENERAL SUPPORT
(12) THE ALS ASSOCIATION 1300 WILSON BLVD ARLINGTON, VA 22209	13-3271855	501 (C) (3)	10,000.				ALS RESEARCH

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Internal Revenue Service
Name of the organization

Employer identification number

UPMC GROUP
20-8295721

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(1) THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE BOSTON, MA 02109	25-1306992	501 (C) (3)	25,000.				GENERAL SUPPORT
(2) THE BRADLEY CENTER INC 5180 CAMPBELLS RUN RD PITTSBURGH, PA 15205	25-0967464	501 (C) (3)	8,000.				GENERAL SUPPORT
(3) THE CHUCK NOLL FDN FOR BRAIN INJURY 3400 S WATER ST PITTSBURGH, PA 15203	81-3755463	501 (C) (3)	50,000.				GENERAL SUPPORT
(4) THE FORBES FUNDS FIVE PPG PL PITTSBURGH, PA 15222	25-1418095	501 (C) (3)	25,000.				GENERAL SUPPORT
(5) THE FOUNDATION OF PA MEDICAL SOCIETY 400 WINDING CRK BLVD MECHBERG, PA 17050	23-1511600	501 (C) (3)	7,000.				GENERAL SUPPORT
(6) THE FRIENDSHIP CIRCLE OF PITTSBURGH INC 1922 MURRAY AVE PITTSBURGH, PA 15217	20-8950616	501 (C) (3)	10,000.				COMMUNITY DEVEL
(7) THE LAWRENCE COUNTY YMCA 20 W WASHINGTON ST NEW CASTLE, PA 16101	25-0969496	501 (C) (3)	11,000.				GENERAL SUPPORT
(8) THE MENTORING PARTNERSHIP OF SW PA 4165 BLAIR ST PITTSBURGH, PA 15207	23-2876447	501 (C) (3)	12,500.				COMMUNITY DEVEL
(9) THE MIDWIFE CENTER FOR BIRTH AND WOMENS 2831 PENN AVE PITTSBURGH, PA 15222	25-1864282	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) THE NATIONAL PANCREAS FOUNDATION 3 BETHESDA METRO CENTER BETHESDA, MD 20814	23-2935929	501 (C) (3)	10,000.				GENERAL SUPPORT
(11) THE PITTSBURGH PROMISE FOUNDATION 1901 CENTRE AVE PITTSBURGH, PA 15219	26-1982661	501 (C) (3)	1,000,000.				COMMUNITY DEVEL
(12) THE RIVER VALLEY REGIONAL YMCA 641 WALNUT ST WILLIAMSPORT, PA 17701	24-0795698	501 (C) (3)	19,450.				COMMUNITY DEVEL

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UPMC GROUP

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(1) THE SALVATION ARMY 440 W NYACK RD WEST NYACK, NY 10994	13-5562351	501 (C) (3)	15,075.				GENERAL SUPPORT
(2) THE SPRINGBOARD FOUNDATION INC 4740 S OCEAN BLVD HIGHLAND BEACH, FL 33487	45-2448252	501 (C) (3)	20,000.				GENERAL SUPPORT
(3) THE SUSAN G KOMEN BREAST CANCER FDN 13770 NOEL RD DALLAS, TX 75380	75-1835298	501 (C) (3)	25,000.				CANCER RESEARCH
(4) THE TRUSTEES OF COLUMBIA UNIVERSITY 615 WEST 131ST ST NEW YORK, NY 10027-7922	13-5598093	501 (C) (3)	7,500.				GENERAL SUPPORT
(5) THREE RIVERS BUSINESS ALLIANCE 1735 EAST CARSON ST PITTSBURGH, PA 15203	82-2148826	501 (C) (3)	12,500.				GENERAL SUPPORT
(6) THREE RIVERS ROWING ASSOC 300 WATERFRONT DR PITTSBURGH, PA 15222	25-1544798	501 (C) (3)	11,725.				GENERAL SUPPORT
(7) THREE RIVERS YOUTH 6117 BROAD ST PITTSBURGH, PA 15206	25-1206924	501 (C) (3)	15,000.				COMMUNITY DEVEL
(8) TICKETS FOR KIDS FOUNDATION 700 BLAW AVE PITTSBURGH, PA 15238	02-0559825	501 (C) (3)	7,500.				COMMUNITY DEVEL
(9) TOM RECTENWALD CONSTRUCTION INC 110 N JEFFERSON ST ZELLENOPLE, PA 16063	20-0525886	N/A	10,000.				GENERAL SUPPORT
(10) TURTLE CREEK VALLEY COG 2700 MONROEVILLE BLVD MONROEVILLE, PA 15145	25-1214597	501 (C) (3)	10,000.				GENERAL SUPPORT
(11) UNITE FOR HER 127 E CHESTNUT ST WEST CHESTER, PA 19380	26-4444438	501 (C) (3)	6,000.				GENERAL SUPPORT
(12) UNITED WAY OF ERIE COUNTY 650 EAST AVE 200 ERIE, PA 16503	25-1053091	501 (C) (3)	12,500.				COMMUNITY DEVEL

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Department of the Treasury
Internal Revenue Service
Name of the organization

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- 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) UNITED WAY OF LAWRENCE COUNTY 223 N MERCER STREET NEW CASTLE, PA 16101	25-0987221	501 (C) (3)	28,060.				COMMUNITY DEVEL
(2) UNITED WAY OF MERCER COUNTY 493 S HERMITAGE RD HERMITAGE, PA 16148	25-1039297	501 (C) (3)	6,200.				COMMUNITY DEVEL
(3) UNITED WAY OF SOUTHWESTERN PA 1250 PENN AVE PITTSBURGH, PA 15230	25-1043578	501 (C) (3)	100,000.				COMMUNITY DEVEL
(4) UNITED WAY OF VENANGO COUNTY INC 1999 ALLEGHENY BLVD RENO, PA 16343	25-1219187	501 (C) (3)	686,833.				COMMUNITY DEVEL
(5) UNIVERSITY OF PITTSBURGH 128 NORTH CRAIG ST PITTSBURGH, PA 15260	25-0965591	501 (C) (3)	102,305,601.				GENERAL SUPPORT
(6) UPMC ALTOONA 2500 7TH AVE ALTOONA, PA 16603	23-1352155	501 (C) (3)	612,606.				GENERAL SUPPORT
(7) UPMC HORIZON COMMUNITY HEALTH FOUNDATION 2200 MEMORIAL DR FARRELL, PA 16121	25-1501823	501 (C) (3)	5,200.				HEALTHCARE SUPPORT
(8) UPMC PINNACLE FOUNDATION PO BOX 8700 HARRISBURG, PA 17105	22-2691718	501 (C) (3)	10,000.				HEALTHCARE SUPPORT
(9) UPTOWN MUSIC COLLECTIVE PO BOX 1224 WILLIAMSPORT, PA 17703	20-3851091	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) UPTOWN PARTNERS OF PITTSBURGH 445 FORT PITT BLVD PITTSBURGH, PA 15219	45-0560925	501 (C) (3)	42,000.				COMMUNITY DEVEL
(11) URBAN IMPACT FOUNDATION 2801 N CHARLES ST PITTSBURGH, PA 15214	25-1752269	501 (C) (3)	15,000.				COMMUNITY DEVEL
(12) URBAN LEAGUE OF GREATER PGH 332 FIFTH AVE PITTSBURGH, PA 15222	25-0965592	501 (C) (3)	35,500.				COMMUNITY DEVEL

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) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**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) VETERANS LEADERSHIP PROGRAM 2934 SMALLMAN ST PITTSBURGH, PA 15201	25-1434643	501 (C) (3)	10,000.				GENERAL SUPPORT
(2) WAYNE FUSARO PANCREATIC CANCER FUND 451 WALNUT ST PITTSBURGH, PA 15238	25-1861970	501 (C) (3)	6,000.				CANCER RESEARCH
(3) WESLEY FAMILY SERVICES 221 PENN AVE WILKINSBURG, PA 15221	82-0653875	501 (C) (3)	15,225.				COMMUNITY DEVEL
(4) WESTERN PA NATL HEMOPHILIA FOUNDATION 775 4TH ST BEAVER, PA 15009	25-1359331	501 (C) (3)	7,276.				GENERAL SUPPORT
(5) WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DR PITTSBURGH, PA 15222	25-1053485	501 (C) (3)	20,000.				GENERAL SUPPORT
(6) WESTERN REGIONAL EMS 1002 CHURCH HILL RD PITTSBURGH, PA 15205	20-1233020	501 (C) (3)	6,540.				GENERAL SUPPORT
(7) WESTMINSTER COLLEGE 319 S MARKET ST NEW WILMINGTON, PA 16172	25-0961156	501 (C) (3)	155,475.				GENERAL SUPPORT
(8) WILLIAMSPORT AREA SCHOOL DISTRICT EDU 2780 WEST 4TH ST WILLIAMSPORT, PA 17701	35-2230335	501 (C) (3)	10,300.				GENERAL SUPPORT
(9) WILLIAMSPORT LYCOMING CHAMBER OF COMM 102 WEST 4TH ST WILLIAMSPORT, PA 17701	24-0762260	501 (C) (6)	75,000.				GENERAL SUPPORT
(10) WILLIAMSPORT-LYCOMING ARTS COUNCIL 46 WEST 4TH ST WILLIAMSPORT, PA 17701	23-2014255	501 (C) (3)	27,000.				GENERAL SUPPORT
(11) WILMERDING COMMUNITY CENTER 1 MEMORIAL FIELD WILMERDING, PA 15148	83-2495549	501 (C) (3)	6,000.				COMMUNITY DEVEL
(12) WOMENS CENTER AND SHELTER OF GREATER PGH PO BOX 9024 PITTSBURGH, PA 15224	25-1264376	501 (C) (3)	9,000.				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) 2023

SCHEDULE I
(Form 990)

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990.

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

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) WOODLANDS FOUNDATION							
134 SHENOT RD WEXFORD, PA 15090	25-1818538	501 (C) (3)	15,250.				GENERAL SUPPORT
(2) YORK COLLEGE OF PENNSYLVANIA							
441 COUNTRY CLUB RD YORK, PA 17403	23-1352698	501 (C) (3)	45,000.				GENERAL SUPPORT
(3) YORK SUBURBAN SCHOOL DISTRICT							
204 ST CHARLES WAY YORK, PA 17402	23-6005956	GOVERNMENT	10,000.				GENERAL SUPPORT
(4) YOUNG ADULT SURVIVORS UNITED							
PO BOX 65 ALLISON PARK, PA 15101	84-4040055	501 (C) (3)	15,000.				GENERAL SUPPORT
(5) YOUTHPACES							
711 WEST COMMONS PITTSBURGH, PA 15212	43-2068912	501 (C) (3)	30,000.				COMMUNITY DEVEL
(6) YWCA GREATER PITTSBURGH							
2313 E CARSON ST PITTSBURGH, PA 15203	25-0965639	501 (C) (3)	6,000.				COMMUNITY DEVEL
(7) YWCA NORTHCENTRAL PA							
815 W FOURTH ST WILLIAMSPORT, PA 17701	24-0796439	501 (C) (3)	12,000.				COMMUNITY DEVEL
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2023

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, 2024 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 \$253M.

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.

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

OMB No. 1545-0047

2023

**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 checked="" 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) 2023

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 1 NEUROSURGEON	1,723,890.	1,468,016.	18,702.	20,531.	24,617.	3,255,756.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ABHINAV HUMAR MD 2 TRANSPLANT SURGEON	2,242,550.	600,000.	10,320.	32,910.	9,865.	2,895,645.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTOPHER SCHMIDT MD 3 ORTHOPAEDIC SURGEON	1,472,066.	881,877.	10,062.	32,028.	17,049.	2,413,082.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALBERT LIN MD 4 ORTHOPAEDIC SURGEON	1,696,604.	239,450.	56,450.	27,041.	9,329.	2,028,874.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEAN SOTEREANOS MD 5 ORTHOPAEDIC SURGEON	1,468,541.	400,169.	29,886.	32,672.	31,708.	1,962,976.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT BLOSAT (BHM) 6 FORMER BOARD CHAIR AND PRES	NONE	NONE	159,874.	NONE	NONE	159,874.	159,874.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREA BADWAY (BHM) 7 BOARD MEMBER	255,785.	180,000.	9,725.	39,234.	4,523.	489,267.	2,400.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANIEL KELLY AGNEW MD 8 BOARD MEMBER	788,497.	54,523.	7,224.	31,615.	35,977.	917,836.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBYN BECKWITH MBA (BH) 9 BOARD MEMBER AND SECRETARY	196,235.	34,619.	2,188.	22,337.	28,386.	283,765.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NEIL KARLS (BHM) 10 TREASURER	145,696.	19,000.	207.	13,918.	19,769.	198,590.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES HOUSER (CEM) 11 PRESIDENT	197,765.	55,000.	607.	19,629.	NONE	273,001.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DONALD GOODMAN (CEM) 12 BOARD MEMBER AND V PRESIDENT	165,310.	69,000.	2,318.	22,828.	8,689.	268,145.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAN SWAYZE (CEM) 13 FORMER BOARD SECRETARY	233,522.	133,524.	2,043.	31,112.	15,117.	415,318.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARYANN RIGAS (CCH) 14 BOARD MEMBER	159,076.	34,416.	2,020.	18,379.	26,622.	240,513.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JANIE HILFIGER (CCH) 15 PRESIDENT	215,892.	89,004.	5,539.	28,913.	12,662.	352,010.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CAROLINE DANIELS MD (C) 16 SECRETARY	294,153.	76,120.	902.	25,579.	27,165.	423,919.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2023

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				
1 TERRANCE FOUST DO (COL BOARD MEMBER)	(i) 913,521.	NONE	2,993.	25,048.	45,962.	987,524.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMY HUNT (COL)	(i) 150,255.	NONE	3,414.	11,736.	15,292.	180,697.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 SHERRY WATTS (COL BOARD MEMBER)	(i) 252,152.	NONE	892.	21,726.	3,857.	278,627.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 KENNETH NASH MD (CCB BOARD MEMBER)	(i) 354,563.	57,000.	4,261.	27,247.	2,408.	445,479.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 LOREN ROTH MD (CCB FORMER BOARD MEMBER)	(i) 45,000.	NONE	NONE	14,079.	57.	59,136.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 JAMES GIAMMARCO (CCB TREASURER & CFO)	(i) 249,746.	136,534.	3,581.	35,399.	7,478.	432,738.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MATTHEW HURFORD (CCB PRESIDENT)	(i) 378,906.	410,000.	20,785.	91,869.	13,583.	915,143.	18,550.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 LAURA MILLER ESQ (CCB SECRETARY)	(i) 227,833.	187,611.	774.	55,667.	29,745.	501,630.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 WILLIAM A NIGRO (CRP BOARD MEMBER, TREAS AND CFO)	(i) 169,191.	26,350.	569.	21,573.	8,192.	225,875.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 BRYANT WESLEY ESQ (CRP SECRETARY)	(i) 255,906.	187,000.	18,154.	62,701.	585.	524,346.	15,781.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 PHILIP M CACCHIONE MD (BOARD CHAIR AND PRESIDENT)	(i) 488,905.	161,757.	36,613.	33,753.	26,576.	747,604.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 ROBERT GEIGER DO (EPN BOARD MEMBER)	(i) 443,935.	218,236.	36,931.	30,893.	16,643.	746,638.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 JENNIFER VENNARE (HNA PRESIDENT)	(i) 178,706.	21,463.	617.	15,413.	6,030.	222,229.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 NANCY CASE (HNF PRESIDENT)	(i) 214,233.	90,000.	3,041.	25,868.	25,756.	358,898.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 ZACHARY LENHART (JMC FORMER BOARD MEMBER)	(i) 161,046.	30,655.	197.	12,438.	9,229.	213,565.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 DARIUS ABADI DO (LHS BOARD MEMBER)	(i) 414,995.	10,000.	4,586.	29,086.	27,803.	486,470.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2023

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	(iv) Other reportable compensation				
1 MELISSA DAVIS (LHS)	(i) 193,802.	96,426.	596.		17,302.	27,913.	336,039.	NONE
(ii) 1 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JEFFREY ALVAREZ (MYC)	(i) 196,220.	20,000.	585.		16,953.	1,062.	234,820.	NONE
(ii) 2 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
DAWMDRA JONES (MYC)	(i) 236,894.	135,585.	2,380.		33,721.	21,284.	429,864.	NONE
(ii) 3 FORMER BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
CAROL VANZILE (MYC)	(i) 151,418.	NONE	4,449.		12,912.	27,638.	196,417.	NONE
(ii) 4 BOARD SECRETARY	NONE	NONE	NONE		NONE	NONE	NONE	NONE
DAVID BOBRZYNSKI (MYC)	(i) 173,303.	100,000.	3,722.		27,570.	25,443.	330,038.	NONE
(ii) 5 BOARD TREASURER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
MARK ZACHARIA ESQ (MYC)	(i) 181,033.	107,000.	1,064.		19,623.	30,356.	339,076.	NONE
(ii) 6 BOARD VICE CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
NATHAN MOORE MD (RHS)	(i) 213,478.	48,430.	1,185.		27,664.	28,284.	319,041.	NONE
(ii) 7 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
MBEMBO BONGUTU MD (RHS)	(i) 305,366.	77,181.	2,675.		33,332.	28,961.	447,515.	NONE
(ii) 8 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
AJAIPAL KANG MD (RHS)	(i) 960,063.	636,816.	4,281.		28,388.	22,464.	1,652,012.	NONE
(ii) 9 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
GREGORY BEARD DO (RHS)	(i) 849,200.	91,000.	6,914.		32,321.	34,533.	1,013,968.	NONE
(ii) 10 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
LYNN RUPP (RHS)	(i) 228,435.	152,116.	6,152.		31,268.	12,038.	430,009.	NONE
(ii) 11 PRESIDENT	NONE	NONE	NONE		NONE	NONE	NONE	NONE
DAVID KRUSZEWSKI MD (S)	(i) 426,148.	141,363.	41,715.		33,745.	31,534.	674,505.	NONE
(ii) 12 BOARD CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
CHARLES HAGERTY (SHB)	(i) 230,262.	92,622.	3,208.		27,249.	15,996.	369,337.	NONE
(ii) 13 BOARD VICE CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
MARK YAROS MD (SOH)	(i) 244,293.	35,113.	2,012.		23,275.	21,893.	326,586.	NONE
(ii) 14 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
ROGER DAVIS (SCS)	(i) 171,471.	27,200.	712.		16,315.	35,684.	251,382.	NONE
(ii) 15 BOARD MEMBER AND VP	115,983.	15,309.	2,875.		15,384.	16,040.	165,591.	NONE
NANCY PASTORIUS (SCS)	(i) NONE	NONE	NONE		NONE	NONE	NONE	NONE
(ii) 16 BOARD SECRETARY AND COO	NONE	NONE	NONE		NONE	NONE	NONE	NONE

Schedule J (Form 990) 2023

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 VWAIRE ORHURHU MD (SHF) BOARD MEMBER	(i) 674,211.	(ii) 455,305.	(iii) 10,228.	(iv) NONE	(C) 20,471.	(D) 38,641.	(E) 1,198,856.	(F) NONE
ZACHARY RITTER DMP (SH)	(i) 423,805.	(ii) 167,316.	(iii) 900.	(iv) NONE	(C) 25,055.	(D) 21,788.	(E) 638,864.	(F) NONE
2 ROGER YOST (SHS) BOARD MEMBER	(i) 239,298.	(ii) 36,000.	(iii) 3,406.	(iv) NONE	(C) 7,800.	(D) 7,548.	(E) 294,052.	(F) NONE
3 BOARD ASST TREASURER & CFO RUTUL DALAL MD (SHS)	(i) 94,857.	(ii) NONE	(iii) 188.	(iv) NONE	(C) 2,874.	(D) 8,986.	(E) 106,905.	(F) NONE
4 FORMER BOARD MEMBER RONALD DISIMONE MD (SP)	(i) 1,075,742.	(ii) 23,850.	(iii) 29,718.	(iv) NONE	(C) 29,452.	(D) 15,188.	(E) 1,173,950.	(F) NONE
5 BOARD MEMBER CHRISTOPHER DOMAREW MD	(i) 331,899.	(ii) 168,358.	(iii) 1,032.	(iv) NONE	(C) 25,055.	(D) 33,869.	(E) 560,213.	(F) NONE
6 BOARD MEMBER ALEXANDER NESBITT MD (	(i) 372,074.	(ii) 12,000.	(iii) 6,553.	(iv) NONE	(C) 29,259.	(D) 35,877.	(E) 455,763.	(F) NONE
7 BOARD MEMBER REBECCA RICKARD MD (SP)	(i) 230,444.	(ii) 11,500.	(iii) 35,699.	(iv) NONE	(C) 11,808.	(D) 24,841.	(E) 314,292.	(F) NONE
8 BOARD MEMBER MICHAEL LAZAR MD (SPS)	(i) 842,212.	(ii) 101,470.	(iii) 3,701.	(iv) NONE	(C) 25,542.	(D) 39,936.	(E) 1,012,861.	(F) NONE
9 BOARD MEMBER DAVID NACE MD (THS)	(i) 248,780.	(ii) 2,000.	(iii) 47,220.	(iv) NONE	(C) 27,769.	(D) 1,213.	(E) 326,982.	(F) NONE
10 BOARD MEMBER MARK BONDI (THS)	(i) NONE	(ii) NONE	(iii) NONE	(iv) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
11 PRESIDENT NOREEN FREDRICK (TLC)	(i) 216,027.	(ii) 141,985.	(iii) 6,183.	(iv) NONE	(C) 34,267.	(D) 30,304.	(E) 428,766.	(F) NONE
12 BOARD PRESIDENT JAMES WYLER (TLC)	(i) 203,147.	(ii) 105,496.	(iii) 4,494.	(iv) NONE	(C) 25,847.	(D) 10,737.	(E) 349,721.	(F) NONE
13 BOARD VICE PRESIDENT STANLEY MARKS MD (UPC)	(i) 140,582.	(ii) NONE	(iii) 406.	(iv) NONE	(C) 12,378.	(D) 2,092.	(E) 155,458.	(F) NONE
14 BOARD CHAIR ROBERT FERRIS MD (UPC)	(i) 1,427,353.	(ii) NONE	(iii) 172,532.	(iv) NONE	(C) 283,662.	(D) 18,737.	(E) 1,902,284.	(F) 121,541.
15 BOARD MEMBER AND VICE CHAIR ELIZABETH A WILD (UPC)	(i) 1,723,317.	(ii) 172,529.	(iii) NONE	(iv) NONE	(C) NONE	(D) NONE	(E) 1,895,846.	(F) NONE
16 BOARD MEMBER AND PRESIDENT	(i) 1,152,550.	(ii) 130,773.	(iii) 10,320.	(iv) NONE	(C) 35,672.	(D) 9,803.	(E) 1,339,118.	(F) NONE
	(i) 482,981.	(ii) 447,142.	(iii) 24,056.	(iv) NONE	(C) 107,541.	(D) 3,844.	(E) 1,065,564.	(F) 22,500.
	(i) NONE	(ii) NONE	(iii) NONE	(iv) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AMER ZUREIKAT MD (UPC)	(i) 1,058,550.	NONE	47,200.	28,629.	9,814.	1,144,193.	NONE
(ii) BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHARLES FLACH (UPC)	(i) 205,320.	104,000.	1,007.	21,056.	1,930.	333,313.	NONE
(ii) TREASURER AND CFO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRISTIN LASHER (UHC)	(i) 129,445.	15,800.	274.	7,487.	3,148.	156,154.	NONE
(ii) SECRETARY	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH PICCIONE MD	(i) 466,433.	222,250.	50,165.	77,861.	34,899.	851,608.	42,198.
(ii) BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SAMIR SABA MD (UPP)	(i) 623,819.	125,000.	51,259.	37,006.	9,408.	846,492.	NONE
(ii) BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PABLO SANCHEZ MD (UPP)	(i) 977,681.	NONE	22,807.	25,055.	9,680.	1,035,223.	NONE
(ii) BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VICTOR MORELL MD (UPP)	(i) 2,311,516.	244,000.	42,589.	36,194.	10,005.	2,644,304.	NONE
(ii) BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JANET WATERS MD (UPP)	(i) 333,041.	NONE	5,449.	32,084.	3,308.	373,882.	NONE
(ii) FORMER BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTINA PATTERSON MD	(i) 253,240.	31,490.	43,837.	23,662.	3,103.	355,332.	NONE
(ii) FORMER BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LIRON PANTANOWITZ MD (	(i) 326,313.	100,000.	30,547.	13,200.	2,230.	472,290.	NONE
(ii) BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MAREK A RADOMSKI DO (U	(i) 448,591.	NONE	39,645.	27,377.	3,644.	519,257.	NONE
(ii) FORMER BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HEATH SKINNER MD (UPP)	(i) 369,437.	60,000.	1,702.	20,923.	3,790.	455,852.	NONE
(ii) BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK GERACI MD (UPP)	(i) 125,000.	75,000.	NONE	NONE	9.	200,009.	NONE
(ii) BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOE SUYAMA MD (UPP)	(i) 309,745.	NONE	91,108.	33,470.	3,224.	437,547.	NONE
(ii) BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICKQUEL TRIPP MD (UPP)	(i) 344,936.	NONE	50,280.	23,893.	4,882.	423,991.	NONE
(ii) FORMER BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MACALUS HOGAN MD (UPP)	(i) 1,115,006.	41,250.	2,400.	25,337.	8,254.	1,192,247.	NONE
(ii) BOARD MEMBER	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	(iv) Other reportable compensation				
1 JULES SUMKIN MD (UPP)	(i) 468,440.	248,830.	21,016.		45,685.	9,270.	793,241.	NONE
(ii) BOARD MEMBER AND SECRETARY	NONE	NONE	NONE		NONE	NONE	NONE	NONE
DAVID A LEWIS MD (UPP)	(i) 352,292.	311,934.	20,729.		39,489.	7,079.	731,523.	NONE
(ii) BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
GEORGE K MICHALOPOULO	(i) 319,764.	242,307.	13,230.		46,068.	7,428.	628,797.	NONE
(ii) 3 FORMER BOARD MEMBER AND DEPT C	NONE	NONE	NONE		NONE	NONE	NONE	NONE
LOUIS D FALO JR MD (UPP)	(i) 219,703.	258,227.	7,809.		41,336.	4,159.	531,234.	NONE
(ii) 4 BOARD MEMBER AND DEPT CHAIR	303,849.	12,000.	NONE		31,800.	24,880.	372,529.	NONE
MELINDA HAMILTON MD (U	(i) 248,428.	NONE	81,104.		27,082.	3,081.	359,695.	NONE
(ii) 5 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JAMES D LUKETICH MD (U	(i) 1,867,828.	587,500.	45,006.		45,455.	9,865.	2,555,654.	NONE
(ii) 6 BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
SYLVIA OWUSU-ANSAH MD	(i) 224,003.	42,756.	21,858.		20,130.	2,962.	311,709.	NONE
(ii) 7 FORMER BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
J PETER RUBIN MD (UPP)	(i) 738,440.	186,250.	9,469.		25,517.	9,682.	969,358.	NONE
(ii) 8 BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
GWENDOLYN SOWA MD (UPP)	(i) 219,040.	176,204.	2,178.		26,489.	3,455.	427,366.	NONE
(ii) 9 BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
ROBERT M FRIEDLANDER M	(i) 1,388,569.	334,268.	10,488.		32,228.	9,865.	1,775,418.	NONE
(ii) 10 BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
TERENCE DERMODY MD (UPP)	(i) 438,900.	70,937.	16,032.		29,585.	7,596.	563,050.	NONE
(ii) 11 BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
WILLIAM DONALDSON MD (	(i) 836,285.	NONE	141,511.		45,430.	9,675.	1,032,901.	NONE
(ii) 12 FORMER BOARD MEMBER AND INTERI	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JOSE SAHEL MD (UPP)	(i) 731,643.	233,995.	29,825.		29,585.	8,157.	1,033,205.	NONE
(ii) 13 BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
AMAN MAHAJAN MD (UPP)	(i) 773,076.	180,213.	4,778.		24,926.	9,613.	992,606.	NONE
(ii) 14 BOARD MEMBER AND DEPT CHAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JONAS JOHNSON MD (UPP)	(i) 116,305.	NONE	11,334.		28,414.	30,887.	186,940.	NONE
(ii) 15 FORMER BOARD MEMBER AND TREASU	NONE	NONE	NONE		NONE	NONE	NONE	NONE
MONICA BOLLAND MD (UPP)	(i) 359,535.	90,000.	25,803.		27,635.	3,803.	506,776.	NONE
(ii) 16 BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TRACEY CONTI MD (UPP)	(i) 181,109.	47,529.	1,496.	25,930.	1,123.	257,187.	NONE
1 BOARD MEMBER AND DEPT CHAIR	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIAN FRITZ (UPP)	(i) 295,011.	152,200.	2,252.	49,313.	17,342.	516,118.	872.
2 CHIEF FINANCIAL OFFICER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
CLIFTON CALLAWAY MD (U	(i) 135,698.	NONE	2,020.	20,139.	2,482.	160,339.	NONE
3 FORMER BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
HYAGRIV SIMHAN MD (UPP)	(i) 479,878.	NONE	2,676.	34,492.	3,851.	520,897.	NONE
4 FORMER BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH LOSEE MD (UPP)	(i) 251,380.	15,833.	350,983.	35,935.	4,164.	658,295.	NONE
5 FORMER BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
TRENT EMERICK MD (UPP)	(i) 498,852.	NONE	24,610.	25,834.	3,487.	552,783.	NONE
6 FORMER BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
LOUIS ALARCON MD (UPP)	(i) 647,298.	171,000.	67,475.	36,644.	9,319.	931,736.	NONE
7 FORMER BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JANE LIEBSCHUTZ MD (UP	(i) 149,730.	7,494.	2,233.	12,980.	2,278.	174,715.	NONE
8 BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISA A NEWCOMB (UPM)	(i) 141,454.	21,000.	6,064.	16,519.	15,552.	200,589.	NONE
9 ASST SECRETARY	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
ARTHUR S LEVINE MD (U	(i) 1,019,371.	NONE	36,587.	39,600.	19,629.	1,115,187.	NONE
10 FORMER BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANANTHA SHEKHAR MD (UP	(i) 1,038,424.	400,000.	33,075.	139,600.	39,631.	1,650,730.	NONE
11 BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOAN GABEL (UPM)	(i) 438,844.	114,689.	43,006.	25,333.	50,638.	672,510.	NONE
12 BOARD MEMBER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICK GALLAGHER (UPM	(i) 669,472.	NONE	35,770.	39,600.	56,620.	801,462.	NONE
13 BOARD MEMBER	(ii) 741,619.	1,455,000.	140,207.	190,761.	27,089.	2,554,676.	126,650.
EDWARD T KARLOVICH (UP	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 EVP & CFO	(ii) 373,930.	100,000.	201,152.	NONE	1,069.	676,151.	NONE
FREDERICK HARGETT (UPM	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 EVP & CFO	(ii) 583,440.	300,000.	15,840.	41,016.	8,400.	948,696.	NONE
DEREK ANGUS MD (UPM)	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 FORMER EVP & CHIEF INNOVATION	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE

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MARK SEVCO (UPM)	171,509.	650,000.	572,518.		10,096.	33,705.	1,437,828.	22,500.
1 FORMER EVP & PRESIDENT HSD	NONE	NONE	NONE		NONE	NONE	NONE	NONE
TIMOTHY BILLIAR MD (UP)	695,307.	725,000.	151,644.		204,754.	11,384.	1,788,089.	136,720.
2 EVP & CHIEF SCIENTIFIC OFFICER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JEANNE CUNICELLI (UPM)	744,743.	999,000.	29,035.		181,542.	18,659.	1,972,979.	22,500.
3 EVP & PRESIDENT ENTERPRISES	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JOON SUP LEE MD (UPM)	386,465.	788,000.	54,402.		26,254.	19,767.	1,274,888.	22,500.
4 EVP & PRES PHYSICIAN SRV	NONE	NONE	NONE		NONE	NONE	NONE	NONE
OSCAR MARROQUIN MD (UP)	584,830.	346,500.	86,109.		132,312.	7,779.	1,157,530.	38,989.
5 SVP & PRES PHYSICIAN SERVICES	NONE	NONE	NONE		NONE	NONE	NONE	NONE
W THOMAS MCGOUGH ESQ (	773,866.	1,670,000.	281,806.		189,109.	24,514.	2,939,295.	252,606.
6 EVP & CHIEF LEGAL OFFICER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
MARK TAMBURRI (UPM)	365,260.	348,500.	13,963.		90,029.	32,394.	850,146.	11,900.
7 EVP & CHIEF LEGAL OFFICER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
DAVID FARNER (UPM)	938,537.	2,360,000.	416,744.		228,090.	38,337.	3,981,708.	406,130.
8 EVP & CHIEF ADMINISTRATIVE OFF	NONE	NONE	NONE		NONE	NONE	NONE	NONE
C TALBOT HEPPENSTALL J	115,874.	NONE	165,759.		20,217.	29,641.	331,491.	163,924.
9 FORMER EVP, TREAS., & PRES ENT	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JOHN C STILLEY (UPM)	569,227.	577,500.	53,838.		122,748.	32,487.	1,355,800.	50,075.
10 SENIOR VP, TREAS., & CIO	NONE	NONE	NONE		NONE	NONE	NONE	NONE
EDWARD MCCALLISTER (UP)	618,643.	598,500.	102,454.		139,117.	37,103.	1,495,817.	90,650.
11 SVP & CHIEF INFORMATION OFF	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JOEL B NELSON MD (UPM)	811,340.	500,000.	16,500.		121,622.	11,888.	1,461,350.	NONE
12 EVP, UPMC CHIEF CLINICAL OFF &	NONE	NONE	NONE		NONE	NONE	NONE	NONE
ALISON BEAM (UPM)	462,007.	250,000.	2,029.		96,467.	38,554.	849,057.	975.
13 SVP, UPMC & CHIEF GOV'T AFFAIR	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JOEL YUHAS (UPM)	694,753.	800,000.	104,341.		164,767.	13,682.	1,777,543.	NONE
14 EVP, UPMC & PRES, UPMC HOSPITA	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JAMES KONIECZNY (UPM)	174,443.	72,069.	1,594.		23,262.	27,270.	298,638.	NONE
15 ASST TREASURER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
CHARLES BOGOSTA (UPM)	756,443.	1,555,000.	248,585.		191,727.	36,881.	2,788,636.	232,791.
16 EVP & PRES INT'L	10,000.	NONE	600.		1,200.	203.	12,003.	NONE

Schedule J (Form 990) 2023

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 DIANE HOLDER (UPM)	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) 1 EVP, PRES INS SVC & CEO HELAN	1,090,475.	4,065,000.	298,847.	298,847.	261,690.	35,052.	5,751,064.	251,478.
2 JEFFREY A ROMOFF (UPM)	(i) NONE	NONE	12,125,375.	12,125,375.	NONE	16,946.	12,142,321.	4,778,634.
(ii) 2 FORMER PRESIDENT & CEO	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 MICHELE P JEGASOTHY ES	(i) 224,445.	179,000.	16,585.	16,585.	61,332.	27,791.	509,153.	14,815.
(ii) 3 SECRETARY	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 MARSHALL WEBSTER MD (U	(i) 488,790.	883,000.	147,660.	147,660.	147,907.	10,542.	1,677,899.	80,850.
(ii) 4 SENIOR VP	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 JOHN GALLEY (UPM)	(i) 684,308.	654,000.	109,371.	109,371.	148,967.	19,034.	1,615,680.	99,750.
(ii) 5 SENIOR VP & CHIEF HR OFFICER	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 LESLIE C DAVIS (UPM)	(i) 1,845,259.	8,806,000.	724,913.	724,913.	628,466.	30,572.	12,035,210.	695,105.
(ii) 6 PRESIDENT & CEO	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 MARGARET EALY (APP)	(i) 180,670.	145,648.	871.	871.	14,335.	6,690.	348,214.	NONE
(ii) 7 BOARD MEMBER, TREAS & COO	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 DAVID RUSSELL (ALT)	(i) NONE	NONE	114,609.	114,609.	NONE	189.	114,798.	114,609.
(ii) 8 FORMER BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 MICHAEL SCHLECHTER MD	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) 9 FORMER BOARD MEMBER	402,536.	84,550.	2,598.	2,598.	31,355.	10,489.	531,528.	NONE
10 ROBERT SULLIVAN MD (AL	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) 10 FORMER BOARD MEMBER	240,853.	NONE	5,207.	5,207.	14,330.	3,694.	264,084.	NONE
11 MATTHEW BOUCHARD MD (A	(i) 750,665.	NONE	2,335.	2,335.	67,449.	27,432.	847,881.	NONE
(ii) 11 BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 MATTHEW NEWLIN MD (ALT	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) 12 BOARD MEMBER	441,587.	54,672.	2,349.	2,349.	30,364.	8,421.	537,393.	NONE
13 JAN E FISHER (ALT)	(i) 456,803.	420,000.	68,609.	68,609.	109,408.	29,310.	1,084,130.	55,290.
(ii) 13 PRESIDENT	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 MICHAEL CORSO (ALT)	(i) 197,378.	120,000.	1,073.	1,073.	50,638.	25,757.	394,846.	NONE
(ii) 14 PRESIDENT	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 MARIO WILFONG (ALT)	(i) 200,417.	132,300.	1,171.	1,171.	25,678.	30,076.	389,642.	NONE
(ii) 15 FORMER TREASURER AND CFO	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 DAVID BURWELL MD (ALF)	(i) 429,443.	140,000.	15,981.	15,981.	38,834.	27,330.	651,588.	14,484.
(ii) 16 BOARD MEMBER	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH ANTONOWICZ MD (FORMER BOARD MEMBER)	(i) 181,037.	NONE	NONE	61,988.	25,109.	268,134.	NONE
(ii) TIMOTHY BALCONI (ALF)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 TIMOTHY BALCONI (ALF) PRESIDENT	(i) 174,316.	45,000.	3,556.	21,524.	28,471.	272,867.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 MONICA KLATT (APH) BOARD SECY, TREAS & CFO	(i) 167,826.	90,000.	336.	16,961.	15,416.	290,539.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 DAVID BAER MD (BDF) BOARD MEMBER	(i) 174,995.	62,845.	10,694.	33,823.	27,828.	310,185.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 TIMOTHY HORSKY DO (BDF) FORMER BOARD MEMBER	(i) 298,297.	13,000.	7,893.	20,061.	11,742.	350,993.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 ELLIOTT BILOFSKY MD (B) FORMER BOARD MEMBER	(i) 727,536.	182,628.	8,395.	30,487.	6,464.	955,510.	NONE
(ii) JOSEPH TALARICO DO (BD)	392,327.	18,740.	10,988.	38,981.	11,421.	472,457.	NONE
7 FORMER BOARD MEMBER	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 JAMES DONNELLY (CHS) BOARD MEMBER	(i) 226,318.	135,568.	6,189.	29,696.	26,852.	424,623.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 CECIL MILLER (CHS) SECRETARY	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) RACHEL BERGER (CHP)	172,144.	61,420.	1,503.	19,735.	5,877.	260,679.	NONE
10 FORMER BOARD MEMBER	(i) 74,519.	62.	373.	8,747.	377.	84,078.	NONE
(ii) DIANE HUPP (CHP)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 SECRETARY & VP OF OPERATIONS	(i) 421,998.	350,000.	46,200.	106,847.	3,626.	928,671.	41,135.
(ii) FRANCIS SOLANO MD (CMI)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 BOARD MEMBER AND PRESIDENT	(i) 541,652.	334,379.	79,381.	108,872.	34,070.	1,098,354.	73,111.
(ii) DONNA OTTOVIANI (CMI)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 BOARD MEMBER SECRETARY, VP AND	(i) 221,098.	136,500.	9,576.	33,321.	11,896.	412,391.	NONE
(ii) DEBORAH S BRODINE (CPS)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 BOARD CHAIR AND PRESIDENT	(i) 418,934.	390,000.	53,614.	106,432.	28,971.	997,951.	49,375.
(ii) PAUL OGAGAN MD (EAS)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 BOARD MEMBER	(i) 968,597.	NONE	26,144.	27,697.	7,902.	1,030,340.	NONE
(ii) MARC CORDERO MD (EAS)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 BOARD MEMBER	(i) 393,570.	5,000.	9,795.	27,415.	26,141.	461,921.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KOTAYYA KONDAVEETI MD (i) BOARD MEMBER	500,000.	85,000.	NONE	NONE	12.	585,012.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW HARINSTEIN MD (i) BOARD MEMBER	697,769.	277,568.	23,734.	65,328.	9,871.	1,074,270.	20,500.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ABDULRAB AZIZ MD (EAS) (i) BOARD MEMBER	172,500.	NONE	NONE	NONE	12.	172,512.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAURENE TIMMONS (EAS) (i) BOARD SECY, TREAS & CFO	179,831.	90,000.	4,680.	24,208.	6,835.	305,554.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK O'HERN (EAS) (i) PRESIDENT	334,496.	252,000.	7,616.	67,781.	7,806.	669,699.	6,918.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICHARD WADAS MD (EMI) (i) BOARD MEMBER AND PRESIDENT	581,970.	250,000.	61,464.	106,900.	19,237.	1,019,571.	35,733.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DONALD M YEALY MD (EMI) (i) BOARD MEMBER AND V. PRESIDENT	775,734.	600,000.	185,963.	168,493.	1,430.	1,731,620.	115,350.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RUSSELL MEYERS (EMI) (i) BOARD TREASURER	153,292.	74,500.	309.	17,401.	6,403.	251,905.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TERRENCE LEWIS ESQ (EM) (i) SECRETARY	179,360.	109,113.	1,048.	18,799.	8,905.	317,225.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES SCHUSTER MD (FYO) (i) FORMER BOARD MEMBER	566,009.	598,000.	47,794.	131,148.	35,549.	1,378,500.	22,500.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN LOVEFACE (FYO) (i) BOARD MEMBER AND PRESIDENT	569,913.	604,000.	65,019.	132,506.	21,071.	1,392,509.	22,500.
(ii)	475,124.	468,500.	75,290.	114,426.	24,971.	1,158,311.	64,390.
GORDON GEBBENS (FYO) (i) BOARD MEMBER AND TREASURER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SHERYL KASHUBA ESQ (FY) (i) BOARD MEMBER, SECY & CLO	555,967.	487,500.	30,850.	124,019.	31,001.	1,229,337.	22,500.
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRENDAN HARRIS (HMT) (i) BOARD MEMBER	333,284.	248,262.	2,524.	31,107.	29,720.	644,897.	1,691.
(ii)	153,268.	48,250.	460.	15,126.	16,451.	233,555.	NONE
CARRIE ENNIS (HMT) (i) BOARD SECRETARY	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii)	574,656.	500,000.	131,884.	126,712.	13,781.	1,347,033.	74,725.
DAVID GIBBONS (HMT) (i) BOARD MEMBER AND PRESIDENT	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 MICHAEL BONINGER MD (H)	242,029.	60,000.	4,039.		32,980.	2,268.	341,316.	NONE
(i) BOARD MEMBER & PRESIDENT	NONE	NONE	NONE		NONE	NONE	NONE	NONE
DONALD BECKSTEAD MD (H)	338,210.	NONE	9,601.		107,592.	14,612.	470,015.	NONE
(i) BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
PATRICIA MCGEE (HNV)	172,782.	19,009.	1,671.		17,221.	1,047.	211,730.	NONE
(i) BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
SUSAN DUCHMAN (HNV)	222,349.	113,078.	5,923.		25,318.	5,714.	372,382.	NONE
(i) BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
SUSAN THOMPSON (HNV)	NONE	NONE	NONE		NONE	NONE	NONE	NONE
(i) BOARD CHAIR	190,627.	250.	1,595.		16,516.	2,880.	211,868.	NONE
AMY SWINDELL DO (HNV)	252,908.	NONE	1,192.		20,764.	1,441.	276,305.	NONE
(i) FORMER BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
ROBERT GRIFFITH (HHW)	195,847.	28,800.	440.		18,628.	10,503.	254,218.	NONE
(i) BOARD TREASURER AND CFO	NONE	NONE	NONE		NONE	NONE	NONE	NONE
PAULA THOMAS (HHW)	3,654.	114,004.	420.		183.	3,597.	121,858.	NONE
(i) FORMER PRESIDENT	NONE	NONE	NONE		NONE	NONE	NONE	NONE
AMY MEISTER MD (HHW)	NONE	NONE	NONE		NONE	NONE	NONE	NONE
(i) BOARD MEMBER	275,433.	201,189.	23,517.		23,100.	29,418.	552,657.	15,919.
MELANIE SMITH-FORTNEY	227,646.	65,000.	1,111.		28,558.	17,121.	339,436.	NONE
(i) BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
TULIO ESTRADA MD (HRZ)	344,651.	NONE	6,925.		32,985.	27,215.	411,776.	NONE
(i) BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
JONI MURRAY (HRE)	57,438.	NONE	456.		4,684.	22,105.	84,683.	NONE
(i) FORMER BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
MICHAEL TRACY (HRE)	168,278.	45,000.	657.		16,835.	11,953.	242,723.	NONE
(i) CHIEF FINANCIAL OFFICER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
FRANCIS FOTI MD (KAN)	208,202.	90,300.	6,010.		26,262.	28,714.	359,488.	NONE
(i) BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE
MARK PAPALIA (KAN)	140,314.	45,976.	8,208.		12,748.	12,721.	219,967.	NONE
(i) PRESIDENT	NONE	NONE	NONE		NONE	NONE	NONE	NONE
BHARAT ADROJA MD (ULH)	229,825.	NONE	506.		NONE	18,080.	248,411.	NONE
(i) BOARD MEMBER	NONE	NONE	NONE		NONE	NONE	NONE	NONE

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1 DANIEL GLUNK MD (ULH) BOARD MEMBER	(i) 251,100.	150,338.	3,969.	27,765.	1,644.	434,816.	432.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 PATRICIA JACKSON-GEHRI BOARD SECRETARY	(i) 405,888.	200,000.	12,486.	90,884.	5,713.	714,971.	8,232.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 DAVID LOPATOFSKY MD (U BOARD MEMBER	(i) 395,636.	354,276.	55,991.	78,151.	33,942.	917,996.	49,446.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 RONALD REYNOLDS (ULH) BOARD PRESIDENT AND ASST SECRE	(i) 212,037.	110,000.	1,861.	23,712.	5,583.	353,193.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 BOBBIE WOOLCOCK (ULH) BOARD MEMBER	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii) 192,046.	NONE	363.	15,102.	1,820.	209,331.	NONE
6 BRIAN ENGEL (ULH) BOARD ASST SECRETARY	(i) 114,978.	15,500.	218.	10,214.	20,849.	161,759.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 LOUIS BAVERSO (LOC) BOARD MEMBER	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii) 320,681.	440,000.	24,922.	26,400.	39,383.	851,386.	22,500.
8 BYRON WADE (LOC) BOARD PRESIDENT	(i) 155,475.	50,000.	213.	10,233.	4,849.	220,770.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 ROBERT P EDWARDS MD (M BOARD MEMBER	(i) 746,914.	NONE	20,175.	211,020.	6,312.	984,421.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 JOHN COMERCI MD (MAG) FORMER BOARD MEMBER	(i) 687,550.	NONE	64,800.	33,675.	9,231.	795,256.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 GABRIELLA GOSMAN (MAG) BOARD MEMBER	(i) 278,394.	10,000.	61,270.	30,532.	2,907.	383,103.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 STEPHEN EMERY (MAG) FORMER BOARD MEMBER	(i) 389,629.	NONE	69,351.	34,905.	3,380.	497,265.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 JONATHAN PETRIE (MAG) BOARD MEMBER AND CFO	(i) 178,850.	69,000.	369.	17,979.	26,036.	292,234.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 SUKETU MANSURIA MD (MA BOARD MEMBER	(i) 610,685.	NONE	47,373.	30,950.	7,818.	696,826.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 RICHARD BEIGI MD (MAG) BOARD MEMBER AND PRESIDENT	(i) 378,476.	344,000.	95,081.	93,281.	3,406.	914,244.	28,978.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 RONALD DEEMS (MAG) BOARD MEMBER & CFO	(i) 215,131.	77,600.	584.	17,815.	6,461.	317,591.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE

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1 NICOLE DONNELLAN MD (M BOARD MEMBER)	429,213.	NONE	46,897.	NONE	17,262.	3,383.	496,755.	NONE
THOMAS DIACOVO MD (MAG FORMER BOARD MEMBER)	50,112.	NONE	832.	NONE	2,980.	1,289.	55,213.	NONE
2 KENNETH FLOWEY MD (MCK FORMER BOARD MEMBER)	253,385.	91,971.	1,182.	NONE	22,200.	26,660.	395,398.	NONE
3 SUSAN MARTIN (MER FORMER BOARD MEMBER)	174,651.	72,000.	4,692.	NONE	29,790.	26,468.	307,601.	NONE
4 JOHN WARD (NER FORMER BOARD MEMBER)	533,310.	NONE	8,294.	NONE	32,817.	35,575.	609,996.	NONE
5 PHILIP POLLICE MD (MER BOARD MEMBER)	1,434,184.	253,033.	10,062.	NONE	32,153.	36,418.	1,765,850.	NONE
6 ADAM YATES MD (MER BOARD MEMBER)	245,947.	NONE	46,972.	NONE	23,350.	2,628.	318,897.	NONE
7 AJ PINEVICH MD (MER BOARD SECRETARY)	326,208.	166,687.	12,770.	NONE	42,301.	20,739.	568,705.	7,851.
8 CHRISTINE NOLAN DPM (M BOARD MEMBER)	283,561.	31,842.	551.	NONE	20,962.	36,540.	373,456.	NONE
9 RANDALL BOGGESS DO (NWH BOARD MEMBER)	423,853.	65,000.	5,596.	NONE	28,795.	27,213.	550,457.	NONE
10 LINDA BARNHART MD (NWH BOARD MEMBER)	482,799.	NONE	1,070.	NONE	26,734.	26,930.	537,533.	NONE
11 MICHAEL WARD MD (NWH FORMER BOARD MEMBER)	558,453.	23,423.	2,072.	NONE	25,924.	18,682.	628,554.	NONE
12 BRIAN DURNIOK (NWH BOARD MEMBER AND PRESIDENT)	388,361.	252,200.	34,516.	NONE	83,938.	12,699.	771,714.	29,442.
13 BRADLEY DINGER (NWH CFO AND TREASURER)	186,621.	95,000.	2,545.	NONE	23,380.	15,576.	323,122.	NONE
14 SERGIO GIANCOLA MD (NWH FORMER BOARD MEMBER)	685,483.	50,000.	3,588.	NONE	25,573.	19,847.	784,491.	NONE
15 JEFFREY KNORR (BHO SECRETARY)	183,607.	136,000.	352.	NONE	19,826.	3,967.	343,752.	NONE
16	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2023

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				
1 TRACEY BEIRIGER ESQ (O BOARD SECRETARY	(i) 238,743.	(ii) 197,750.	(iii) 22,403.	(C) 64,917.	(D) 29,211.	(E) 553,024.	(F) 18,500.
(ii) JAMES W BOYLE MD (PSV)	(i) 397,957.	(ii) 60,338.	(iii) 7,088.	(C) 35,242.	(D) 14,823.	(E) 515,448.	(F) NONE
2 DANIEL R SULLIVAN MD (O BOARD SECRETARY	(i) 112,610.	(ii) NONE	(iii) 64,239.	(C) 17,378.	(D) 908.	(E) 195,135.	(F) NONE
(ii) MATTHEW EL-KADI MD (PS	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
3 MATTHEW EL-KADI MD (PS	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
(ii) 4 BOARD MEMBER	(i) 2,003,037.	(ii) 490,000.	(iii) 14,646.	(C) 17,023.	(D) 5,737.	(E) 2,513,420.	(F) NONE
4 NAFIS HILL (PSV)	(i) 164,392.	(ii) 45,000.	(iii) 987.	(C) 17,023.	(D) 30,571.	(E) 257,973.	(F) NONE
5 CHIEF FINANCIAL OFFICER	(i) 529,966.	(ii) 610,000.	(iii) 102,125.	(C) 125,155.	(D) 27,174.	(E) 1,394,420.	(F) 79,600.
(ii) DAVID T MARTIN (PSV)	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
6 FORMER PRESIDENT	(i) 421,335.	(ii) 381,562.	(iii) 58,133.	(C) 109,758.	(D) 18,379.	(E) 989,167.	(F) 51,325.
7 SUSAN HOOLAHAN (PSV)	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
(ii) KRISTIAN FETERIK MD (P	(i) 304,494.	(ii) 5,400.	(iii) 1,169.	(C) 28,216.	(D) 33,740.	(E) 373,019.	(F) NONE
8 BOARD MEMBER	(i) 698,974.	(ii) NONE	(iii) 47,157.	(C) 30,364.	(D) 9,275.	(E) 785,770.	(F) NONE
(ii) MATTHEW HOLTZMAN MD (P	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
9 BOARD MEMBER	(i) 542,483.	(ii) 500,000.	(iii) 75,577.	(C) 125,712.	(D) 34,085.	(E) 1,277,857.	(F) 66,236.
10 SANDRA RADER (PRY)	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
(ii) JAMES D TEW MD (PRY)	(i) 398,345.	(ii) NONE	(iii) 59,225.	(C) 28,304.	(D) 3,176.	(E) 489,050.	(F) NONE
11 FORMER BOARD MEMBER	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
(ii) JAMES F PINGPANK MD (P	(i) 575,428.	(ii) NONE	(iii) 60,774.	(C) 32,869.	(D) 8,561.	(E) 677,632.	(F) NONE
12 BOARD MEMBER	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
(ii) EILEEN SIMMONS (PRY)	(i) 465,021.	(ii) 484,000.	(iii) 65,222.	(C) 112,944.	(D) 18,971.	(E) 1,146,158.	(F) 59,775.
13 CHIEF FINANCIAL OFFICER	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
(ii) JARED WEINER (PRY)	(i) 275,721.	(ii) 157,500.	(iii) 1,945.	(C) 27,404.	(D) 17,433.	(E) 480,003.	(F) 1,400.
14 CHIEF FINANCIAL OFFICER	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
(ii) ALAN WELLS MD (PRY)	(i) 342,358.	(ii) NONE	(iii) 73,109.	(C) 35,357.	(D) 3,244.	(E) 454,068.	(F) NONE
15 FORMER BOARD MEMBER	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
(ii) JOHN INNOCENTI (PRY)	(i) 614,714.	(ii) 701,250.	(iii) 135,873.	(C) 144,677.	(D) 32,599.	(E) 1,629,113.	(F) 109,824.
16 PRESIDENT	(i) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE

Schedule J (Form 990) 2023

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				
1 DAVID PATTON (SMH)	297,868.	140,000.	21,692.	72,365.	25,932.	557,857.	19,860.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SANDRA MCANALLEN (SMH)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	NONE	NONE	399,284.	NONE	NONE	399,284.	399,284.
2 JAYESH DESAI MD (SOM)	273,963.	NONE	2,904.	24,019.	29,195.	330,081.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ALFREDO BLAS MD (SUS)	357,249.	9,500.	6,626.	25,418.	33,119.	431,912.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 STEPHEN NIMMO ESQ (SUS)	159,031.	348,400.	20,032.	54,960.	21,566.	603,989.	16,160.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 KIMBERLY ZYNN (SUS)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	251,585.	158,403.	3,621.	24,678.	27,927.	466,214.	1,237.
6 TAMI MINNIER (UTS)	652,552.	560,000.	102,537.	148,197.	24,857.	1,488,143.	91,381.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 SHELIAH HECKLA (UTS)	312,850.	210,000.	13,127.	65,895.	15,804.	617,676.	12,029.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 JILL BURNS MD (WEL)	395,624.	89,281.	8,928.	25,530.	32,755.	552,118.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 KAREN WASTLER (WEL)	242,500.	100,000.	76,214.	7,350.	2,500.	428,564.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 SUSAN BRANTON MD (WIL)	451,362.	60,913.	4,180.	29,086.	22,872.	568,413.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 STEVEN JOHNSON (WIL)	277,849.	550,068.	93,757.	29,452.	20,733.	971,859.	82,728.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 KEVIN KIST DO (WIL)	435,671.	5,775.	5,702.	29,452.	32,068.	508,668.	NONE
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13							
14							
15							
16							

Schedule J (Form 990) 2023

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 I

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).

PART II

\$4,778,634 OF THE \$12,125,375 REPORTED AS COLUMN (B) (III) "OTHER REPORTABLE COMPENSATION" FOR JEFFREY ROMOFF IN FY24 IS BEING REPORTED AS SUCH FOR THE SECOND TIME DUE TO TIMING DIFFERENCES BETWEEN THE FICA AND FEDERAL INCOME TAX TREATMENT OF SUCH AMOUNT. THE \$4,778,634 AMOUNT, WHICH RELATES TO SECTION 457(F) AND SECTION 457(B) PLANS IS BEING REPORTED FOR THE THIRD TIME ON SCHEDULE J. IT WAS INITIALLY REPORTED AS SCHEDULE J, COLUMN (C) "RETIREMENT AND OTHER DEFERRED COMPENSATION". IT WAS THEN REPORTED IN COLUMN (B) (III) OF SCHEDULE J AS IT VESTED FOR FICA PURPOSES FROM 2018 TO 2022 AND WAS REPORTED IN BOX 5 OF THE FORMS W-2. THE \$4,778,634 AMOUNT BECAME SUBJECT TO FEDERAL INCOME TAX UPON DISTRIBUTION

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.

IN 2023 AND WAS THEREFORE REPORTED IN BOX 1 OF THE 2023 FORM W-2. THE \$4,778,634 AMOUNT IS BEING REPORTED IN COLUMN (B) (III) FOR A SECOND TIME ON THE FY24 SCHEDULE J UNDER A CONSERVATIVE READING OF THE FORM 990 INSTRUCTIONS REQUIREMENT THAT THE LARGER OF FORM W-2 BOX 1 OR 5 BE REPORTED IN COLUMN (B) OF SCHEDULE J (BOX 1 WAS LARGER IN 2023 AND BOX 5 WAS LARGER IN THE APPLICABLE PRIOR YEARS). IT IS REPORTED AS COLUMN (D) "REPORTABLE COMPENSATION" FOR JEFFREY ROMOFF IN FY24 FOR THE SECOND TIME DUE TO TIMING DIFFERENCES BETWEEN THE FICA AND FEDERAL INCOME TAX TREATMENT OF SUCH AMOUNT.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open To Public
Inspection**

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) 2023

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 106,892.00
 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 408,978.00
 D DESCRIPTION OF TRANSACTION COMPENSATION
 E SHARING OF ORGANIZATIONS REVENUES NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

20-8295721

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,103.	FAIR MARKET VALUE
5 Clothing and household goods	X		5,159.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	10	3,565.	FAIR MARKET VALUE
19 Food inventory	X	20	12,693.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SEE SUPP PAGE)		359.	723,667.	
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 3 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) 2023

JSA

3E1298 1.000

25000M 597Y

V23-7.16

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ADDITIONAL INFORMATION

PART 1, COLUMN (B), LINE 25 - OTHER THE AMOUNTS IN COLUMN (B) REPRESENT
THE NUMBER OF CONTRIBUTIONS NOT THE NUMBER OF ITEMS CONTRIBUTED.

LINE 25 - BABY FORMULA: MAGEE WOMENS HOSPITAL OF UPMC RECEIVES DONATIONS
OF INFANT FORMULA THAT IT IN TURN DISTRIBUTES TO NEEDY MOTHERS OF INFANTS
WHO COULD NOT OTHERWISE AFFORD THE FORMULA.

LINE 25 - OTHER - FOR VARIOUS FUNDRAISING EVENTS, STEELER ITEMS,
AMUSEMENT PARK ADMISSION TICKETS AND OTHER SUCH ITEMS ARE DONATED FOR USE
IN THE FUNDRAISING EVENT.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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	297,670.	FAIR MARKET VAL
GIFT CERT	X	129	179,040.	FAIR MARKET VAL
ADVERTISING	X	10	125,973.	FAIR MARKET VAL
MISCELLANEOUS	X	115	52,389.	FAIR MARKET VAL
ADMISSION TICKE	X	28	27,193.	FAIR MARKET VAL
TOYS	X	29	21,523.	FAIR MARKET VAL
GIFT BASKETS	X	37	10,980.	FAIR MARKET VAL
JEWELRY	X	3	3,624.	FAIR MARKET VAL
TRIPS & TOURS	X	2	3,375.	FAIR MARKET VAL
SPORTS EVENT	X	4	1,450.	FAIR MARKET VAL
ENTERTAINMENT	X	1	450.	FAIR MARKET VAL
TOTALS		359.	723,667.	

Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b If "Yes," did the organization provide such notice?
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a Did the organization have any tax-exempt bonds outstanding during the year?
- b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

[illegible]

- 2** Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization?
- b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c** Become a direct or indirect owner of a successor or transferee organization?
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

SCHEDULE N, PART I

THE FOLLOWING SUBORDINATE ENTITY OF UPMC GROUP CEASED OPERATIONS IN
FY2024 AND MERGED OUT OF EXISTENCE IN TAX YEAR 2024, (FISCAL YEAR JULY
1, 2021 - JUNE 30, 2024). ALL PROPER STATE DOCUMENTS OF MERGER WERE
FILED. IT HAD BEEN AN INACTIVE ENTITY AND HAD IMMATERIAL ASSETS AT THE
TIME OF THE MERGER.

SCHEDULE N, PART II

THE FOLLOWING SUBORDINATE ENTITIES OF UPMC GROUP SOLD ALL ASSETS AND
CEASED OPERATIONS IN FY2024. THEY WILL BE DISSOLVED OR MERGED OUT OF
EXISTENCE IN A FUTURE TAX REPORTING PERIOD BY FILING ALL PROPER STATE
REQUIRED DOCUMENTS.

SUGARCREEK STATION

THE HERITAGE SHADYSIDE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC GROUP

Supplemental Information to Form 990 or 990-EZ

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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 2023 OF 79,577
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 06/30/2024

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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AS THE LARGEST NONGOVERNMENTAL EMPLOYER IN THE COMMONWEALTH OF
PENNSYLVANIA - WITH 100,000 EMPLOYEES WITHIN ITS VARIOUS CONTROLLED
HEALTH CARE ENTITIES - UPMC ENCOMPASSES MORE THAN 40 HOSPITALS AND 800
DOCTORS' OFFICES AND OUTPATIENT SITES.

BY INTEGRATING ITS HEALTH CARE SERVICES WITH AN INSURANCE DIVISION
FOCUSED ON PROMOTING THE HEALTH OF ITS MEMBERS, UPMC IS ADVANCING THE
QUALITY AND EFFICIENCY OF HEALTH CARE, AND DEVELOPING INTERNATIONALLY
RENOWNED PROGRAMS IN TRANSPLANTATION, CANCER, NEUROSURGERY, WOMEN'S
HEALTH, PSYCHIATRY, GERIATRICS, ORTHOPEDICS, AND SPORTS MEDICINE, AMONG
OTHERS. THESE HIGHLY SPECIALIZED SERVICES DRAW PATIENTS FROM ACROSS THE
NATION AND AROUND THE WORLD. CLOSELY AFFILIATED WITH ITS ACADEMIC
PARTNER, THE UNIVERSITY OF PITTSBURGH, UPMC'S FLAGSHIP HOSPITAL, UPMC
PRESBYTERIAN SHADYSIDE, IS CONSISTENTLY RANKED AMONG THE NATION'S BEST
HOSPITALS IN MANY SPECIALTIES BY U.S. NEWS & WORLD REPORT.

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,

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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, ONCOLOGY, AND SPORTS MEDICINE, 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.

IN MANAGING ITS GLOBAL HEALTH ENTERPRISE, UPMC HAS TAKEN A LEADERSHIP
ROLE IN GOOD CORPORATE GOVERNANCE PRACTICES - VOLUNTARILY ACHIEVING
SARBANES-OXLEY CERTIFICATION FOR NINETEEN YEARS IN A ROW, PUBLICLY
RELEASING QUARTERLY FINANCIAL RESULTS WITHIN 60 DAYS OF EACH QUARTER'S
CLOSE AND CREATING ONE OF THE MOST STRINGENT INDUSTRY RELATIONSHIP
POLICIES TO ENSURE THAT PHARMACEUTICAL AND MEDICAL DEVICE COMPANIES DO
NOT NEGATIVELY INFLUENCE PATIENT CARE. THESE BUSINESS PRACTICES SET THE
STAGE FOR DECISION MAKING THAT IS GOOD FOR UPMC AND THE COMMUNITIES IT
SERVES.

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

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AND SUPPORT ENTITIES FROM WITHIN THE UPMC INTEGRATED DELIVERY AND FINANCE 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 2024, (JULY 2023 - JUNE 2024), THE HOSPITAL ENTITIES WITHIN UPMC GROUP ADMITTED 189,736 INPATIENTS, RECORDED 1,263,232 INPATIENT DAYS, 731,795 EMERGENCY ROOM VISITS, 4,812,124 OUTPATIENT VISITS, 205,691 SURGERIES, AND 574 TRANSPLANTS. THEY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT COST, OF OVER \$1,682,000,000. UPMC GROUP MEMBERS PROVIDED SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED HEALTH AND COMMUNITY PROGRAMS, OUTREACH PROGRAMS, HEALTH SCREENINGS, EDUCATIONAL CLASSES, AND VOLUNTEER SERVICES AT A COST OF OVER \$426,000,000. UPMC GROUP ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN EXCESS OF \$537,000,000.

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

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AND UPMC SOMERSET.

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 735-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 PLANS TO BUILD A NEW, STATE-OF-THE-ART, 17-STORY
BED TOWER SPANNING 900,000 SQUARE FEET AND HOUSING 636 INPATIENT BEDS.
THIS ADDITION WILL ALLOW UPMC PRESBYTERIAN TO FULLY PRIVATIZE ALL
INPATIENT ROOMS ON CAMPUS, A SIGNIFICANT DRIVER OF PATIENT SATISFACTION.

THE TOWER'S PATIENT CARE AREAS FEATURE MODERNIZED ACCOMMODATIONS,
ADVANCED TECHNOLOGY, AND FLEXIBLE SPACES DESIGNED TO ENHANCE BOTH PATIENT
CARE AND FAMILY SUPPORT. THE GLASS EXTERIOR MAXIMIZES NATURAL LIGHT,
CREATING A HEALING ENVIRONMENT. NEARLY ONE-FOURTH OF THE ROOMS ARE
INTENSIVE CARE UNIT (ICU) OR ACUITY-ADAPTABLE ROOMS, ALLOWING SEAMLESS
CONTINUITY OF COMPLEX, CRITICAL CARE BY UPMC'S EXPERT PHYSICIANS AND CARE
TEAMS. THE HOSPITAL'S CONDITION- AND DISEASE-SPECIFIC APPROACH GROUPS
PATIENTS BY SIMILAR MEDICAL NEEDS, FURTHER ENHANCING COORDINATED CARE. BY
PIONEERING ACUITY-ADAPTABLE FLOORS, UPMC MINIMIZES PATIENT TRANSFERS
BETWEEN UNITS AND CARE TEAMS, ENSURING CONTINUITY OF CARE, IMPROVING
OUTCOMES, REDUCING LENGTH OF STAY, AND ULTIMATELY LOWERING HEALTHCARE
COSTS.

UPMC PRESBYTERIAN SHADYSIDE TREATS ALL PATIENTS WITHOUT REGARD TO THEIR
ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC

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PRESBYTERIAN SHADYSIDE ADMITTED 40,023 PATIENTS, RENDERING 313,966
PATIENT DAYS. UPMC PRESBYTERIAN SHADYSIDE HAD 89,147 EMERGENCY ROOM
VISITS, 580,169 OUTPATIENT VISITS AND PERFORMED 37,384 SURGERIES. UPMC
PRESBYTERIAN SHADYSIDE PERFORMED 474 ORGAN TRANSPLANTS IN THIS SAME
PERIOD.

UPMC PRESBYTERIAN SHADYSIDE, INCLUSIVE OF ALL CAMPUSES, PROVIDED CHARITY
CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE
SHORTFALLS, AT A COST OF APPROXIMATELY \$602,200,000 DURING THE YEAR ENDED
JUNE 30, 2024. 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 \$148,600,000. UPMC PRESBYTERIAN SHADYSIDE
ALSO FUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF
\$274,120,000.

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

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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
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

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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 255-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 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

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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, 2024, THE HOSPITAL ADMITTED 4,913 PATIENTS,
RENDERING 63,638 PATIENT DAYS. WPIC HAD 10,133 EMERGENCY ROOM VISITS AND
386,110 OUTPATIENT VISITS.

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

WPIC PROVIDED COMMUNITY OUTREACH THROUGH MANY EDUCATIONAL PRESENTATIONS,
VIRTUAL CONFERENCES, HEALTH FAIRS AT SCHOOLS AND NEIGHBORHOOD CENTERS,
FREE HEALTH SCREENINGS, AND COMMUNITY EVENTS ON SEVERAL TOPICS INCLUDING
- UNDERSTANDING MENTAL HEALTH AND WELLNESS PANELS; DEMENTIA AND DOWN

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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
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

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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)
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

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ADULTS THROUGH EXCELLENCE IN PATIENT CARE, TEACHING, RESEARCH AND
ADVOCACY.

DURING THIS PAST YEAR, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH BEGAN
CONSTRUCTION OF A STATE-OF-THE-ART HEART INSTITUTE CREATED TO PROVIDE THE
"BEST CARE FOR THE MOST KIDS" THROUGH THE CONTINUED GROWTH, QUALITY AND
INNOVATION THAT HAS ALREADY MADE CHILDREN'S HOSPITAL ONE OF THE BEST
PEDIATRIC HEART PROGRAMS IN THE COUNTRY.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

CHILDREN'S ALSO 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. THE 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, CHILDREN'S SUPPORTS BEHAVIORAL HEALTH IN A VARIETY OF
OTHER WAYS INCLUDING BEHAVIORAL HEALTH NAVIGATORS IN THE EMERGENCY
DEPARTMENT WHO ASSIST THE MEDICAL TEAM IN PROVIDING ASSESSMENTS AND
RESOURCES FOR PATIENTS AND FAMILIES. ALSO, BEHAVIORAL SCIENCE DIVISION
PSYCHOLOGISTS ARE EMBEDDED IN INPATIENT AND OUTPATIENT SETTINGS AND A
BEHAVIORAL HEALTH NURSE CLINICIAN WORKS WITH INPATIENTS.

CHILDREN'S RECOGNIZES THAT THE NEED FOR EXCELLENT PATIENT CARE DOES NOT
ONLY EXIST WITHIN ITS OWN LOCAL COMMUNITY, BUT ALSO EXISTS THROUGHOUT THE
UNITED STATES AND GLOBALLY. CHILDREN'S IS A 317-BED HOSPITAL THAT
PROVIDES THE FULL SPECTRUM OF PEDIATRIC SERVICES, FROM AMBULATORY CARE TO

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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, VIRGINIA AND NORTH CAROLINA, CHILDREN'S HAS CREATED PARTNERSHIPS WITH ST. JOSEPH'S CHILDREN'S HOSPITAL, FLORIDA CHILDREN'S HOSPITAL, ATRIUM HEALTH AND THE UNIVERSITY OF VIRGINIA'S CHILDREN'S HOSPITAL. THE PRIMARY MISSION OF CHILDREN'S 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.

CHILDREN'S TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR FISCAL YEAR ENDED JUNE 30, 2024, THE HOSPITAL ADMITTED 13,769 PATIENTS, RENDERING 91,601 PATIENT DAYS. CHILDREN'S HAD 76,302 EMERGENCY ROOM VISITS, 354,598 OUTPATIENT VISITS, PERFORMED 19,733 SURGERIES AND COMPLETED 100 TRANSPLANTS.

CHILDREN'S LEADS THE WAY IN ADVANCED TECHNOLOGY APPLICATIONS WITH RESPECT TO ITS USE OF ELECTRONIC HEALTH RECORDS AND PATIENT PORTALS. CHILDREN'S WAS THE FIRST PEDIATRIC HOSPITAL IN THE COUNTRY TO ACHIEVE STAGE 7 (HIGHEST STAGE) CERTIFICATION FROM THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) FOR THE ELECTRONIC MEDICAL RECORD ADOPTION MODEL (EMRAM) STAGING. HIGHLIGHTING ITS COMMITMENT TO PATIENT SAFETY AND QUALITY, CHILDREN'S WAS RECENTLY NAMED ONE OF THE LEAPFROG

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GROUP'S PRESTIGIOUS 'TOP CHILDREN'S HOSPITALS', ONE OF ONLY 8 PEDIATRIC HOSPITALS IN THE NATION NAMED TO THIS ELITE CLASS. ADDITIONALLY, UPMC HAS BEEN RECOGNIZED BY THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) AS ONE OF THE NATION'S "DIGITAL HEALTH MOST WIRED" HEALTH SYSTEMS FOR THE 26TH CONSECUTIVE YEAR, ACHIEVING LEVEL 10 STATUS, THE HIGHEST RECOGNITION FOR BOTH AMBULATORY AND ACUTE CARE SETTINGS. CHILDREN'S WAS ALSO RECOGNIZED BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION AS A LEADER IN LGBTQ+ HEALTHCARE EQUALITY FOR THE EIGHTH YEAR. WITH FOCUSED EFFORT AND INTENTIONAL ACTION PLANS, CHILDREN'S DECREASED HOSPITAL ACQUIRED INFECTIONS AND IMPROVED QUALITY OF CARE WHILE RANKING NATIONALLY IN ALL 11 SPECIALTIES FROM U.S. NEWS AND WORLD REPORT'S BEST CHILDREN'S HOSPITALS. CHILDREN'S WAS ALSO 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 CHILDREN'S LEADERSHIP AND HEALTH CARE TEAM MEMBERS' COMMITMENT TO BEST PRACTICES, EDUCATION AND COMMUNITY OUTREACH AS COMMENDABLE.

CHILDREN'S AND ITS SATELLITE LOCATIONS ARE DESIGNATED AS ACR DIAGNOSTIC IMAGING CENTERS OF EXCELLENCE (DICOE) BY THE AMERICAN COLLEGE OF RADIOLOGY. THIS ACHIEVEMENT IS THE HIGHEST RECOGNITION A MEDICAL FACILITY CAN BE AWARDED RELATED TO STRUCTURE, OPERATIONS, AND OUTCOMES IN DIAGNOSTIC IMAGING. ACR ACCREDITATION FOR CT, MRI, ULTRASOUND, NUCLEAR

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MEDICINE AND PET CONTINUE TO BE AWARDED FOR EXPERIENCE AND QUALIFICATIONS
OF STAFF, QUALITY ASSURANCE OF IMAGING EQUIPMENT, AND OPTIMAL QUALITY
IMAGING.

CHILDREN'S PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING
MEDICARE AND MEDICAID SHORTFALLS, AT A COST OF OVER \$41,560,000 IN 2024.
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 \$37,400,000. CHILDREN'S SUPPORTED
RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$58,400,000 DURING
2024.

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.

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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 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. DURING THE YEAR, CHILDREN'S PROVIDED CAR SEATS TO 1,009 FAMILIES IN NEED AS WELL AS 3,470 BIKE HELMETS AS PART OF ITS BIKE SAFETY PROGRAM. CHILDREN'S ALSO OFFERED PARENTS AND CAREGIVERS OF PATIENTS FREE FLU SHOTS.

CHILDREN'S VISITS THE WOMEN'S SHELTER OF PITTSBURGH MONTHLY TO SEE PATIENTS AND PROVIDES CARE. CHILDREN'S ALSO 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 SPONSORED CAMP AT THE WOODLANDS FOUNDATION FOR CHILDREN WITH TRACHEOSTOMY AND VENTILATOR SUPPORT.

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 PROVIDERS INCLUDING PHYSICIANS, ADVANCED PRACTICE PROVIDERS 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 AS WELL AS COORDINATING CARE FOR

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BEHAVIORAL HEALTH. THE CARE MOBILE PARTNERS WITH MANY SCHOOL DISTRICTS,
PUBLIC SITES, FAMILY CENTERS AND OUT-OF-SCHOOL PROGRAMS.

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.

MAGEE TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR
FISCAL YEAR ENDED JUNE 30, 2024, THE HOSPITAL ADMITTED 18,672 PATIENTS,
RENDERING 88,862 PATIENT DAYS. MAGEE HAD 28,955 EMERGENCY ROOM VISITS,
655,064 OUTPATIENT VISITS AND PERFORMED 20,506 SURGERIES.

MAGEE HAS ACHIEVED MAGNET DESIGNATION TWICE 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.

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RECOGNIZED AS A NATIONAL CENTER OF EXCELLENCE IN WOMEN'S HEALTH BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, MAGEE SERVES AS THE TEACHING FACILITY FOR OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, AND NEONATOLOGY FOR THE UNIVERSITY OF PITTSBURGH THE UNIVERSITY ("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 APPROXIMATELY 1,900 INFANTS IN 2024.

MAGEE, A GLOBAL LEADER IN WOMEN'S HEALTH CARE AND RESEARCH, HAS BEEN RECOGNIZED AS #24 FOR THE 2024/2025 BEST OBSTETRICS AND GYNECOLOGY HOSPITALS 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

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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.

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,

2024, MAGEE PROVIDED CHARITABLE CONTRIBUTIONS AND COMMUNITY SERVICE

PROGRAMS AND SIMILAR FUNDING OF APPROXIMATELY \$5,700,000. MAGEE PROVIDED

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FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF OVER \$25,600,000. MAGEE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$188,400,000.

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

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PROMOTE HUMAN DIGNITY, TO CARE FOR THE POOR, TO CONTRIBUTE TO THE COMMON
GOOD, TO EXERCISE RESPONSIBLE STEWARDSHIP, AND ADHERENCE TO THE MORAL
TEACHINGS OF THE CHURCH.

MERCY HAS 435 LICENSED BEDS AND IS PITTSBURGH'S FIRST AND ONLY CATHOLIC
HOSPITAL WITH SPECIALIZED SERVICES, INCLUDING THE NEUROSCIENCES, LEVEL 1
TRAUMA AND BURN SERVICES, OPHTHALMOLOGY, 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, 2024, THE HOSPITAL ADMITTED 12,538 PATIENTS,
RENDERING 92,353 PATIENT DAYS. MERCY HAD 52,231 EMERGENCY ROOM VISITS,
138,302 OUTPATIENT VISITS AND PERFORMED 17,086 SURGERIES.

MERCY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING
MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$148,300,000
IN THE FISCAL YEAR ENDED JUNE 30, 2024. MERCY ALSO PROVIDED SERVICES TO
THE COMMUNITY THROUGH VARIOUS OUTREACH AND OTHER COMMUNITY SERVICES
PROGRAMS AT A COST OF OVER \$9,900,000 AND PROVIDED FUNDING OF OVER
\$22,800,000 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.

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STAFF FROM MERCY PARTICIPATED IN MANY COMMUNITY HEALTH FAIRS. THEY PROVIDED EDUCATIONAL INFORMATION IN THE AREAS OF BURNS AND BURN CARE, STROKE, AND DIABETES. IN ADDITION, SUPPORT GROUPS FOR ALZHEIMER'S, SPINAL CORD INJURY, BRAIN INJURY, STROKE, AND AMPUTEES ARE OFFERED BY MERCY. THE HOSPITAL ALSO PROVIDED SPIRITUAL CARE AND HEALTH CARE TO THE HOMELESS. MERCY PROVIDED CAB SERVICE VOUCHERS TO PATIENTS IN NEED AND MADE CONTRIBUTIONS TO SUPPORT AREA HEALTH AND WELFARE PROGRAMS AND CHARITIES. THE HOSPITAL CONDUCTED A STROKE CAMP FOR SURVIVORS AND CAREGIVERS. IT ALLOWED SURVIVORS TO INTERACT AND NETWORK WITH OTHER STROKE SURVIVORS AND THEIR CAREGIVERS AND GAVE CAREGIVERS A RESPITE AS VOLUNTEERS HELPED WITH THE CARE OF THE STROKE SURVIVORS. THE HOSPITAL ALSO PROVIDED FREE AND REDUCED PARKING VALIDATIONS FOR PATIENTS, TRANSPORTATION VOUCHERS AND FREE AND DISCOUNTED MEAL TICKET VOUCHERS TO FAMILIES AND VOLUNTEERS.

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 WAS 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, CUTTING-EDGE BIOTHERAPY TREATMENTS, PATIENT-CENTERED RESOURCES, INCLUDING A LIFE SKILLS APARTMENT, STREET LAB AND ROOFTOP SENSORY GARDEN, COMPLETE

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LOW-VISION REHAB TECHNOLOGIES AND SERVICES, AND ENHANCED AND PROACTIVE SCREENING AND CARE FOR UNDERSERVED 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.

INPATIENT REHABILITATION SERVICES ARE WIDELY RECOGNIZED FOR QUALITY AND OUTCOMES. DESIGNATIONS AND AWARDS INCLUDE BEING RANKED #13 IN U.S. NEWS & WORLD REPORT BEST HOSPITALS LIST FOR REHABILITATION, A CMS DESIGNATED REHABILITATION INNOVATION CENTER, AND FULL ACCREDITATION AS A CARF (COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES) CERTIFIED FACILITY.

MERCY'S FOCUS ON GERIATRIC CARE, AND GERIATRIC EMERGENCY MEDICINE, HAS RESULTED IN THE SILVER GEDA (GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION PROGRAM) CERTIFICATION.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

UPMC ST. MARGARET (ST. MARGARET) IS A 250-BED ACUTE-CARE AND TEACHING HOSPITAL THAT HAS RECENTLY RECEIVED ITS FOURTH MAGNET DESIGNATION. MAGNET

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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, 2024, THE HOSPITAL ADMITTED 7,323 PATIENTS, RENDERING 39,694 PATIENT
DAYS. ST. MARGARET HAD 30,810 EMERGENCY ROOM VISITS, 163,607 OUTPATIENT
VISITS AND PERFORMED 14,030 SURGERIES. IT PROVIDED CHARITY CARE AND OTHER
UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST
OF APPROXIMATELY \$59,670,000. 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 \$3,200,000 IN THE FISCAL YEAR ENDED JUNE 30, 2024. UPMC ST.
MARGARET ALSO FUNDED HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS
WELL AS MEDICAL RESEARCH AT A COMBINED COST OF OVER \$10,500,000 IN FISCAL
YEAR 2024.

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

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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
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

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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 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.

THIS YEAR, UPMC PASSAVANT HOSPITAL TURNED 175 YEARS OLD AND CELEBRATED 60 YEARS LOCATED IN THE NORTH HILLS OF PITTSBURGH. A SPECIAL EVENT THIS PAST JUNE COMMEMORATED THE HOSPITAL'S HISTORY, REFLECTED ON ITS IMMENSE PROGRESS EVOLVING FROM A COMMUNITY HOSPITAL TO WHAT UPMC PASSAVANT IS TODAY: AN ADVANCED CARE DESTINATION OF SOME OF THE MOST COMPLEX SURGERIES AND MEDICAL CARE.

UPMC PASSAVANT COMPLETED A TWO-YEAR CONSTRUCTION PROJECT WITH THE ADDITION OF THE UPMC PASSAVANT PAVILION WHICH PROVIDES AN ADDITIONAL

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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
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,

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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, 2024, THE HOSPITAL ADMITTED
14,118 PATIENTS, RENDERING 80,810 PATIENT DAYS. PASSAVANT HAD 58,583
EMERGENCY ROOM VISITS, 317,762 OUTPATIENT VISITS AND PERFORMED 17,953
SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC PASSAVANT PROVIDED
CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND
MEDICARE SHORTFALLS, AT A COST OF OVER \$98,700,000.

PASSAVANT PROVIDED MANY SUPPORT PROGRAMS AND COMMUNITY OUTREACH IN FISCAL
YEAR 2024 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
\$5,300,000 IN THE FISCAL YEAR ENDED JUNE 30, 2024. PASSAVANT ALSO
PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL

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YEAR 2024 AT A COST OF OVER \$5,700,000.

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.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

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.

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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 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.

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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 RECENT YEARS, UPMC PASSAVANT HEART AND VASCULAR INSTITUTE HAS BECOME AN INDUSTRY LEADER BY OFFERING ADVANCED PROCEDURES LIKE WATCHMAN, WHICH REDUCES STROKE RISK IN ATRIAL FIBRILLATION PATIENTS, AND TAVR, A LESS INVASIVE ALTERNATIVE TO OPEN HEART SURGERY FOR 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, 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, WOMEN'S HEALTH, RADIOLOGY/IMAGING SERVICES, WOUND, AND PAIN MANAGEMENT.

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

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THE FISCAL YEAR ENDED JUNE 30, 2024, THE HOSPITAL ADMITTED 3,652
PATIENTS, RENDERING 12,563 PATIENT DAYS. HORIZON HAD 33,156 EMERGENCY
ROOM VISITS, 263,406 OUTPATIENT VISITS AND PERFORMED 4,805 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, HORIZON PROVIDED CHARITY CARE
AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS,
AT A COST IN EXCESS OF \$39,400,000. THE COMMUNITIES SERVED BY HORIZON ARE
IN AN ECONOMICALLY DISTRESSED AND MEDICALLY UNDERSERVED AREA. IN THE YEAR
ENDED JUNE 30, 2024, UPMC HORIZON PROVIDED COMMUNITY SERVICE PROGRAMS AND
OTHER FUNDING AT A COST OF OVER \$3,898,000 AND FUNDING FOR EDUCATION AND
RESEARCH AT A COST OF APPROXIMATELY \$3,687,000.

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

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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.

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; OMNICELL 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 HUGS INFANT PROTECTION SYSTEM THAT USES ELECTRONIC ID/SECURITY TECHNOLOGY TO ENSURE SAFETY OF NEWBORNS.

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UPMC NORTHWEST TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO
PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2024, THE HOSPITAL ADMITTED 5,240
PATIENTS, RENDERING 29,043 PATIENT DAYS. NORTHWEST HAD 26,843 EMERGENCY
ROOM VISITS, 158,100 OUTPATIENT VISITS AND PERFORMED 4,515 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, NORTHWEST PROVIDED CHARITY
CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE
SHORTFALLS, AT A COST IN EXCESS OF \$41,000,000. THE HOSPITAL PROVIDED
FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF \$2,113,000
THROUGH COMMUNITY OUTREACH PROGRAMS TARGETED AT PATIENTS, THEIR FAMILIES,
AND THE COMMUNITY, AS WELL AS DONATIONS AND VOLUNTEER SERVICES. NORTHWEST
ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN
FISCAL YEAR 2024 AT A COST OF OVER \$589,000.

FAMILIES BENEFITED FROM UPMC NORTHWEST'S PREPARED CHILDBIRTH CLASSES,
WHICH READIED PARTICIPANTS FOR THEIR CHILDBIRTH EXPERIENCES. NORTHWEST
ALSO OFFERED INFANT CARE CLASSES WHICH PROVIDED INFORMATION TO PARENTS ON
HOW TO CARE FOR NEWBORNS, BREASTFEEDING CLASSES, AND SIBLING CLASSES
WHICH PREPARED CHILDREN TO BECOME BIG BROTHERS OR BIG SISTERS.
NORTHWEST'S ESPECIALLY FOR YOU PROGRAM PROVIDED INFORMATION AND
SCREENINGS FOR COMMON HEALTH CONCERNS. THROUGH HEALTH FAIRS AND
EDUCATIONAL PROGRAMS, THE ORGANIZATION PROVIDED SCREENINGS FOR
OSTEOPOROSIS, PROSTATE HEALTH, STROKES, HEARING AND VISION SCREENINGS AND
EDUCATIONAL INFORMATION ON SMOKING CESSATION, NUTRITION, STROKES. FREE

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SERVICES INCLUDED THERAPEUTIC CHAIR MASSAGE, RAPID HEPATITIS C AND HIV TESTING AND FLU SHOTS. 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 176-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.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

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, 2024, THE HOSPITAL ADMITTED 4,191 PATIENTS, RENDERING 30,290 PATIENT DAYS. MCKEESPORT HAD 24,919 EMERGENCY ROOM VISITS, 99,991 OUTPATIENT VISITS AND PERFORMED 1,307 SURGERIES.

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DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC MCKEESPORT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$44,300,000. THE HOSPITAL ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES, AND FUNDING OF SCHOOLS FOR HEALTH PROFESSIONS WITH THE VALUE TO THE COMMUNITY OF APPROXIMATELY \$3,380,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$6,850,000.

UPMC MCKEESPORT WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AND THE AMERICAN STROKE ASSOCIATION WITH A GOLD PLUS QUALITY ACHIEVEMENT AWARD, WHICH HONORS THE HOSPITAL FOR UTILIZING THE MOST UP-TO-DATE TREATMENT GUIDELINES TO IMPROVE PATIENT CARE AND OUTCOMES OVER A PERIOD OF 24 MONTHS. UPMC MCKEESPORT IS S 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 PROVIDED STROKE EDUCATION TO FACULTY AND STUDENTS AT PENN STATE GREATER ALLEGHENY CAMPUS. STROKE EDUCATION WAS ALSO PROVIDED TO OVER 20 BUSINESSES AND ORGANIZATIONS AS WELL AS 2 COMMUNITY EVENTS. 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

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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 2024 COMMUNITY DAY AT THE MCKEESPORT CITY CENTER WITH OVER 1,000 PARTICIPANTS CONNECTING WITH THE COMMUNITY WHILE PROMOTING HEALTH AWARENESS AND HEALTHIER LIFESTYLES THROUGH FREE HEALTH SCREENINGS, HEALTH EDUCATION AND ACCESS TO LOCAL RESOURCES. UPMC MCKEESPORT HOSTS BRIDGE TO HOPE SEMI-MONTHLY MEETINGS AS A RESOURCE FOR FAMILIES SUFFERING WITH A LOVED ONE'S ADDICTION.

UPMC MCKEESPORT PARTNERED WITH UPMC EAST TO HOLD A LADIES DAY OUT EVENT THAT FOCUSED ON WOMEN'S HEALTH AND INCLUDED A VIRTUAL OPTION TO PARTICIPATE. THROUGH LECOM UPMC EAST AND UPMC MCKEESPORT PARTNER TO TRAIN 3RD AND 4TH YEAR MEDICAL STUDENTS WITH HANDS ON PATIENT CARE EDUCATION.

UPMC BEDFORD (BEDFORD) IS A 40-BED, ACUTE CARE GENERAL HOSPITAL, LOCATED

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IN EVERETT, PENNSYLVANIA, WITH UNITS FOR MEDICAL CARE, SURGICAL 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, 2024, THE HOSPITAL ADMITTED 1,215 PATIENTS, RENDERING 3,625
PATIENT DAYS. BEDFORD HAD 18,091 EMERGENCY ROOM VISITS, 102,254
OUTPATIENT VISITS AND PERFORMED 3,165 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC BEDFORD PROVIDED CHARITY
CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE
SHORTFALLS, AT A COST OF APPROXIMATELY \$6,200,000. THE HOSPITAL ALSO
PROVIDED SERVICES, WITH AN AGGREGATE VALUE OF OVER \$498,000, TO THE
GENERAL POPULATION THROUGH OUTREACH PROGRAMS TARGETED AT PATIENTS,
PATIENTS' FAMILIES, AND THE COMMUNITY, AND PROVIDED FUNDING OF OVER
\$25,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION.

FAMILIES BENEFITED FROM BEDFORD'S BREASTFEEDING AND PREPARED CHILDBIRTH

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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'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 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.

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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 WERE ALSO 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.

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

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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, 2024, THE HOSPITAL ADMITTED 8,050 PATIENTS, RENDERING 48,929
PATIENT DAYS. UPMC EAST HAD 37,520 EMERGENCY ROOM VISITS, 95,254
OUTPATIENT VISITS AND PERFORMED 10,401 SURGERIES.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, EAST PROVIDED CHARITY CARE
AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS,
AT A COST OF APPROXIMATELY \$31,200,000. THE HOSPITAL ALSO PROVIDED
SERVICES WITH AN AGGREGATE VALUE OF OVER \$1,200,000 FOR OUTREACH PROGRAMS
AND DONATIONS AND PROVIDED FUNDING OF OVER \$2,200,000 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
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 EAST HELD A LADIES DAY OUT
EVENT THAT FOCUSED ON WOMEN'S HEALTH AND INCLUDED A VIRTUAL OPTION TO
PARTICIPATE. THROUGH LECOM UPMC EAST AND UPMC MCKEESPORT PARTNER TO

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TRAIN 3RD AND 4TH YEAR MEDICAL STUDENTS WITH HANDS ON PATIENT CARE
EDUCATION.

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,
NEUROSURGEONS, INTERVENTIONAL RADIOLOGISTS, ORTHOPEDIC SURGEONS,

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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, 2024, THE HOSPITAL ADMITTED 18,576 PATIENTS,
RENDERING 101,898 PATIENT DAYS. HAMOT HAD 61,768 EMERGENCY ROOM VISITS,
244,290 OUTPATIENT VISITS AND PERFORMED 13,787 SURGERIES.

HAMOT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING
MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$60,900,000
DURING FISCAL YEAR 2024. SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH
DONATIONS, OUTREACH PROGRAMS, SCREENINGS, AND EDUCATIONAL CLASSES AT A
COST OF \$8,600,000. HAMOT SUPPORTED UNFUNDED RESEARCH AND HEALTH
PROFESSIONS EDUCATION AT A COST OF \$5,200,000 DURING FISCAL YEAR 2024.

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 CARDIAC CENTER IN THE NORTHWESTERN
PENNSYLVANIA REGION.

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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 398-BED HOSPITAL SERVING PRIMARILY THE MORE THAN 20 COUNTIES THROUGHOUT CENTRAL PENNSYLVANIA. IT MAINTAINS A LEVEL II ADULT TRAUMA CENTER, PROVIDING COMPREHENSIVE CARE FOR THE MOST SEVERELY INJURED. UPMC ALTOONA CARES FOR THE BEHAVIORAL HEALTH OF THE REGION THROUGH A 35-BED INPATIENT FACILITY AND OFFERS OUTPATIENT THERAPY. UPMC ALTOONA'S STATION MEDICAL CENTER BRINGS OUTPATIENT SERVICES CLOSER TO PATIENTS BY PROVIDING MANY STATE-OF-THE-ART DIAGNOSTIC SERVICES. THESE SERVICES INCLUDE NEUROLOGY TESTING, SLEEP STUDIES, FULL SERVICE MEDICAL IMAGING, LABORATORY SERVICES, OCCUPATIONAL MEDICINE, A BREAST CENTER, CARDIAC REHABILITATION, AND PHYSICAL AND OCCUPATIONAL THERAPY.

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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, 2024, THE HOSPITAL ADMITTED 15,233 PATIENTS, RENDERING 79,466 PATIENT DAYS. ALTOONA HAD 47,866 EMERGENCY ROOM VISITS, 374,629 OUTPATIENT VISITS AND PERFORMED 11,562 SURGERIES.

UPMC ALTOONA PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$68,900,000 IN THE FISCAL YEAR ENDED JUNE 30, 2024. 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 \$12,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2024. UPMC ALTOONA ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF \$12,600,000 IN FISCAL YEAR 2024.

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, REQUIRING A RIGOROUS PROCESS BASED ON STANDARD OF QUALITY MEASURES AND EVIDENCE-BASED PRACTICE DATA PERFORMANCE. UPMC ALTOONA HAS BEEN

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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 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
DISCHARGE WHO LACK THE RESOURCES OR INSURANCE COVERAGE TO COVER THE COSTS
OF MEDICATIONS OR COPAYS. UPMC ALTOONA PROVIDED FREE PARKING AND FREE

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TRANSPORTATION FOR INDIGENT PATIENTS, AS WELL AS TRANSPORT FOR UNINSURED
OR UNDERINSURED PATIENTS WHO REQUIRED A HIGHER LEVEL OF CARE.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

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, 2024, THE HOSPITAL ADMITTED 5,459
PATIENTS, RENDERING 29,039 PATIENT DAYS. JAMESON HAD 28,013 EMERGENCY
ROOM VISITS, 155,438 OUTPATIENT VISITS AND PERFORMED 5,899 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC JAMESON PROVIDED CHARITY
CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE
SHORTFALLS, AT A COST IN EXCESS OF \$15,800,000. UPMC JAMESON PROVIDED
COMMUNITY SERVICE PROGRAMS AND OTHER FUNDING AT A COST OF OVER
\$11,900,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF
APPROXIMATELY \$2,600,000.

UPMC JAMESON IS ACCREDITED BY THE METABOLIC AND BARIATRIC SURGERY

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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 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,
SURGICAL SERVICES, A 24 HOUR EMERGENCY ROOM, CENTER FOR ORTHO, THE FULL
RANGE OF REHABILITATION SERVICES (PHYSICAL, OCCUPATIONAL, AND SPEECH
THERAPIES) AND PAIN MANAGEMENT; KANE CARDIAC REHAB, CARDIOLOGY AND
GASTROENTEROLOGY (DIGESTIVE HEALTH) CLINICS IN COOPERATION WITH UPMC
HAMOT; AND GYNECOLOGY. UPMC CREATED A FIRST-OF-ITS KIND TELE-EMERGENCY
DEPARTMENT AT UPMC KANE. THIS APPROACH ELIMINATED SOME OF THE NEED TO

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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, 2024, THE HOSPITAL ADMITTED 227 PATIENTS,
RENDERING 1,005 PATIENT DAYS. KANE HAD 7,550 EMERGENCY ROOM VISITS,
64,269 OUTPATIENT VISITS AND PERFORMED 1,270 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC KANE PROVIDED CHARITY
CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE
SHORTFALLS, AT A COST IN EXCESS OF \$8,000,000. THE HOSPITAL PROVIDED
FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF \$566,000
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
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

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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 AT THE SAME LOCATION BUT UNDER UPMC WILLIAMSPORT. A JOINT COMMISSION-ACCREDITED FACILITY, THE LOCK HAVEN SITE ALSO PREVIOUSLY INCLUDED 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 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

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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 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.

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, 2024, THE HOSPITAL ADMITTED 751 PATIENTS,
RENDERING 38,396 PATIENT DAYS. MUNCY HAD 10,009 EMERGENCY ROOM VISITS,
35,554 OUTPATIENT VISITS AND PERFORMED 3,443 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC MUNCY PROVIDED CHARITY
CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE
SHORTFALLS, AT A COST OF OVER \$15,540,000. MUNCY PROVIDED COMMUNITY
OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND EDUCATIONAL
SUPPORT IN FISCAL YEAR 2024. THE VALUE OF THESE PROGRAMS TO THE COMMUNITY
WAS APPROXIMATELY \$230,000. MUNCY TREATS ALL PATIENTS WITHOUT REGARD TO
THEIR ABILITY TO PAY.

UPMC MUNCY WAS RECOGNIZED BY THE JOINT COMMISSION AND THE AMERICAN HEART

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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.
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.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

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.

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UPMC WELLSBORO TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2024, THE HOSPITAL ADMITTED 1,293 PATIENTS, RENDERING 4,992 PATIENT DAYS. UPMC WELLSBORO HAD 12,368 EMERGENCY ROOM VISITS, 62,955 OUTPATIENT VISITS AND PERFORMED 1,568 SURGERIES. UPMC WELLSBORO TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC WELLSBORO PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE AT A COST OF OVER \$12,100,000. UPMC WELLSBORO PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS IN FISCAL YEAR 2024 VALUED AT APPROXIMATELY \$352,000.

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.

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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 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 269-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

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SURROUNDING COUNTIES.

UPMC WILLIAMSPORT TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO
PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2024, THE HOSPITAL ADMITTED
10,972 PATIENTS, RENDERING 62,087 PATIENT DAYS. UPMC WILLIAMSPORT HAD
47,992 EMERGENCY ROOM VISITS, 348,652 OUTPATIENT VISITS AND PERFORMED
10,480 SURGERIES.

DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC WILLIAMSPORT, INCLUSIVE
OF BOTH SITES, PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE,
INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER
\$127,500,000. 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 \$17,700,000 AND
FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$2,200,000.

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.

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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 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

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REVIEWER ALSO CONDUCTED ONSITE OBSERVATIONS AND INTERVIEWS. UPMC

WILLIAMSPORT WAS RECOGNIZED BY US NEWS AND WORLD REPORT AS A 2022/2023

HIGH PERFORMING HOSPITAL FOR MATERNITY CARE IN THE UNCOMPLICATED

PREGNANCY CATEGORY.

WILLIAMSPORT PROVIDED SCREENING EVENTS WITH NO OR LITTLE COST TO THE

COMMUNITY INCLUDING BLOOD SCREENING; OVERALL HEALTH SCREENING; SENIOR

HEALTH AND WELLNESS; SKIN CANCER; SCOLIOSIS AND DIABETIC EYE EXAMS.

SUPPORT GROUPS HAVE INCLUDED SUPPORT FOR STROKE AND BRAIN INJURY

SURVIVORS; SENSORY AND AUTISM SPECTRUM SUPPORT FOR YOUTH; GRIEF,

CAREGIVER AND BREAST CANCER GROUPS. 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 39 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.

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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 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.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

FOR THE FISCAL YEAR ENDED JUNE 30, 2024, THE HOSPITAL ADMITTED 1,050 PATIENTS, RENDERING 13,039 PATIENT DAYS. COLE HAD 10,337 EMERGENCY ROOM VISITS, 108,000 OUTPATIENT VISITS AND PERFORMED 3,873 SURGERIES.

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DURING THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC COLE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$15,500,000. COLE PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND EDUCATIONAL SUPPORT IN FISCAL YEAR 2024. THE VALUE OF THESE PROGRAMS TO THE COMMUNITY WAS APPROXIMATELY \$15,100,000. UPMC COLE TREATS ALL PATIENTS WITHOUT 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, AN INTENSIVE CORONARY CARE UNIT, SKILLED NURSING BEDS, AND AN ADULT, ADOLESCENT AND CHILD NEUROPSYCHIATRIC SERVICE WITH AN 18-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 AND CARDIOPULMONARY SERVICES.

UPMC SOMERSET HOSPITAL TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDED JUNE 30, 2024, THE HOSPITAL ADMITTED 2,399 PATIENTS, RENDERING 12,501 PATIENT DAYS. SOMERSET HAD 19,324 EMERGENCY ROOM VISITS, 111,720 OUTPATIENT VISITS AND PERFORMED 3,274 SURGERIES.

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DURING THE FISCAL YEAR ENDED JUNE 30, 2024, SOMERSET HOSPITAL PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID SHORTFALLS, AT A COST OF OVER \$1,800,000. UPMC SOMERSET PROVIDED COMMUNITY OUTREACH AND SUPPORT PROGRAMS AS WELL AS CONTRIBUTIONS AND SUPPORT OF EDUCATION IN FISCAL YEAR 202. THE VALUE OF THESE PROGRAMS TO THE COMMUNITY WAS APPROXIMATELY \$654,000.

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 2024 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

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CANCER CENTER) PROVIDES THE HIGHEST LEVEL OF ONCOLOGY SERVICES TO PATIENTS THROUGHOUT THE TRI-STATE REGION. WORKING IN TANDEM WITH THE UNIVERSITY OF PITTSBURGH CANCER INSTITUTE UPCI, WHICH COMPRISES THE ACADEMIC AND RESEARCH PROGRAMS FOR ONCOLOGY AT THE UNIVERSITY OF PITTSBURGH AND UPMC, UPMC HILLMAN CANCER CENTER OFFERS PATIENTS THE LATEST ADVANCES IN CANCER PREVENTION, DETECTION, DIAGNOSIS, AND TREATMENT.

THE MISSION OF UPMC HILLMAN CANCER CENTER REFLECTS THE OVERALL MISSION OF 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 185,000 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

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NETWORK COVERS A GEOGRAPHIC AREA OF MORE THAN 250 MILES AROUND GREATER PITTSBURGH AND IS COMPRISED OF OVER 220 AFFILIATED ONCOLOGISTS AT MORE THAN 70 LOCATIONS, INCLUDING FOUR LOCATIONS OVERSEAS. THESE NETWORK LOCATIONS WERE SELECTED TO MAKE IT POSSIBLE FOR ANY PATIENT IN THE REGION TO ACCESS A UPMC CANCER CENTERS LOCATION WITHIN 20 MINUTES. THESE NETWORK LOCATIONS ARE CLOSELY TIED TO THE HILLMAN CANCER CENTER THROUGH PERSONNEL AND TECHNOLOGY LINKS.

THE UPMC HILLMAN CANCER CENTER IS HOME TO INTERNATIONALLY RENOWNED SURGICAL, MEDICAL, AND RADIATION ONCOLOGY SPECIALISTS, WHO PERFORM TREATMENT PROCEDURES UNAVAILABLE ELSEWHERE IN THE REGION. HILLMAN ALSO HAS THE REGION'S MOST ADVANCED IMAGING TECHNOLOGIES TO DETECT CANCER AND MONITOR TREATMENT. HILLMAN IS DRIVING CLINICAL INNOVATION BY PROVIDING STATE-OF-THE-ART TREATMENT AND IMAGING TECHNOLOGY SUCH AS VARIAN TRUEBEAM AND EDGE, ACCURAY CYBERKNIFE, POSITRON-EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY PET-CT, AND MAGNETIC-RESONANCE IMAGING MRI TO ENABLE UPMC'S RADIATION ONCOLOGY DEPARTMENT TO EMPLOY THE LATEST INNOVATION TECHNIQUES SUCH AS INTENSITY MODULATED RADIATION THERAPY IMRT, STEREOTACTIC RADIOSURGERY SRS, AND STEREOTACTIC BODY RADIOTHERAPY SBRT, AND MRI-GUIDED HDR BRACHYTHERAPY.

THE UPMC HILLMAN CANCER CENTER IS ALSO HOME TO A COMPONENT OF THE NATIONAL INSTITUTES OF HEALTH-FUNDED GENERAL CLINICAL RESEARCH CENTER, WHICH PROVIDES SUPPORT FOR CONDUCTING RESEARCH CLINICAL TRIALS.

THE MEDICAL PROFESSIONALS AT UPMC HILLMAN CANCER CENTER ENCOMPASS 15

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AREAS OF EXPERTISE, EACH FOCUSING ON A SPECIFIC TYPE OR TREATMENT OF
CANCER. THESE INCLUDE A WORLD-RENOWNED MELANOMA PROGRAM, AS WELL AS
PROGRAMS DEVOTED TO BRAIN CANCERS, BREAST CANCER, COLON AND
GASTROINTESTINAL CANCERS, HEAD AND NECK CANCERS, PANCREATIC CANCER, LIVER
CANCER, LUNG CANCER, GYNECOLOGIC CANCERS, PROSTATE AND UROLOGIC CANCERS,
AND STEM CELL TRANSPLANTATION. PEDIATRIC CANCERS ARE TREATED BY
SPECIALISTS AT THE CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC.

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
2024, UPMC HILLMAN CANCER CENTER FUNDED MANY COMMUNITY BENEFITS PROGRAMS,
CHARITABLE DONATIONS, AND EDUCATION AND RESEARCH COSTING OVER \$23,600,000

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

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AND SCREENING, MELANOMA, AND COLON CANCER.

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 4,200 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 SUBSPECIALTIES 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.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

ONE OF THE PRIMARY PURPOSES OF UPP IS TO PROVIDE QUALITY AND ACCESSIBLE

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MEDICAL CARE TO THE PUBLIC, WITHOUT REGARD FOR A PATIENT'S ABILITY TO
PAY. THIS COMMITMENT IS EVIDENCED BY THE FACT THAT UPP PROVIDED CHARITY
CARE AND OTHER UNCOMPENSATED CARE AT A COST OF OVER \$20,000,000 IN THE
FISCAL YEAR ENDED JUNE 30, 2024. 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
\$6,300,000 AND FUNDED OVER \$80,000,000 IN MEDICAL EDUCATION AND RESEARCH
IN THE FISCAL YEAR ENDED JUNE 30, 2024.

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IT IS THE MISSION OF UPMC COMMUNITY MEDICINE, INC. (CMI) TO PROVIDE
HIGH-QUALITY AND ACCESSIBLE PATIENT CARE THROUGH PRIMARY CARE PHYSICIANS
AND OTHER PHYSICIAN/MEDICAL SPECIALTIES AT UPMC AND ITS AFFILIATED
HOSPITALS AND HEALTH CARE ENTITIES. CMI HAS 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 CHARITY
CARE OR OTHER UNCOMPENSATED CARE AND COMMUNITY SERVICES, AT A COST OF
\$2,500,000 IN THE FISCAL YEAR ENDED JUNE 30, 2024. 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 \$97,700,000.

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AS A PART OF ITS MISSION, CMI PHYSICIANS AND STAFF PROVIDE SERVICES TO THE COMMUNITY THROUGH VARIOUS PROGRAMS WHICH ARE TARGETED TO PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY AT LARGE TO EDUCATE AND PROMOTE GOOD HEALTH. IN CONJUNCTION WITH OTHER UPMC ENTITIES AND COMMUNITY RESOURCES, CMI PHYSICIANS AND STAFF ROUTINELY PARTICIPATE IN VARIOUS SCREENING PROGRAMS FOR MEDICAL CONDITIONS SUCH AS OSTEOPOROSIS, HIGH BLOOD PRESSURE, DIABETES, CORONARY HEART FAILURE, AND BARIATRIC SURGERY. MANY CMI PHYSICIANS AND STAFF ALSO PARTICIPATE IN ONGOING PATIENT, FAMILY, COMMUNITY, AND PHYSICIAN EDUCATIONAL PROGRAMS RELATED TO THESE MEDICAL CONDITIONS AND A VARIETY OF OTHER MEDICAL TOPICS WHICH ARE DESIGNED TO IMPROVE THE QUALITY OF PATIENT CARE AND PATIENT OUTCOMES.

CMI PROVIDES PHYSICIAN AND MEDICAL SERVICES THROUGHOUT WESTERN PENNSYLVANIA AND THE TRI-STATE AREA IN BOTH URBAN AND RURAL SETTINGS, INCLUDING MANY UNDERSERVED AREAS. SOME OF THESE AREAS WOULD OTHERWISE HAVE NO OTHER PHYSICIAN PRESENCE.

REGIONAL HEALTH SERVICES, INC. (RHS) OFFERS PHYSICIAN SERVICES SERVING MAINLY ERIE AND VENANGO 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 A LARGE CONTINUUM OF SPECIALTY AND PRIMARY CARE SERVICES. THE PHYSICIANS PRACTICE IN MULTIPLE LOCATIONS AND PROVIDE SERVICES THAT INCLUDE PLASTIC SURGERY, EMERGENCY ROOM,

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INTENSIVISTS, HOSPITALISTS, GENERAL SURGERY, RADIOLOGY, NEUROSURGERY,
PAIN MEDICINE, PULMONOLOGY, BARIATRIC SURGERY, UROLOGY, ORTHOPEDIC
SURGERY, SPORTS MEDICINE, GASTROENTEROLOGY, AND INFECTIOUS DISEASE
SERVICES, AS WELL AS OTHER SPECIALTIES, AND PRIMARY CARE.

RHS HAS 482 PHYSICIANS AND PHYSICIAN EXTENDERS. THEY HAD 436,000 PATIENT
OFFICE VISITS IN FISCAL YEAR 2024. RHS PROVIDED CHARITY CARE AND OTHER
UNCOMPENSATED CARE, AT A COST OF APPROXIMATELY \$4,200,000 IN THE FISCAL
YEAR ENDED JUNE 30, 2024, AS WELL AS \$17,600,000 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 \$236,000 WAS
PROVIDED FOR CHARITY CARE AND UNCOMPENSATED CARE IN THE FISCAL YEAR ENDED
JUNE 30, 2024. 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.

UPMC MEDICAL EDUCATION PRIMARY PURPOSE IS TO PROVIDE LEADERSHIP AND

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MANAGEMENT AND OVERSIGHT TO UPMC'S ALMOST 190 GRADUATE MEDICAL EDUCATION
PROGRAMS.

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 2,100 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 385
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.

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 493 PHYSICIANS AND PHYSICIAN
EXTENDERS, ENCOMPASSES 3 MEDICAL GROUPS AT 114 CLINICAL LOCATIONS AND HAD
OVER 479,528 PATIENT VISITS DURING FISCAL YEAR 2024. SUSQUEHANNA
PHYSICIAN SERVICES TREATS ALL PATIENTS WITHOUT REGARD TO THEIR ABILITY TO
PAY. DURING THE YEAR THEY PROVIDED COMMUNITY SERVICES INCLUDING FREE CARE
AND COMMUNITY PROGRAMS AND SUBSIDIZED SERVICES AT A COST OF OVER
\$706,000.

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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 17 PHYSICIAN AND PHYSICIAN EXTENDERS, AT 5 CLINICAL LOCATIONS AND HAD OVER 24,721 PATIENT OFFICE VISITS DURING FISCAL YEAR 2024. 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 \$2,400.

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 325,000 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 \$590,000 DURING THE FISCAL YEAR.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA PROVIDES HOME HEALTH SERVICES TO CLIENTS FROM CENTRAL OFFICES IN THE PENNSYLVANIA COUNTIES OF BLAIR, BEDFORD, CAMBRIA, CENTRE, CLEARFIELD, DAUPHIN, INDIANA,

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HUNTINGDON, JUNIATA, MCKEAN, WARREN, FULTON, 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, COMMUNITY HEALTH AND WELLNESS PROGRAMS WHICH INCLUDE NURSE FAMILY PARTNERSHIP AND WOMEN, INFANTS, CHILDREN (WIC) PROGRAMS IN THE CENTRAL, NORTH-CENTRAL, AND SOUTH-CENTRAL PENNSYLVANIA MARKET AREA. THEY PROVIDED OVER 300,000 HOME VISITS IN FISCAL YEAR 2024.

THE ORGANIZATION PROVIDES COMPLETE HOME HEALTH NURSING SERVICES, INCLUDING BEHAVIORAL HEALTH, IV THERAPY, MEDICAL-SURGICAL, OBSTETRICS, PEDIATRICS, AND REHABILITATION, AS WELL AS HOSPICE NURSING AND OTHER HOSPICE CARE SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY. UPMC HOME HEALTHCARE OF CENTRAL PA OFFERED SEVERAL SUPPORT GROUPS SUCH AS, SUPPORT AND EDUCATION FOR GRIEVING CHILDREN, NAVIGATING LOSS AND GRIEF. 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

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EDUCATION FOR STUDENTS, AND EDUCATIONAL IN-SERVICES/OUTREACH FOR SCHOOL OFFICIALS AND COMMUNITY MEMBERS AND A LENDING LIBRARY OF RESOURCES. FOR THE FISCAL YEAR ENDED JUNE 30, 2024, UPMC HOME HEALTHCARE OF CENTRAL PENNSYLVANIA PROVIDED TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFIT PROGRAMS TOTALING APPROXIMATELY \$1,000,000.

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 2,300 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 AS WELL AS HOSPICE CHARITABLE WESTERN PENNSYLVANIA NEEDS, AND PROVIDED GRANTS AND CONTRIBUTIONS TO COMMUNITY HEALTH AND WELLNESS PROGRAMS TO FUND CLIENT SERVICES AND MUCH NEEDED

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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 MISSION OF THE
FOUNDATION IS TO DEVELOP THE FINANCIAL RESOURCES NEEDED TO ENHANCE HEALTH
AND WELLNESS, AND SUPPORT HIGH-QUALITY, ACCESSIBLE HEALTH CARE IN THE
COMMUNITY. THE FOUNDATION MAINTAINS A VARIETY OF FUNDS WHICH SUPPORT
SPECIFIC AREAS OF COMMUNITY AND HOSPITAL HEALTH, INCLUDING BUT NOT
LIMITED TO CANCER PATIENTS, COMMUNITY ACCESS TO CARE, HEALTHCARE
EDUCATION, STAFF SUPPORT, AND THE MEDICAL EQUIPMENT RECYCLING PROGRAM, A
MULTI-LOCATION INITIATIVE WHICH LOANS DURABLE MEDICAL EQUIPMENT, AT NO
COST AND WITHOUT DISCRIMINATION, TO THOUSANDS OF AREA RESIDENTS EACH
YEAR. THE FOUNDATION IS SUPPORTED BY DONORS, GRANTMAKING ORGANIZATIONS,
AND A BOARD OF DIRECTORS MADE UP OF COMMUNITY MEMBERS AND HOSPITAL STAFF
WHO OVERSEE THE FOUNDATION'S OPERATIONS AND FINANCES.

UPMC WESTERN BEHAVIORAL HEALTH OF THE ALLEGHENIES (WBHA) WITH ALMOST 200
STAFF MEMBERS TODAY, BEGAN PROVIDING MENTAL HEALTH SERVICES IN BLAIR
COUNTY OVER 45 YEARS AGO. DRUG & ALCOHOL SERVICES HAVE BEEN PROVIDED IN
BLAIR COUNTY SINCE 1988. THE ADULT CENTER FOR EXCEPTIONAL LEARNING
(ACEL) WAS ACQUIRED IN MARCH 1996. CHILDREN'S SERVICES INCLUDING CENTER
FOR COUNSELING AND STUDENT ASSISTANCE PROGRAM (SAP) PROVIDE SERVICES IN 7

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SCHOOL DISTRICTS THROUGH BLAIR AND CENTRE COUNTIES. WBHA ALSO PROVIDES A SCHOOL BASED PARTIAL HOSPITALIZATION PROGRAM IN THE STATE COLLEGE SCHOOL DISTRICT.

SINCE 1975 WBHA HAS BEEN OFFERING MENTAL HEALTH AND SUBSTANCE ABUSE OUTPATIENT COUNSELING IN CONJUNCTION WITH PSYCHOPHARMACOLOGY MANAGEMENT; CASE MANAGEMENT; RESOURCE COORDINATION; PEER SUPPORT; WELLNESS COACHING; STUDENT ASSISTANCE PROGRAM; LEXINGTON CLUBHOUSE; HOUSING PROGRAMS; AND ADULT CENTER FOR EXCEPTIONAL LEARNING (INTELLECTUAL DISABILITY SERVICES).

OUR STAFF HAVE YEARS OF EXPERIENCE PROVIDING MENTAL HEALTH AND DRUG & ALCOHOL SERVICES TO INDIVIDUALS IN OUR COMMUNITY.

WBHA HAS GROWN AND CONTINUES TO GROW SERVICES TO MEET THE GROWING NEEDS OF OUR COMMUNITY.

WBHA ACTIVELY PARTICIPATES IN LOCAL ACTIVITIES AND SPONSORS MULTIPLE INITIATIVES THROUGHOUT THE YEAR TO INCLUDE MENTAL HEALTH AWARENESS DAY, SUICIDE PRESENTATION, ETC. WBHA HAS AND STATEWIDE INITIATIVES, MAINTAINING A CONSTANT EMPHASIS ON EASY ACCESS AND QUALITY SERVICES FOR THE PEOPLE IT SERVES.

AS A PART OF THE UPMC HEALTH SYSTEM AND WESTERN BEHAVIORAL HEALTH NETWORK, WBHA PROVIDES A VARIETY OF COMMUNITY-BASED SERVICES INCLUDING MENTAL AND BEHAVIORAL HEALTH TREATMENT AND CASE MANAGEMENT SERVICES, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES LIVING ARRANGEMENTS AND

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VOCATIONAL TRAINING, AND SUBSTANCE USE TREATMENT AND PREVENTION. ITS
COMPREHENSIVE SERVICE CONTINUUM RANGES FROM OUTPATIENT THERAPY TO
RESIDENTIAL SERVICES, VOCATIONAL TRAINING, AND SUPPORTED EMPLOYMENT, TO
IN-SCHOOL PREVENTION AND TREATMENT PROGRAMS, TO PSYCHOSOCIAL
REHABILITATION. BHA WORKS WITH PEOPLE WHERE THEY ARE, GEOGRAPHICALLY AND
EMOTIONALLY, SERVING ,1160 INDIVIDUALS BETWEEN JULY 2023-JUNE 2024.

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 3,900 ACTIVE DENTAL PATIENTS, COMPRISED
OF 80% MEDICAL ASSISTANCE PATIENTS, 10% MEDICARE PATIENTS, AND 2%
UNINSURED PATIENTS.

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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 THE CONSTRUCTION OF A NEW BEHAVIORAL HEALTH POD IN THE EMERGENCY DEPARTMENT TO HELP MEET THE GROWING NEEDS OF THOSE IN THE COMMUNITY FIGHTING MENTAL ILLNESS.

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 PARTNERED WITH BLAIR COUNTY BREASTFEEDING COALITION TO CREATE A LACTATION POD AT THE CURVE STADIUM IN ALTOONA, PA. THE POD PROVIDES A PRIVATE SPACE FOR MOTHERS TO BREASTFEED THEIR BABIES.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

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 CONTINUED FUNDING FOR NURSING SCHOLARSHIPS FOR LOCAL STUDENTS PURSUING UNDERGRADUATE AND GRADUATE LEVEL NURSING EDUCATION, AS WELL AS FUNDING FOR NEW EQUIPMENT 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

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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
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

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SERVICES FOCUSED ON GUIDANCE AND SUPPORT. EACH CALL IS HANDLED BY A SOCIAL WORKER WHO PROVIDES APPROPRIATE COUNSELING AND SUPPORT BASED ON A THOROUGH NEEDS ASSESSMENT. THE SOCIAL WORKER ALSO PROVIDES OUTREACH AND EDUCATION. THE LIVING-AT-HOME PROGRAM PROVIDES CHRONIC CARE MANAGEMENT TO HELP MAINTAIN INDEPENDENCE AND FUNCTION OF THE ELDERLY BY COORDINATING THEIR CARE, PROVIDING EDUCATION ABOUT THEIR CONDITIONS, AND ASSISTING THEM IN MANAGING THEIR MEDICATIONS AND OBTAINING SERVICES THROUGH COMMUNITY RESOURCES. THIS PROGRAM ALSO PROVIDES HEALTH SELF-MANAGEMENT INFORMATION THROUGH SENIOR CENTERS AND HOUSING. UPMC COMMUNITY PROVIDER SERVICES PROVIDED OVER \$1,400,000 IN SUPPORT FOR COMMUNITY BENEFIT PROGRAMS IN THE FISCAL YEAR ENDED JUNE 30, 2024.

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 2.0 MILLION MEMBERS WHOSE HEALTH COVERAGE IS SPONSORED THROUGH MEDICAID, MEDICARE, OR COMMERCIAL PLANS. COMMUNITY CARE'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH THE DELIVERY OF CLINICALLY EFFECTIVE, COST-EFFICIENT, AND ACCESSIBLE BEHAVIORAL HEALTH SERVICES. IT

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SEEKS TO IMPROVE THE QUALITY OF SERVICES FOR MEMBERS THROUGH A
STAKEHOLDER PARTNERSHIP FOCUSED ON OUTCOMES. COMMUNITY CARE BELIEVES THAT
QUALITY IS MEASURED BY THE IMPROVED HEALTH OF ITS MEMBERS, WHICH
TRANSLATES TO HIGHER FUNCTIONING IN THE COMMUNITY.

COMMUNITY CARE BELIEVES THAT THE HIGHEST QUALITY SERVICES ARE BEST
PROVIDED THROUGH A NOT-FOR-PROFIT PARTNERSHIP WITH PUBLIC AGENCIES,
EXPERIENCED LOCAL PROVIDERS, AND INVOLVED MEMBERS AND FAMILIES. COMMUNITY
CARE'S PRIMARY OPERATIONS CONSIST OF MANAGING BEHAVIORAL HEALTH SERVICES,
AS WELL AS TREATMENT FOR DRUG AND ALCOHOL ABUSE TO MEDICAL ASSISTANCE
ENROLLEES UNDER CONTRACTS WITH 43 PENNSYLVANIA COUNTIES. AT THE END OF
CALENDAR YEAR 2024, THERE WERE APPROXIMATELY 1.2 MILLION HEALTHCHOICES
MEMBERS.

WITH A NETWORK OF APPROXIMATELY 9,000 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

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ADMINISTRATIVE MANAGEMENT AND NETWORK FUNCTIONS FOR ITS MEMBERS. AT
YEAR-END 2024, THERE WERE APPROXIMATELY 785,000 COMMERCIAL AND MEDICARE
MEMBERS.

COMMUNITY CARE ALSO HAS A REINSURANCE ASSUMPTION AGREEMENT WITH UPMC
HEALTH PLAN TO MANAGE THE UPMC FOR KIDS BUSINESS. UPMC FOR KIDS IS
PENNSYLVANIA'S LARGEST AND FASTEST GROWING CHILDREN'S HEALTH INSURANCE
PROGRAM CHIP PLAN. UPMC FOR KIDS OFFERS A WIDE RANGE OF BENEFITS,
INCLUDING ACCESS TO PREVENTIVE CARE, DOCTOR VISITS, BEHAVIORAL HEALTH
CARE, EMERGENCY DEPARTMENT CARE, PRESCRIPTION MEDICATION, AND DENTAL AND
VISION CARE. CHIP IS A STATE AND FEDERALLY FUNDED PROGRAM THAT PROVIDES
COMPREHENSIVE HEALTH INSURANCE TO UNINSURED CHILDREN AND TEENS UP TO AGE
19 WHO ARE NOT ELIGIBLE FOR MEDICAL ASSISTANCE. AT THE END OF 2024, UPMC
FOR KIDS HAD APPROXIMATELY 40,000 MEMBERS IN 64 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 589,323 MEDICAL
ASSISTANCE MEMBERS DURING FISCAL YEAR 2024. UPMC FOR YOU SERVES THOSE
MEMBERS THAT MEET CERTAIN FEDERAL POVERTY GUIDELINES, INCLUDING THE AGED,

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BLIND, AND DISABLED, AND HAS BEEN VERY SUCCESSFUL IN MEETING THE NEEDS OF THIS UNIQUE POPULATION. 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 ASSISTED THE COMMUNITY WITH OVER \$3,700,000 IN CHARITABLE DONATIONS IN FISCAL YEAR 2024.

UPMC FOR YOU IS ONE OF THREE MEDICAID PLANS IN PENNSYLVANIA AND ONE OF 13 MEDICAID PLANS NATIONALLY TO RECEIVE AN 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 13 YEARS. UPMC FOR YOU REMAINS A HIGH PERFORMING HEALTH INSURANCE PLAN IN PENNSYLVANIA AND HAS AN OVERALL RATING OF 4.5 OUT OF 5 IN THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE NCQA HEALTH PLAN RATING FOR 2023-2024. 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

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PROVIDES MEDICAL DIRECTION FOR THE CITY OF PITTSBURGH BUREAU OF EMS.

AS A CONSORTIUM, THE CENTER FOR EMERGENCY MEDICINE IS A UNIQUE MODEL OF
SUCCESS -- AN ADVANCED SYSTEM OF EMERGENCY TRANSPORT, CLINICAL CARE, AND
EDUCATION AND RESEARCH. THE CENTER HAS BECOME THE WORLD'S LEADING
INSTITUTE FOR THE ADVANCEMENT OF EMERGENCY MEDICINE RESEARCH AND
EDUCATION, AND MOST IMPORTANTLY, PATIENT CARE. DURING FISCAL YEAR 2024,
THE CENTER FOR EMERGENCY MEDICINE PROVIDED UNCOMPENSATED CARE AT A COST
OF OVER \$2,500,000.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

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

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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
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,
AND IN THE REGION. SAFE HARBOR SERVES AS THE COUNTY'S CRISIS HOTLINE

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OPERATOR AND COMMUNITY CRISIS RESPONDER AND IS A 988 NATIONAL SUICIDE &
CRISIS LIFELINE CENTER. SUPPORTED BY ALMOST 200 STAFF MEMBERS SAFE HARBOR
IS COMMITTED TO PROVIDING QUALITY MENTAL HEALTH CARE.

SAFE HARBOR OFFERS BEHAVIORAL HEALTH ASSISTANCE TO ADULTS AND CHILDREN
USING THERAPY, PSYCHIATRIC SERVICES, AND NURSING SUPPORT. SAFE HARBOR HAS
MULTIPLE PROGRAMS THAT ARE TAILORED TO FIT AN INDIVIDUAL AND HIS OR HER
RECOVERY FROM A VARIETY OF MENTAL HEALTH CONCERNS SUCH AS: ANXIETY,
DEPRESSION, ANGER MANAGEMENT, ATTENTION DEFICIT DISORDER ADD, ADHD,
BEHAVIOR DISORDERS, BIPOLAR DISORDER, GRIEF AND LOSS, SUBSTANCE USE, MOOD
DISORDERS, OBSESSIVE-COMPULSIVE DISORDER OCD, STRESS MANAGEMENT,
SCHIZOPHRENIA, BORDERLINE PERSONALITY DISORDER, PARENTING OR OTHER FAMILY
NEEDS, TRAUMA, AND ABUSE. A FIRST EPISODE PSYCHOSIS PROGRAM AND MANY
SCHOOL-BASED SATELLITES ARE AMONG THE SPECIALIZED PROGRAMMING DESIGNED TO
MEET UNIQUE NEEDS AND ENHANCE ACCESS.

OUTPATIENT, INTENSIVE OUTPATIENT, AND MEDICATION MANAGEMENT SERVICES ARE
AVAILABLE FOR ADULTS AND ADOLESCENTS WITH SUBSTANCE USE DISORDER RELATED
NEEDS. MEDICATIONS FOR OPIOID AND ALCOHOL USE DISORDER ARE AVAILABLE. THE
ADDICTION MEDICINE SERVICES TEAM AT SAFE HARBOR ALSO PROVIDES A WARM HAND
OFF PROGRAM FOR PATIENTS AT UPMC HAMOT HOSPITAL AND HAS A CERTIFIED
RECOVERY SPECIALIST DEVOTED TO THE LAW ENFORCEMENT TREATMENT INITIATIVE
IN ERIE COUNTY.

CRISIS SERVICES, ASSISTS INDIVIDUALS EXPERIENCING A CRISIS 24/7/365

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THROUGH TELEPHONE, WALK-IN, OR MOBILE SUPPORT. EXAMPLES OF THE TYPES OF
CRISES ARE THOUGHTS OF SUICIDE, UNCOMFORTABLE SYMPTOMS OF MENTAL ILLNESS,
CO-OCCURRING SUBSTANCE USE, BEREAVEMENT, RELATIONSHIP DIFFICULTIES,
EXPERIENCE OF TRAUMA, FAMILY CONCERNS, PARENTING NEEDS AND SITUATIONAL
STRESS (FINANCIAL, JOB LOSS, HOMELESSNESS). PEER SERVICES ARE AVAILABLE
THROUGH THE COUNTY'S WARMLINE, HOUSED AT CRISIS SERVICES. ADDITIONALLY,
CRISIS SERVICES PROVIDES CO-RESPONSE WITH LOCAL LAW ENFORCEMENT,
INCLUDING TWO DEPARTMENTS THAT HAVE DEDICATED CRISIS STAFF.

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.

THE ORGANIZATION PROVIDES BLENDED CASE MANAGEMENT TO MEET THE NEEDS OF
INDIVIDUALS WITH SERIOUS MENTAL ILLNESS, WHO HAVE ADDITIONAL COMPLEX
NEEDS ACROSS MULTIPLE DOMAINS. SPECIALIZED CASE MANAGEMENT SERVICES ARE
PROVIDED BY CONTRACT TO ERIE'S PUBLIC SCHOOLS, WITH EMPHASIS ON
ADDRESSING PSYCHOSOCIAL BARRIERS THAT STUDENTS AND FAMILIES EXPERIENCE TO
PROMOTE SUCCESS IN THE EDUCATIONAL ENVIRONMENT.

OUTPATIENT PEER SERVICES ARE AVAILABLE THROUGH MENTAL HEALTH CERTIFIED
PEER SPECIALISTS AND RECOVERY SPECIALISTS, WHO HAVE LIVED EXPERIENCE WITH
SUBSTANCE USE RECOVERY.

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SAFE HARBOR ALSO PARTNERS WITH A VARIETY OF GRANT PROJECTS TO ENHANCE
EDUCATION, ACCESS, PREVENTION, TREATMENT, AND RECOVERY RELATED RESOURCES
ACROSS A VARIETY OF DOMAINS. EXAMPLES INCLUDE PARTICIPATION AS A TRAINING
PARTNER IN THE UNIVERSITY OF PITTSBURGH'S PROGRAM EVALUATION AND RESEARCH
UNIT'S NWPA VETERAN SUICIDE PREVENTION PROGRAM AND SERVING AS THE
ORGANIZATION HOUSING THE PROJECT DIRECTOR IN MULTIPLE HAMOT HEALTH
FOUNDATION GRANTS THROUGH HRSA'S RURAL COMMUNITY OPIOID RESPONSE PROGRAM.

SAFE HARBOR OFFERED EDUCATIONAL MATERIALS AND PRESENTATIONS INCLUDING
MENTAL HEALTH AWARENESS; MENTAL HEALTH AND SUICIDE; SUICIDE PREVENTION
GATEKEEPER TRAINING, CRISIS INTERVENTION, SUICIDE AND SUBSTANCE USE
DISORDER; DRUG TRENDS; SCREENING, BRIEF INTERVENTION AND REFERRAL TO
TREATMENT; AND AN ARRAY OF OTHER TOPICS. SAFE HARBOR PROVIDED TRAINING TO
THE ERIE POLICE DEPARTMENT VISITED LOCAL SCHOOLS, CONTINUED TO LEAD THE
ERIE COUNTY SUICIDE ADVISORY BOARD AT SAFE HARBOR AND HOSTED A LARGE
SUICIDE PREVENTION CONFERENCE, AND PARTICIPATED IN THE ANNUAL AMERICAN
FOUNDATION FOR 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

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LOCAL MENTAL HEALTH AND CRISIS SERVICES TO PARTICIPANTS OF THE EVENT. WE
TABLED AT NUMEROUS OTHER EVENTS INCLUDING THE TRAIL OF TREATS, HAMOT
HEALTH FOUNDATION LEADERSHIP EVENT; TRUNK OR TREAT; AND MINUTES MATTER
EVENTS. ADDITIONALLY, STAFF DID DIRECT OUTREACH IN THE COMMUNITY TO
DISTRIBUTE NALOXONE AND HARM REDUCTION SUPPLIES, INCLUDING TO BUSINESSES
AND SOCIAL SERVICE AGENCIES. SAFE HARBOR CONTINUED TO PARTICIPATE IN THE
PENNSYLVANIA OVERDOSE PREVENTION PROGRAM AS A RECOGNIZED ENTITY, AND
STAFF PARTICIPATED IN MULTIPLE COMMUNITY INITIATIVES AND TASK FORCES,
SUCH AS ERIE COALITION FOR A TRAUMA INFORMED COMMUNITY, THE CHILD ABUSE
PREVENTION TASK FORCE, PURPLE ONE, AND IN BOARD SERVICE.

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 250 FULL-TIME
EMPLOYEES AND IS POSITIONED AS ONE OF THE LARGEST EMPLOYERS IN MCKEESPORT
AND SURROUNDING COMMUNITIES.

MYCS ACTIVELY PARTICIPATES IN LOCAL AND STATEWIDE INITIATIVES,
MAINTAINING A CONSTANT EMPHASIS ON EASY ACCESS AND QUALITY SERVICES FOR

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THE PEOPLE IT SERVES. MYCS PROVIDES EXPERT COUNSELING AND RECOVERY-BASED PROGRAMS IN BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND ADDICTION TREATMENT AND INTERVENTION AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. MON YOUGH STRIVES TO MEET CLIENT NEEDS BY UTILIZING BOTH IN-PERSON AND VIDEO OPTIONS FOR SEVERAL SERVICE LINES.

MON YOUGH COMMUNITY SERVICES EMPLOYEES INTERACT WITH AND SERVE NEARLY 3,200 INDIVIDUALS A YEAR WHO ARE STRUGGLING WITH A VARIETY OF ISSUES RANGING FROM MENTAL ILLNESS, ADDICTION, AND DEVELOPMENTAL CHALLENGES. WE MAINLY SERVE CLIENTS IN ALLEGHENY COUNTY BUT HAVE RECENTLY EXPANDED TO WESTMORELAND, FAYETTE AND WASHINGTON COUNTIES FOR THE FOSTER CARE SERVICE LINE.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

AS A PART OF THE UPMC HEALTH SYSTEM, MYCS PROVIDES A VARIETY OF COMMUNITY-BASED SERVICES INCLUDING MENTAL AND BEHAVIORAL HEALTH TREATMENT AND CASE MANAGEMENT SERVICES, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES LIVING ARRANGEMENTS AND VOCATIONAL TRAINING, AND SUBSTANCE USE TREATMENT AND PREVENTION. THE 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 AND 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

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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.

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
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,

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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.
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

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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 35 YEARS. LAST YEAR, 180 CHILDREN VISITED THE CAC FOR A CHILD ABUSE FORENSIC INTERVIEW. IN ADDITION, THE MULTIDISCIPLINARY TEAM REVIEWED 366 CHILDLINE CASES AND 90 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 THERAPY (CBT), ALTERNATE FAMILIES CBT, AND EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR).

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

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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.

PREVENTION SERVICES FOR FAMILIES, BIRTH TO AGE 5 ARE PROVIDED THROUGH THE
PARENTS AS TEACHERS AND EARLY HEAD START HOME VISITING PROGRAMS. FAMILY
DEVELOPMENT SPECIALISTS MEET WITH FAMILIES EITHER WEEKLY OR BI-WEEKLY
PROVIDING EDUCATION ON FAMILY HEALTH AND WELL-BEING, CHILD DEVELOPMENT,
AND INTRODUCTION OF ACTIVITIES TO STRENGTHEN THE PARENT-CHILD
RELATIONSHIP. THE PRIMARY GOAL IS TO STOP CHILD ABUSE AND TO HELP
FAMILIES DEVELOP PROTECTIVE FACTORS THAT STRENGTHEN AND SUPPORT THEM,
ESPECIALLY DURING CHALLENGING TIMES. LAST YEAR 165 FAMILIES AND OVER 215
CHILDREN UNDER AGE 5 RECEIVED HOME VISITING PREVENTION SERVICES. THE
FATHERHOOD PROGRAM PROVIDED SERVICES TO AN ADDITIONAL 180 FATHERS. THESE
SERVICES COMPRISE INDIVIDUAL AND GROUP MEETINGS AT THE AGENCY AS WELL AS
COLLABORATIVE VENTURES IN THE COMMUNITY. THIS INCLUDES A MONTHLY PROGRAM
FOR FATHERS AND THEIR CHILDREN IN THE LARGEST SCHOOL DISTRICT IN THE
COUNTY, AT THE COUNTY JAIL AND AT A MEN'S HALFWAY HOUSE FOR THOSE IN
RECOVERY FROM SUBSTANCE ABUSE.

ALL SERVICES PROVIDED BY THE AGENCY ARE FREE AND CONFIDENTIAL.

THE UPMC JAMESON HEALTH CARE 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

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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 IN THE COMMUNITY. THE FOUNDATION HAS A VARIETY OF FUNDS WHICH SUPPORT SPECIFIC AREAS OF COMMUNITY AND HOSPITAL HEALTH, INCLUDING BUT NOT LIMITED TO CANCER PATIENTS, COMMUNITY ACCESS TO CARE, HEALTHCARE EDUCATION AND STAFF SUPPORT. THE FOUNDATION REGULARLY PROVIDES GRANTS TO UPMC JAMESON AND HEALTH-FACING COMMUNITY ORGANIZATIONS TO ADVANCE HOSPITAL AND COMMUNITY INITIATIVES WHICH IMPROVE LOCAL HEALTH. THE FOUNDATION IS SUPPORTED BY DONORS, GRANTMAKING ORGANIZATIONS, AND A BOARD OF DIRECTORS MADE UP OF COMMUNITY MEMBERS AND HOSPITAL STAFF WHO OVERSEE THE FOUNDATION'S OPERATIONS AND FINANCES.

TWIN LAKES CENTER, INC. (TWIN LAKES). SINCE 1983, TWIN LAKES HAS PROVIDED A WIDE RANGE OF TREATMENT OPTIONS FOR THOSE SUFFERING FROM ADDICTION. WITH A 64-BED COMBINED 3.7 WITHDRAWAL MANAGEMENT, AND 3.5 INPATIENT RESIDENTIAL TREATMENT FACILITY LOCATED IN SOMERSET, PA, TWIN LAKES IS THE PREMIER TREATMENT PROVIDER IN THE REGION. ASSESSMENTS AND PHYSICAL EVALUATIONS ARE OFFERED UPON ADMISSION. THE WITHDRAWAL MANAGEMENT PROGRAM OFFERS MEDICALLY SUPPORTED WITHDRAWAL SERVICES THAT INCLUDE PHARMACOLOGICAL AND COUNSELING SUPPORT, STAFFED BY MEDICAL PROFESSIONALS 24 HOURS A DAY. THE 3.5 INPATIENT RESIDENTIAL SERVICES, LOCATED ON THE SAME CAMPUS, OFFERS INDIVIDUAL, GROUP, AND FAMILY THERAPY ALONG WITH PHARMACOLOGICAL TREATMENT FOR ALCOHOL AND OPIOID USE DISORDERS. TREATMENT INTERVENTIONS ARE COGNITIVE BEHAVIORAL THERAPY DRIVEN WITH DIALECTICAL BEHAVIORAL THERAPY AND MOTIVATIONAL INTERVIEWING ALSO BEING UTILIZED.

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RESIDENTS PARTICIPATE IN NUTRITIONAL WELLNESS CLASSES, OPTIONAL SPIRITUALITY AND PHYSICAL HEALTH ACTIVITIES AS WELL AS ENGAGE IN PEER AND COMMUNITY-BASED SUPPORT. UPON DISCHARGE FROM RESIDENTIAL SERVICES, MANY INDIVIDUALS CHOOSE TO CONTINUE TREATMENT AT A TWIN LAKES OUTPATIENT SITE.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

TWIN LAKES OFFERS INTENSIVE OUTPATIENT (9-19 HOURS/WEEK) AND OUTPATIENT (UP TO 8 HOURS/WEEK) SERVICES THAT INCLUDE GROUP, INDIVIDUAL, AND FAMILY THERAPY FOR INDIVIDUALS SEEKING TREATMENT FOR SUBSTANCE USE DISORDERS. COGNITIVE BEHAVIORAL THERAPY, DIALECTICAL BEHAVIORAL THERAPY, TRAUMA INFORMED CARE, AND MOTIVATIONAL INTERVIEWING INTERVENTIONAL ARE UTILIZED. GROUPS FOR THOSE INVOLVED IN THE LEGAL SYSTEM AND OTHER SPECIALTY CARE GROUPS ARE PROVIDED. SUBSTANCE USE OUTPATIENT TREATMENT FACILITIES ARE LOCATED IN CAMBRIA AND BEDFORD COUNTIES. TWIN LAKES' SOMERSET OUTPATIENT FACILITY OFFERS TREATMENT FOR BOTH SUBSTANCE USE AND BEHAVIORAL HEALTH DISORDERS THROUGH ASSESSMENTS AND PSYCHIATRIC SERVICES.

THE PREVENTION AND EDUCATION PROGRAM AT TWIN LAKES OFFERS A WIDE ARRAY OF COMMUNITY SERVICES AND INTERVENTIONS. DRIVING UNDER THE INFLUENCE PROGRAMS INCLUDE COURT REPORTING NETWORK THAT ASSESSES AND PROVIDES A SUMMARY OF DRUG AND ALCOHOL HIGHWAY SAFETY HISTORY FOR THOSE CONVICTED OF DU, WHICH IS REQUIRED BY PENNSYLVANIA LAW, ALCOHOL HIGHWAY SAFETY SCHOOL, AND VICTIM IMPACT PANEL. SCHOOL BASED SERVICES INCLUDE BOTVIN LIFE SKILLS TRAINING GEARED TOWARDS PREVENTING SUBSTANCE USE AND VIOLENCE, HEALTHY ALTERNATIVES FOR LITTLE ONES, PROJECT TOWARDS NO DRUG ABUSE, EVERFI PROGRAMS, PROJECT STICKER SHOCK, RED RIBBON WEEK, AND STUDENTS

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AGAINST DRIVING DRUNK.

TWIN LAKES WORKS TO REMAIN A PREMIER SUBSTANCE USE AND PREVENTION

PROVIDER IN THE REGION. TWIN LAKES SERVED 1,491 INDIVIDUALS DURING FISCAL
YEAR 2024 AND EMPLOYED 83 FULL TIME EMPLOYEES.

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, 2024, SUGARCREEK PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID
SHORTFALL OF OVER \$3,700,000. 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, 2024,
CRANBERRY PLACE PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL
OF APPROXIMATELY \$5,200,000.

AS OF APRIL 1, 2024 CRANBERRY PLACE SOLD THEIR OPERATIONS TO AN OUTSIDE
PARTY WHO WILL CONTINUE TO OPERATE THE FACILITIES IN THE SAME TAX EXEMPT
MANNER AS WHEN OPERATED BY UPMC SENIOR COMMUNITIES.

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, 2024, THE HERITAGE SHADYSIDE PROVIDED FREE OR UNCOMPENSATED CARE
INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY \$5,400,000

PART IV CHECKLIST OF REQUIRED SCHEDULES

QUESTION 12: AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM

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LEVEL ONLY, INCLUDING UPMC AND ALL SUBSIDIARIES.

QUESTION 20B: AS OF 7/1/17 UPMC CHANGED ITS ANNUAL AUDIT TO CALENDAR YEAR
END. THE AUDIT REPORT INCLUDED WITH THE FISCAL YEAR 2024 990 IS A
CALENDAR YEAR AUDIT, INCLUSIVE OF THE PERIOD 1/1/23-12/31/23.

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, 2024. 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 (75%). PLEASE SEE THE UPMC PARENT FORM 990 (EIN
25-1423657) FOR MORE INFORMATION.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

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

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BECAUSE THEY ARE NOT "BUSINESS RELATIONSHIPS" FOR THE PURPOSES OF THE
FORM 990.

QUESTION 6: MOST OF THE UPMC GROUP ENTITIES HAVE A SOLE MEMBER, WHICH IS
UPMC PARENT. A SMALL NUMBER OF GROUP ENTITIES HAVE MORE THAN ONE MEMBER.
IN ALL CASES, THE MEMBERS ARE EXEMPT ORGANIZATIONS. ULTIMATELY THE GROUP
ENTITIES AND THEIR RESPECTIVE MEMBERS (IF THE MEMBER(S)/IS/ARE NOT UPMC
PARENT) ARE CONTROLLED BY UPMC PARENT.

QUESTION 7A AND B: IN THE CASE OF MOST OF THE UPMC GROUP ENTITIES, THE
MEMBER(S) APPOINT A SIGNIFICANT PORTION OF THE ENTITIES' BOARDS OF
DIRECTORS (IF NOT THE ENTIRE BOARD). IN THE CASE OF MOST OF THE GROUP
ENTITIES, THE MEMBER(S) ALSO HAVE THE RIGHT TO INITIATE, APPROVE OR
OVERTURN ACTIONS OF THE ENTITIES' BOARDS. IN ADDITION, THE MEMBERS'
ACTIONS, IF THE MEMBER(S) IS NOT UPMC PARENT, IS IN MOST CASES SUBJECT TO
THE OVERALL AUTHORITY OF THE UPMC PARENT BOARD.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION B: POLICIES

QUESTION 11A & B: UPMC IS THE PARENT ORGANIZATION OF THE FILING ENTITY,
GROUP, AND HAS, WITH RESPECT TO MOST ENTITIES IN THE GROUP, THE
DISCRETION AND AUTHORITY TO INITIATE OR VETO ACTIONS TAKEN BY GROUP
MEMBER GOVERNING BODIES. WITH RESPECT TO THE REMAINING MEMBERS, UPMC'S
AUTHORITY IS LIMITED SLIGHTLY BUT STILL SIGNIFICANT, ENCOMPASSING MAJOR
MATTERS INCLUDING FINANCIAL AND TAX MATTERS. THE COMPLETED GROUP FORM

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990 WAS REVIEWED BY THE UPMC CHIEF FINANCIAL OFFICER, MEMBERS OF THE CORPORATE TAX DEPARTMENT, MEMBERS OF THE CORPORATE LEGAL DEPARTMENT, AND OTHER MEMBERS OF UPMC'S MANAGEMENT PRIOR TO ITS FILING. VARIOUS SECTIONS OF THE 990 WERE ALSO REVIEWED BY THE CHIEF EXECUTIVE OFFICER OF UPMC AND COMMITTEES OF UPMC'S BOARD OF DIRECTORS, AS APPLICABLE. FOR EXAMPLE, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD REVIEWED SECTIONS RELATED TO COMPENSATION AND RELATED PARTY TRANSACTIONS. IN ADDITION, THE BOARD OF DIRECTORS ESTABLISHED A 990 SUBCOMMITTEE, COMPRISED OF THE CHAIRS OF THE UPMC BOARD, EXECUTIVE COMPENSATION COMMITTEE, ETHICS AND COMPLIANCE COMMITTEE, FINANCE COMMITTEE AND AUDIT COMMITTEE, WHICH REVIEWED THE ENTIRE COMPLETED FORM 990.

ADDITIONALLY THE FORM 990 IS REVIEWED BY AN OUTSIDE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO AS PART OF THE PROCESS SIGNS THE RETURN AS PAID PREPARER. AFTER THIS REVIEW BUT PRIOR TO FILING, THE FULL UPMC BOARD OF DIRECTORS WAS NOTIFIED THAT THE COMPLETED FORM 990 WAS AVAILABLE FOR REVIEW ON THE BOARD'S SECURE WEBSITE. ALSO PRIOR TO FILING, MANAGEMENT PROVIDED THE OPPORTUNITY FOR ALL BOARD MEMBERS OF THE FULL UPMC BOARD TO ASK ANY QUESTIONS OR RAISE ANY COMMENTS ON THE FULL RETURN THEY WERE PROVIDED.

QUESTION 12C: UPMC REQUIRES KEY EMPLOYED AND NON-EMPLOYED PERSONNEL TO COMPLY WITH ITS CONFLICT OF INTEREST POLICIES WHEN THEY ENGAGE IN UPMC-RELATED BUSINESS. PERSONS COVERED BY THE POLICIES INCLUDE:

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-UPMC BOARD MEMBERS, BOARD COMMITTEE MEMBERS, CORPORATE OFFICERS, AND KEY
EMPLOYEES

-UPMC PHYSICIANS AND NON-PHYSICIAN EMPLOYEES WHO HOLD A POSITION OF
INFLUENCE

-IDENTIFIED NON-EMPLOYED MEMBERS OF THE UPMC MEDICAL STAFF WHO HOLD A
POSITION OF INFLUENCE OR TRUST-INDIVIDUALS CONDUCTING CLINICAL RESEARCH
AT UPMC, WHETHER OR NOT THEY ARE EMPLOYED BY UPMC.

THESE INDIVIDUALS ARE REQUIRED TO COMPLETE A QUESTIONNAIRE AT LEAST
ANNUALLY, WHICH ALONG WITH OTHER DATA IS USED TO IDENTIFY POSSIBLE
INDIVIDUAL AND INSTITUTIONAL CONFLICTS OF INTEREST. IF A POTENTIAL
CONFLICT IS IDENTIFIED REGARDING A SPECIFIC UPMC ACTIVITY, THE CORPORATE
COMPLIANCE DEPARTMENT, WITH THE ASSISTANCE OF THE LEGAL DEPARTMENT,
EITHER DEVELOPS A WRITTEN PLAN DESIGNED TO PREVENT THE CONFLICT FROM
INFLUENCING DECISIONS RELATED TO THAT ACTIVITY, OR REQUIRES THAT THE
CONFLICTING RELATIONSHIP BE DIVESTED, AS APPROPRIATE. FOR EMPLOYED
PERSONNEL AND NON-BOARD MEMBER, NON EMPLOYED PERSONNEL, THE CONFLICT OF
INTEREST IDENTIFICATION AND MANAGEMENT PROCESS IS ULTIMATELY OVERSEEN BY
AN ETHICS AND COMPLIANCE COMMITTEE OF THE UPMC BOARD OF DIRECTORS ON
BEHALF OF UPMC AND ALL OF ITS SUBSIDIARIES. POTENTIAL CONFLICT OF
INTEREST TRANSACTIONS INVOLVING UPMC BOARD MEMBERS AND ENTITIES WITH
WHICH THEY ARE AFFILIATED ARE MONITORED AND SUBJECT TO PRE APPROVAL BY
THE GOVERNANCE AND NOMINATING COMMITTEE OF THE UPMC BOARD OF DIRECTORS.
IN ADDITION TO THE GENERAL CORPORATE AND BOARD POLICIES DESCRIBED ABOVE,
UPMC HAS ALSO DEVELOPED AND IMPLEMENTED A SEPARATE TAX QUESTIONNAIRE

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DISTRIBUTED TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ANNUALLY
THAT SPECIFICALLY ADDRESSES DISCLOSURE REQUIREMENTS OF FORM 990.

QUESTION 15A AND B: TO SUPPORT UPMC'S MISSION AND AS SET FORTH IN THE
UPMC BYLAWS, THE BOARD OF DIRECTORS HAS FORMED AN EXECUTIVE COMPENSATION
COMMITTEE ("COMMITTEE") AND DELEGATED TO IT THE RESPONSIBILITY FOR
ESTABLISHMENT AND IMPLEMENTATION OF OFFICER AND KEY EMPLOYEE TOTAL
COMPENSATION PROGRAMS. AS PART OF THIS RESPONSIBILITY THE COMMITTEE
REPORTS REGULARLY TO THE BOARD OF DIRECTORS. WITH BOARD OF DIRECTORS
APPROVAL, THE COMMITTEE HAS ADOPTED A FORMAL CHARTER, WHICH INCLUDES THE
ESTABLISHMENT OF A COMPENSATION PHILOSOPHY AND RELATED POLICIES WITH
RESPECT TO THE TOTAL COMPENSATION PAID BY UPMC TO ITS OFFICERS AND KEY
EMPLOYEES. THE UPMC TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY
EMPLOYEES IS PREDICATED UPON AN INCENTIVE COMPENSATION COMPONENT. THIS
COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE
GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL
AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA IN THE CONTEXT
OF APPROPRIATE RISK TAKING. THESE CRITERIA DIRECTLY SUPPORT UPMC'S
MISSION AND INCLUDE: PATIENT QUALITY AND SATISFACTION, COMMUNITY
BENEFITS, OPERATIONAL AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND
STRATEGIC BUSINESS INITIATIVES AMONG OTHERS. THE TOTAL COMPENSATION
PROGRAM IS INTEGRATED WITH AND REINFORCES THE UPMC BUSINESS PLANNING
CYCLE AS WELL AS MANAGEMENT DEVELOPMENT AND SUCCESSION PLANNING
PROCESSES. IT IS THE COMMITTEE'S JUDGMENT THAT THE STRUCTURE OF THE TOTAL
COMPENSATION PROGRAM IS VITAL TO, AND STRONGLY SUPPORTIVE OF, THE HIGH

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LEVEL OF ONGOING SUCCESS OF UPMC AND FOSTERS THE RETENTION OF CRITICAL OFFICER AND KEY EMPLOYEE TALENT. THE TOTAL COMPENSATION DETERMINATION PROCESS UTILIZED BY THE COMMITTEE IS INTENDED TO SATISFY THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" AS SET FORTH IN THE REGULATIONS TO SECTION 4958 OF THE INTERNAL REVENUE CODE ("CODE"). THIS MEANS THAT COMPENSATION PROGRAMS AND LEVELS ARE APPROVED IN ADVANCE BY THE COMMITTEE WHICH IS COMPOSED ENTIRELY OF OUTSIDE DIRECTORS WHO DO NOT HAVE A CONFLICT OF INTEREST, AS DEFINED BY THE RELEVANT REGULATIONS, WITH RESPECT TO THE COMPENSATION PROGRAM AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON A BROAD RANGE OF APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATIONS. THE COMMITTEE THEN CONTEMPORANEOUSLY DOCUMENTS, IN FORMAL MEETING MINUTES, THE BASIS AND REASONS FOR ITS DETERMINATIONS. THE TOTAL COMPENSATION PROGRAM IS DESIGNED AND ADMINISTERED IN ACCORDANCE WITH THE UPMC BYLAWS, SOUND BUSINESS PRACTICES, THE TENETS OF COMMON LAW BUSINESS JUDGMENT AND FIDUCIARY RESPONSIBILITY AS WELL AS ADHERENCE TO ALL RELEVANT FEDERAL, STATE AND LOCAL LAWS. IN ADDITION TO CODE SECTION 4958, AS SET FORTH ABOVE, THIS INCLUDES BUT IS NOT LIMITED TO CODE SECTION 501(C)(3) AND THE APPLICABLE REGULATIONS THEREUNDER AS WELL AS ALL LAWS AND REGULATIONS PROHIBITING PRIVATE INUREMENT, PRIVATE BENEFIT TRANSACTIONS AND DISCRIMINATION. FURTHER, THE COMMITTEE HAS IDENTIFIED AND ADOPTED, AS APPROPRIATELY MODIFIED FOR UPMC, COMPENSATION PROGRAM "BEST PRACTICES" FROM THE BUSINESS WORLD (E.G. SARBANES OXLEY, SEC, ETC.). THE COMMITTEE BELIEVES THAT WHILE THESE PRACTICES ARE NOT REQUIRED IN THE TAX EXEMPT SECTOR, THEY ARE IN THE BEST INTERESTS OF THE ORGANIZATION AND FURTHER

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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

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

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PART VII

\$4,778,634 OF THE \$12,125,375 IS BEING REPORTED IN PART VII FOR THE THIRD TIME. THE \$4,778,634 AMOUNT, WHICH RELATES TO SECTION 457(F) AND SECTION 457(B) PLANS, WAS INITIALLY REPORTED AS PART VII, COLUMN (F) "OTHER COMPENSATION". IT WAS THEN REPORTED IN COLUMN (D) OF THE PART VII AS IT VESTED FOR FICA PURPOSES FROM 2018 TO 2022 AND WAS REPORTED IN BOX 5 OF FORMS W-2. THE \$4,778,634 AMOUNT BECAME SUBJECT TO FEDERAL INCOME TAX UPON DISTRIBUTION IN 2023 AND WAS THEREFORE REPORTED IN BOX 1 OF THE 2023 FORM W-2 THUS REPORTING THE \$4,778,634 AMOUNT AGAIN IN COLUMN (D), FOR A SECOND TIME ON THE FY24 PART VII UNDER A CONSERVATIVE READING OF THE FORM 990 INSTRUCTIONS REQUIREMENT THAT THE LARGER OF FORM W-2 BOX 1 OR 5 BE REPORTED IN COLUMN (D) OF PART VII (BOX 1 WAS LARGER IN 2023 AND BOX 5 WAS LARGER IN THE APPLICABLE PRIOR YEARS).

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

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2	ALT	UPMC ALTOONA
3	APH	UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY
4	APP	UPMC ADVANCED PRACTICE PROVIDERS
5	AUE	AUUE INC
6	BDF	UPMC BEDFORD
7	BHA	UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES
8	BHM	BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JV INC
9	BHO	UPMC OB/GYN JOINT VENTURE INC
10	CAC	CHILDRENS ADVOCACY CENTER OF LAWRENCE COUNTY
11	CCB	COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION
12	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 CHRISTIAN CHARITY
22	EAS	UPMC EAST
23	EMI	UPMC EMERGENCY MEDICINE INC
24	EPN	ERIE PHYSICIANS NETWORK - UPMC INC
25	FYO	UPMC FOR YOU

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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
32	HNW	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	JHF	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

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51	RHS	REGIONAL HEALTH SERVICES INC
52	SCH	SOMERSET COMMUNITY HOSPITAL FOUNDATION
53	SCS	SUGAR CREEK STATION
54	SHB	SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT
55	SHF	SUSQUEHANNA HEALTH FOUNDATION
56	SHS	SUSQUEHANNA HEALTH SYSTEM INNOVATION CENTER INC
57	SMH	UPMC ST MARGARET
58	SOH	SOMERSET HEALTH SERVICES INC
59	SPS	SUSQUEHANNA PHYSICIAN SERVICES
60	SOM	UMPC SOMERSET
61	SUS	UPMC SUSQUEHANNA
62	THS	THE HERITAGE SHADYSIDE
63	TLC	TWIN LAKES CENTER INC
64	UHC	UPMC MEDICAL EDUCATION
65	ULH	UPMC LOCK HAVEN
66	UPC	UNIVERSITY OF PGH CANCER INSTITUTE CANCER SERVICES
67	UPM	UPMC
68	UPP	UNIVERSITY OF PITTSBURGH PHYSICIANS
69	UTS	UPMC TRAVEL STAFFING
70	WEL	UPMC WELLSBORO
71	WIL	UPMC WILLIAMSPORT

HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS

PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5) THE SPONSORING

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ENTITY OF UPMC GROUP, UPMC, HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS RECEIVED; INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES; CERTAIN OTHER HIGHLY PAID EMPLOYEES; CERTAIN PROFESSIONAL CONTRACTORS; AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS ALONG WITH ALL MEMBERS OF THE GROUP IN THE UPMC GROUP RETURN. THE COMPENSATION AMOUNTS LISTED REPRESENT THE FULL AND COMPLETE COMPENSATION PACKAGES PAID TO THE INDIVIDUALS FOR PERFORMING THEIR ASSIGNED DUTIES AT UPMC. A PORTION OF THE COMPENSATION DISCLOSED MAY RELATE TO EARNED AND PREVIOUSLY REPORTED DEFERRED COMPENSATION. A PORTION OF THE BENEFITS DISCLOSED MAY RELATE TO EARNED BUT UNPAID DEFERRED COMPENSATION. ALL SALARIES AND BENEFITS REPORTED ARE BASED ON INDIVIDUALS' OPERATIONAL POSITIONS AND ARE NOT FOR SERVICES PERFORMED AS DIRECTORS OR BOARD MEMBERS. BOARD POSITIONS ARE ALL VOLUNTEER AND UNPAID.

PART VII OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES INDIVIDUALS THAT HOLD REPORTING POSITIONS WITH MORE THAN ONE ORGANIZATION ARE LISTED SEPARATELY IN PART VII WITH REGARD TO EACH ENTITY. INDIVIDUALS ARE COMPENSATED FOR OPERATIONAL ROLES ONLY, NOT FOR DUTIES PERFORMED AS DIRECTORS OR BOARD MEMBERS. COMPENSATION DISCLOSED FOR PERSONS WHOSE ROLE IS LISTED AS BOARD MEMBER IS COMPENSATION FROM THE SAME OR RELATED ORGANIZATION FOR AN OPERATIONAL ROLE AND NOT FOR THE DISCLOSED PERSON'S ROLE AS A BOARD MEMBER. ALL BOARD POSITIONS FOR ALL GROUP ENTITIES ARE VOLUNTARY AND UNPAID.

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THE TOTAL HOURS DISCLOSED IN PART VII RELATES TO THE POSITION FOR WHICH THE PERSON IS DISCLOSED EXCEPT IN THE CASE WHERE THE PERSON IS ALSO EMPLOYED BY ANY UPMC GROUP MEMBER ENTITY. IN SUCH CASE, THE HOURS REFLECT AVERAGE HOURS SPENT IN THEIR OPERATIONAL ROLE. FOR PURPOSES OF DISCLOSURE AVERAGE HOURS PER WEEK FOR A FULL TIME PERSON IS LISTED AS 40 HOURS, HOWEVER, IN ALMOST ALL CASES, THIS IS A CONSERVATIVE ESTIMATE AND MOST WORK HOURS IN EXCESS OF 40 PER WEEK.

PART XI RECONCILIATION OF NET ASSETS

PART XI RECONCILIATION OF NET ASSETS

NET TRANSFERS FROM EXEMPT PARENT	216,715,815
SALE OF FACILITIES	47,642,833
CHANGE IN BENEFICIAL INTEREST	32,428,444
NET RESTRICTED SPF ACTIVITY	32,016,703
OTHER INCREASES/DECREASES IN FUND BALANCE	16,460,681
CURRENCY ADJUSTMENT	4,478,760
PARTNERSHIP/JV INVESTMENTS	(5,908,106)
NET TRANSFERS TO EXEMPT AFFILIATES	(24,265,713)
TOTAL	319,569,420

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)

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Internal Revenue Service

Name of the organization

UPMC GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

20-8295721

THE FINANCIAL STATEMENT AUDIT DURING THE 990 FILING PERIOD IS FOR THE
CALENDAR YEAR ENDED DECEMBER 31, 2023.

UPMC HAS AN AUDIT COMMITTEE THAT IS ESTABLISHED TO ASSIST THE BOARD OF
DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY MONITORING
UPMC CONSOLIDATED FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION
PROVIDED BY UPMC TO GOVERNMENTAL BODIES, THE PUBLIC OR OTHER EXTERNAL
ENTITIES. THE UPMC'S SYSTEM OF INTERNAL CONTROLS REGARDING FINANCE,
ACCOUNTING, LEGAL COMPLIANCE AND ETHICS THAT MANAGEMENT AND THE BOARD
HAVE ESTABLISHED AND UPMC'S INTERNAL AUDITING, ACCOUNTING AND FINANCIAL
REPORTING PROCESSES ALSO PROVIDED OVERSIGHT.

Name of the organization

Employer identification number

UPMC GROUP

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 225 NORTH SHORE DRIVE PITTSBURGH, PA 15212	CONSTRUCT CONTRACTOR	270,993,910.
MASCARO BARTON MARLOW A JOINT VENTURE 601 TECHNOLOGY DRIVE CANNONSBURG, PA 15317	CONSTRUCT CONTRACTOR	66,873,887.
MSP SYNCHRONIZED SOLUTIONS LLC 6 CONCOURSE PARKWAY, SUITE 2250 ATLANTA, GA 30328	PHYSICIAN SERVICES	56,375,426.
RYCON CONSTRUCTION INC 2501 SMALLMAN STREET SUITE 100 PITTSBURGH, PA 15222	CONSTRUCT CONTRACTOR	32,260,407.
AEC GROUP LLC 3000 MONTOUR CHURCH ROAD OAKDALE, PA 15071	INFO TECH SERVICES	31,960,548.

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
PUBLICLY TRADED	205,094,242.	FMV
TOTALS	205,094,242.	

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 for instructions and the latest information.

OMB No. 1545-0047

2023

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.

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
SEE SUPPLEMENTAL PAGE							Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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.		PIAXXA SETT ANGELI 1090134		PALERMO, IT	
	HEALTHCARE	IT	58,991,950.	83,061,165.	UPMC OVERSEA
UPMC PHYS OPERATIONS & PROF SVCS LLC	47-2803100	600 GRANT STREET		PITTSBURGH, PA 15219	
	INACTIVE	PA	72,854,763.	135364623.	UOP PHYS
UPMC ONCOLOGY TREATMENT PLANNING	46-4936164	600 GRANT STREET		PITTSBURGH, PA 15219	
	ONCOLOGY	PA	NONE	-1,691.	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	PA	NONE	NONE	COMM CARE BE
PENNSYLVANIA PEDIATRIC HEALTH NWK LLC	83-0773278	600 GRANT STREET		PITTSBURGH, PA 15219	
	PHYS NETWORK		NONE	NONE	CHILDREN'S H
CORE NETWORK LLC	25-1786209	600 GRANT STREET		PITTSBURGH, PA 15219	
	HEALTHCARE	PA	117489684.	11,501,719.	UPMC COMM PR

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
UPMC SENIOR COMMUNITIES INC. 600 GRANT STREET	25-1574736 PITTSBURGH, PA 15219 SR LIVING	PA	501 (C) (3)	10	UPMC		X
PITTSBURGH LIFETIME CARE COMMUNITY 600 GRANT STREET	25-1335247 PITTSBURGH, PA 15219 CCRC	PA	501 (C) (3)	10	UPMC SR COMM		X
CANTERBURY PLACE 600 GRANT STREET	25-0965334 PITTSBURGH, PA 15219 SR LIVING	PA	501 (C) (3)	10	UPMC SR COMM		X
SENECA PLACE 600 GRANT STREET	72-1562844 PITTSBURGH, PA 15219 SR LIVING	PA	501 (C) (3)	10	UPMC SR COMM		X
SHADYSIDE HOSPITAL SUPPORTING FOUNDATION 600 GRANT STREET	26-0303394 PITTSBURGH, PA 15219 FOUNDATION	PA	501 (C) (3)	12 (A) I	UPMC		X
UPMC LEE 600 GRANT STREET	25-0613830 PITTSBURGH, PA 15219 INACTIVE	PA	501 (C) (3)	3	UPMC		X
PITTSBURGH CARE PARTNERSHIP INC. 600 GRANT STREET	25-1753852 PITTSBURGH, PA 15219 SR SERVICES	PA	501 (C) (3)	10	UPMC		X
UPMC CENTER FOR HIGH VALUE HEALTHCARE 600 GRANT STREET	45-2178782 PITTSBURGH, PA 15219 RESEARCH	PA	501 (C) (3)	7	UPMC		X
SHADYSIDE HOSPITAL FOUNDATION 532 SOUTH AIKEN AVENUE	25-1290546 PITTSBURGH, PA 15232 FOUNDATION	PA	501 (C) (3)	12 (C) III	UPMC PRESBY		X
PASSAVANT HOSPITAL FOUNDATION 9100 BABCOCK BLVD	25-1407815 PITTSBURGH, PA 15237 FOUNDATION	PA	501 (C) (3)	12 (B) II	UPMC PASS		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	NO

NORTHWEST HOSPITAL FOUNDATION 100 FARFIELD DRIVE	25-1483624 SENECA, PA 16346 FOUNDATION	PA	501 (C) (3)	12 (D) III	UPMC NORTHWE	X	
ST. MARGARET FOUNDATION 600 GRANT STREET	25-1520340 PITTSBURGH, PA 15219 FOUNDATION	PA	501 (C) (3)	7	UPMC ST MARG	X	
CHILDREN'S HOSPITAL OF PITTSBURGH FND 600 GRANT STREET	25-1865744 PITTSBURGH, PA 15219 FOUNDATION	PA	501 (C) (3)	7	UPMC CHP	X	
MAGEE-WOMEN RES INST AND FOUNDATION 600 GRANT STREET	25-1462312 PITTSBURGH, PA 15219 FOUNDATION	PA	501 (C) (3)	7	N/A		X
GREAT LAKES PHYSICIAN PRACTICE P.C. 600 GRANT STREET, 58TH FLOOR	46-4186362 PITTSBURGH, PA 15219 PHYSICIAN SRV	NY	501 (C) (3)	3	REGNL HEALTH	X	
HAMOT HEALTH FOUNDATION 302 FRENCH STREET	25-1400999 ERIE, PA 16507 FOUNDATION	PA	501 (C) (3)	12 (B) II	UPMC HAMOT	X	
UPMC/JAMESON CANCER CENTER 600 GRANT STREET, 58TH FL	20-1459415 PITTSBURGH, PA 15219 INACTIVE	PA	501 (C) (3)	10	UPMC JAMESON	X	
JAMESON CARE CENTER INC. 1211 WILMINGTON AVE	23-2871396 NEW CASTLE, PA 16105 SR LIVING	PA	501 (C) (3)	10	UPMC SR COMM	X	
LAUREL REALTY INC. 32-36 CENTRAL AVENUE	23-1403678 WELLSBORO, PA 16901 REAL ESTATE	PA	501 (C) (2)	N/A	UPMC SUSQUEH	X	
THE GREEN HOME 37 CENTRAL AVENUE	24-0804365 WELLSBORO, PA 16901 SKILLED NURSI	PA	501 (C) (3)	10	UPMC SUSQUEH	X	

(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 700 HIGH STREET	23-2416166 WILLIAMSPORT, PA 17701 AMBULANCE SVC	PA	501 (C) (3)	10	UPMC WILLIAM		X
UPMC CHAUTAUQUA AT WCA 207 FOOTE AVENUE	16-0743226 JAMESTOWN, NY 14701 HOSPITAL	NY	501 (C) (3)	3	UPMC CHAUTAU		X
W.C.A. GROUP INC. 207 FOOTE AVENUE	22-2392582 JAMESTOWN, NY 14701 HOLDING CO	NY	501 (C) (3)	12 (B) (II)	CHAUT AT WCA		X
STARFLIGHT INC. 135 ALLEN STREET	16-1557878 JAMESTOWN, NY 14701 AIR AMBULANCE	NY	501 (C) (3)	7	CHAUT AT WCA		X
SOUTH CENTRAL ALPHA HOUSING & HEALTH 3410 W PITTSBURG ROAD	25-1701701 NEW CASTLE, PA 16101 SR LIVING	PA	501 (C) (3)	10	UPMC SR COMM		X
SOUTH WESTERN ALPHA HOUSING & HEALTH 745 GREENVILLE ROAD	25-1701700 MERCER, PA 16137 SR LIVING	PA	501 (C) (3)	10	UPMC SR COMM		X
*KANE COMMUNITY HOSPITAL FOUNDATION 4372 ROUTE 6	26-3906925 KANE, PA 16735 FOUNDATION	PA	501 (C) (3)	12 (B) (II)	N/A		X
*LAUREL HEALTH FOUNDATION 32-36 CENTRAL AVENUE	25-1810488 WELLSBORO, PA 16901 FOUNDATION	PA	501 (C) (3)	12 (B) II	N/A		X
W.C.A. FOUNDATION INC. 300 FOOTE AVENUE; P.O. BOX 840	22-2393584 JAMESTOWN, NY 14702 FOUNDATION	PA	501 (C) (3)	12 (C) III	N/A		X
VENANGO V.N.A. FOUNDATION 491 ALLEGHENY BOULEVARD	25-1472179 FRANKLIN, PA 16323 FOUNDATION	PA	501 (C) (3)	12 (D) III	N/A		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
*UPMC PINNACLE 409 SOUTH SECOND STREET	25-1778658 HARRISBURG, PA 17104 SUPPORTING OR	PA	501 (C) (3)	12 (B) II	UPMC		X
*UPMC CARLISLE 361 ALEXANDER SPRING ROAD	82-0880337 CARLISLE, PA 17105 HOSPITAL	PA	501 (C) (3)	3	UPMC PINNACL		X
*UPMC PINNACLE LANCASTER 250 COLLEGE AVENUE	82-0896436 LANCASTER, PA 17603 HOSPITAL	PA	501 (C) (3)	3	UPMC PINNACL		X
*UPMC LITITZ 1500 HIGHLANDS AVENUE	82-0844453 LITITZ, PA 17543 HOSPITAL	PA	501 (C) (3)	3	UPMC PINNACL		X
*UPMC MEMORIAL 325 SOUTH BELMONT STREET	82-0912090 YORK, PA 17405 HOSPITAL	PA	501 (C) (3)	3	UPMC PINNACL		X
*PINNACLE HEALTH REGIONAL PHYSICIANS 409 SOUTH SECOND STREET	82-0947698 HARRISBURG, PA 17104 PHYSICIAN SRV	PA	501 (C) (3)	3	UPMC PINNACL		X
*UPMC PINNACLE FOUNDATION 409 SOUTH SECOND STREET	22-2691718 HARRISBURG, PA 17104 FOUNDATION	PA	501 (C) (3)	12 (B) II	UPMC PINNACL		X
*COMMUNITY LIFE TEAM, INC. 409 SOUTH SECOND STREET	23-1890444 HARRISBURG, PA 17104 MED TRANSPORT	PA	501 (C) (3)	7	UPMC PINNACL		X
*HANOVER HEALTHCARE PLUS, INC. 300 HIGHLAND AVENUE	22-2658574 HANOVER, PA 17331 SUPPORTING OR	PA	501 (C) (3)	12 (A) (I)	UPMC PINNACL		X
*UPMC HANOVER 300 HIGHLAND AVENUE	23-1360851 HANOVER, PA 17331 HOSPITAL	PA	501 (C) (3)	3	HANNOVER HEA		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO

*UPMC PINNACLE HOSPITALS 409 SOUTH SECOND STREET	25-1778644 HARRISBURG, PA 17104 HOSPITAL	PA	501 (C) (3)	3	UPMC PINNACL	X
*PINNACLE HEALTH MEDICAL SERVICES 409 SOUTH SECOND STREET	25-1709054 HARRISBURG, PA 17104 PHYSICIAN SRV	PA	501 (C) (3)	3	UPMC PINNACL	X
HENDORN INC. 1001 EAST SECOND STREET	23-1972659 COUDERSPORT, PA 16915 RES. CARE	PA	501 (C) (3)	10	C COLE MEM H	X
ASBURY HEIGHTS OF UPMC 600 GRANT STREET	25-1555687 PITTSBURGH, PA 15219 SUPPORTING OR	PA	501 (C) (3)	12 (B) (II)	UPMC SR COMM	X
ASBURY HEALTH CENTER 600 GRANT STREET	25-0969472 PITTSBURGH, PA 15219 CCRC	PA	501 (C) (3)	10	ASBURY HEIGH	X
ASBURY VILLAS 600 GRANT STREET	25-1819952 PITTSBURGH, PA 15219 PERSONAL CARE	PA	501 (C) (3)	10	ASBURY HEIGH	X
ASBURY PLACE 600 GRANT STREET	25-1729266 PITTSBURGH, PA 15219 PERSONAL CARE	PA	501 (C) (3)	10	ASBURY HEIGH	X
WESLEY HILLS 600 GRANT STREET	25-1507472 PITTSBURGH, PA 15219 INDEP LIVING	PA	501 (C) (3)	N/A	ASBURY HEIGH	X
ASBURY FOUNDATION 600 GRANT STREET	25-1555688 PITTSBURGH, PA 15219 FOUNDATION	PA	501 (C) (3)	7	ASBURY HEIGH	X
*UPMC WESTERN MARYLAND CORPORATION PO BOX 539	52-0591531 CUMBERLAND, MD 21501 HOSPITAL	MD	501 (C) (3)	3	UPMC	X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO

*WESTERN MARYLAND HEALTH SYSTEM FND PO BOX 539	35-2289841 CUMBERLAND, MD 21501 FOUNDATION	MD	501 (C) (3)	12 (C) III	UPMC WESTERN	X
*HANOVER HOSPITAL FOUNDATION 300 HIGHLAND AVENUE	82-2553293 HANOVER, PA 17331 FOUNDATION	PA	501 (C) (3)	12 (C) III	UPMC PINNACL	X
RUSH TO CRUSH CANCER 200 LOTHROP STREET	87-4771624 PITTSBURGH, PA 15213 FOUNDATION	PA	501 (C) (3)	7	UOFP CANCER	X
UPMC WESTERN BEHAVIORAL HEALTH FOUNDATIO 200 LOTHROP STREET	92-3568793 PITTSBURGH, PA 15213 FOUNDATION	PA	501 (C) (3)	7	UPMC PRESBY	X
UPMC AMBULATORY SURGERY CENTER 600 GRANT STREET	99-2460242 PITTSBURGH, PA 15219 SURGERY CENT	PA	501 (C) (3)	3	UPMC	X
UPMC EAST END SURGERY CENTER 5800 CENTRE AVENUE	99-2636583 PITTSBURGH, PA 15206 SURGERY CENT	PA	501 (C) (3)	3	UPMC AMBULAT	X
UPMC WEST MIFFLIN GI 6161 CLAIRTON ROAD	99-2662946 WEST MIFFLIN, PA 15122 SURGERY CENT	PA	501 (C) (3)	3	UPMC AMBULAT	X
BUILD COMMUNITY DEVELOPMENT 100 STATE STREET STW 510	99-0539256 ERIE, PA 16507 FUNDRAISING	PA	501 (C) (3)	7	HAMOT HEALTH	X
AMBULANCE & CHAIR EMS, INC. 75 BRADEN STREET	25-1272075 WASHINGTON, PA 15301 MEDICAL TRANS	PA	501 (C) (3)	10	UPMC GREENE	X
UPMC GREENE 350 BODNAR AVENUE	47-3884840 WAYNESBURG, PA 15301 HOSPITAL	PA	501 (C) (3)	3	UPMC WASHING	X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
WASHINGTON SENIOR CARE CORP 600 GRANT STREET	25-1849365 PITTSBURGH, PA 15219 SENIOR LIVING	PA	501 (C) (3)	10	UPMC WASHING	X
UPMC WASHINGTON 155 WILSON AVENUE	25-0965600 WASHINGTON, PA 15301 HOSPITAL	PA	501 (C) (3)	3	UPMC	X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2023

UPMC GROUP

20-8295721

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
SENECA HILLS ASSISTED LIVING L 600 GRANT STREET PITTSBURGH, P	ASSISTED LIVI	PA	N/A	RELATED	-45,420.	7,452,126.	X	NONE	X	100.0000
ST. MARGARET MEDICAL ARTS ASSO 600 GRANT STREET PITTSBURGH, P	MED OFFICE BL	PA	N/A	RELATED	271,692.	5,063,057.	X	NONE	X	100.0000
SHADYSIDE MEDICAL CENTER ASSOC 600 GRANT STREET PITTSBURGH, P	MED OFFICE BL	PA	N/A	RELATED	1,734,465.	27,375,627.	X	NONE	X	100.0000
CHARTWELL PA LP 25-1729714 600 GRANT STREET PITTSBURGH, P	HOMEHEALTH	PA	UPMC COMM PROV	RELATED	211,512,849.	335,162,579.	X	NONE	X	92.4000
LIFE CARE HOME SRV OF NW PA 25 1647 SASSAFRAS STREET ERIE, PA	HOME HEALTH S	PA	UPMC HAMOT	RELATED	378,753.	32,170,824.	X	NONE		100.0000
HAMOT-KCH REAL ESTATE VENTURE 300 STATE STREET ERIE, PA 1650	MEDICAL OFFIC	PA	UPMC HAMOT	RELATED	-15,276.	340,219.	X	NONE	X	100.0000
UPMC HAMOT SURGERY CENTER LLC 200 STATE STREET ERIE, PA 1650	AMBULATORY SU	PA	UPMC HAMOT	RELATED	407,570.	10,599,866.	X	NONE	X	81.6729
EPN-HAMOT URGENT CARE LLC 27-2 600 GRANT STREET PITTSBURGH, P	URGENT CARE	PA	VARIOUS	RELATED	-131,331.	3,576,309.	X	NONE		100.0000
*MEDCARE SUSQUEHANNA VALLEY LL 409 SOUTH SECOND STREET HARRIS	DME	PA	PINNACLE HEALTH	RELATED	532,581.	3,034,426.	X	NONE		75.0000
OMICELLO RE I, LP 47-5603393 2525 LIBERTY AVENUE PITTSBURGH	REAL ESTATE D	DE	UPMC FOR YOU	RELATED	-775,911.	9,554,326.	X	NONE	X	97.6801

UPMC GROUP

20-8295721

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

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP

BAYFRONT PROFESSIONAL BUILDING 3645 WEST LAKE ROAD ERIE, PA 1	REAL ESTATE	PA	UPMC HAMOT	RELATED	77,439.	1,047,322.	X	NONE	X	50.7177
CHAUTAUQUA INTEGRATED DELIVERY 200 HARRISON STREET, 2ND FLOOR	INTEGRATED DE	NY	UPMC CHAUTAUQUA	RELATED	563,017.	2,100,286.	X	NONE	X	55.1569
TRI-STATE SURGERY CENTER, LLC 60 LANDING DRIVE WASHINGTON	SURGERY CENT	PA	UPMC WASHINGTON	RELATED	1,222,853.	8,637,917.	X	NONE	X	52.5400
MEDCARE EQUIPMENT COMPANY, LLC 115 EQUITY DRIVE GREENS	MEDICAL EQUIP	PA	N/A	RELATED	8,173,364.	21,213,685.	X	NONE	X	50.1100

UPMC GROUP

20-8295721

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B) (13) YES NO
F.C. PHARMACY CENTRAL INC. 600 GRANT STREET PITTSBURGH, PA 15219	25-1364192 PHARMACY CO-O	PA	VARIOUS	C	3,146,375.	565,208.	87.5000	X
CHILDREN'S COMMUNITY CARE 600 GRANT STREET PITTSBURGH, PA 15219	25-1781887 PHYSICIAN SRV	PA	N/A	C				
UPMC PHYSICIAN SERVICES HOLDING COMPANY 600 GRANT STREET PITTSBURGH, PA 15219	25-1877017 HOLDING CO	PA	N/A	C				
HEMATOLOGY ONCOLOGY ASSOCIATION INC. 600 GRANT STREET PITTSBURGH, PA 15219	42-1648357 PHYSICIAN SRV	PA	N/A	C				
ONCOLOGY HEMATOLOGY ASSOCIATION INC. 600 GRANT STREET PITTSBURGH, PA 15219	25-1762980 PHYSICIAN SRV	PA	N/A	C				
TRI-STATE NEUROSURGICAL ASSOCIATES UPMC 600 GRANT STREET PITTSBURGH, PA 15219	25-1458655 PHYSICIAN SRV	PA	N/A	C				
RENAISSANCE FAMILY PRACTICE - UPMC INC. 600 GRANT STREET PITTSBURGH, PA 15219	26-2942406 PHYSICIAN SRV	PA	N/A	C				
UPMC HOLDING COMPANY INC. 600 GRANT STREET PITTSBURGH, PA 15219	25-1777713 HOLDING CO	PA	N/A	C				
UPMC COVERAGE PRODUCTS INC. 600 GRANT STREET PITTSBURGH, PA 15219	25-1777710 HOLDING CO	PA	N/A	C				
FREEDOM INSURANCE COMPANY 600 GRANT STREET PITTSBURGH, PA 15219	03-0308944 INSURANCE	VT	N/A	C				

UPMC GROUP

20-8295721

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B) (13) YES NO
TRI-CENTURY INSURANCE CO 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C				
UPMC DNA INC. 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	N/A	C				
UPMC HEALTH BENEFITS INC. 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C				
UPMC HEALTH NETWORK INC. 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C				
UPMC HEALTH PLAN INC. 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C				
UPMC BENEFIT MANAGEMENT SERVICES INC. 600 GRANT STREET PITTSBURGH, PA 15219	WORKERS' COMP	PA	N/A	C				
UPMC DIVERSIFIED SERVICES INC. 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C				
MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA 15219	AMB SURG	PA	N/A	C				
MEDICAL ARCHIVAL SYSTEMS INC. 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C				
EX PARTNERS INC. 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY	PA	N/A	C				

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(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B) (13) YES NO
BIOTRONICS INC. 600 GRANT STREET PITTSBURGH, PA 15219	EQUIP MAINTEN	PA	N/A	C				
MEDICAL CENTER PROPERTIES INC. 600 GRANT STREET PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	C				
ASKESIS DEVELOPMENT GROUP INC. 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C				
BAYSIDE DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507	REAL ESTATE	PA	N/A	C				
UPMC WORK ALLIANCE INC. 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C				
UPMC HEALTH COVERAGE INC. 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C				
UPMC HEALTH OPTIONS INC. 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C				
AMERICAN HOME HEALTH SERVICES 668 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH C	OH	QUALITY FIRST	C	NONE	NONE	100.0000	X
ALTOONA FAMILY INC. 620 HOWARD AVE ALTOONA, PA 16601	MGMT SVCS	PA	UPMC ALTOONA	C	120,425.	100,658.	100.0000	X
LEXINGTON HOLDINGS INC. 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	PA	CTRL PA MED FND	C	980,743.	260,321,770.	100.0000	X

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(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512 (B) (13) YES NO
LEXINGTON ONE INC. 620 HOWARD AVE ALTOONA, PA 16601	RENTAL	PA	LEXINGTON HOLD	C	2,012,684.	11,006,162.	100.0000	X
UPMC ALTOONA REGIONAL HEALTH SERVICES 1414 9TH AVENUE ALTOONA, PA 16602	PHYSICIAN SRV	PA	LEXINGTON FOUR	C	73,432,964.	18,035,249.	100.0000	X
UPMC EXCESS PL TRUST 600 GRANT STREET PITTSBURGH, PA 15219	TRUST	PA	N/A	TRUST				
EXANTE INC. 511 CONGRESS STREET #803 PORTLAND, ME 04101	MEDICATION MG	DE	N/A	C				
SUSQUEHANNA VENTURES INC. 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHARMACY	PA	N/A	C				
W.C.A. SERVICE CORPORATION INC. 207 FOOTE AVENUE JAMESTOWN, NY 14701	SUPPORT	NY	CHAUT AT WCA	C	6,319,925.	4,526,364.	100.0000	X
*PINNACLE HEALTH CARDIOVASCULAR INSTITUT 409 SOUTH SECOND STREET HARRISBURG, PA 17104	PHYSICIAN SRV	PA	N/A	C				
*HANOVER HEALTH CORPORATION 300 HIGHLAND AVENUE HANOVER, PA 17331	HOLDING CO	PA	N/A	C				
*HANOVER APOTHECARY INC. 310 STOCK STREET SUITE 1 HANOVER, PA 17331	PHARMACY	PA	N/A	C				
*UNITED CENTRAL PA RECIPROCAL RISK RETEN 76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401	INSURANCE	VT	N/A	C				

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(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B) (13) YES NO
*PINNACLE HEALTH VENTURES INC. 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOLDING CO	PA	N/A	C				
*PINNACLE HEALTH IMAGING INC. 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMAGING SVC	PA	N/A	C				
COLE CARE INC. 1001 EAST 2ND STREET COUDERSPORT, PA 16915	DME	PA	N/A	C	1,398,896.	419,114.	100.0000	X
UPMC ITALY HEALTH SERVICES S.R.L 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. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	HOLDING CO	EI	UPMC IRELAND LT	C	4,302,113.	452,414,106.	100.0000	X
UPMC PROPERTY LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	PROPERTY	EI	UPMC INVEST LTD	C	NONE	18,625,071.	100.0000	X
EURO CARE INFRASTRUCTURE LTD. 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. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	PROPERTY MGMT	EI	UPMC INVEST LTD	C	NONE	1,842,361.	100.0000	X
UPMC WHITFIELD HOSPITAL LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI	HOSPITAL	EI	UPMC INVEST LTD	C	72,036,265.	54,539,203.	100.0000	X
UPMC GLOBAL OPERATIONS CENTER LTD 6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18	CANCER TREATM	EI	UPMC IRELAND LT	C	20,000.	5,777,709.	100.0000	X

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(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512 (B) (13) YES NO
PANTHER REINSURANCE COMPANY LTD. P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C				
FORBES REINSURANCE COMPANY LTD. P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C				
CATHEDRAL (RE) INSURANCE CO P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C				
UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18	HEALTHCARE SU	EI	UPMC INT'L HOLD	C	1,230,717.	31,976,403.	100.0000	X
BLUESPHERE BIO 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	IMMUNOTHERAPY	DE	N/A	C				
INFECTIOUS DISEASE CONNECT, INC. 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	TELEMEDICINE	DE	N/A	C				
NOVASENTA, INC. 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	IMMUNOTHERAPY	DE	N/A	C				
*UPMC HILLMAN CANCER CENTER - PINNACLE 101 ERFORD ROAD CAMP HILL, PA 17701	CANCER TREATM	PA	N/A	C				
SHANGHAI UPMC CO., LTD 288 SHIMEN 1ST ROAD JING'AN DISTRIC SHANGHAI, CH 200041	HEALTHCARE MG	CH	UPMC INT'L HOLD	C	1,253,347.	2,076,268.	100.0000	X
SALVATOR MUNDI INTERNATIONAL HOSPITAL ROMA VIALE DELLE MURA GIANICOLENSI 67/77, IT CAP 00152	HOSPITAL	IT	UPMC ITALY SRL	C	30,449,422.	34,978,489.	100.0000	X

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SOMERSET MANAGEMENT SERVICES, INC. 600 GRANT STREET PITTSBURGH, PA 15219	MOB OWNERSHIP	PA	SOMERSET HLT SR	C	293,073.	1,202,590.	100.0000	X
GENERIAN PHARMACEUTICALS, INC. 3425 SIDNEY STREET PITTSBURGH, PA 15203	PHARMACY	DE	N/A	C				
WORK PARTNERS NATIONAL INC 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C				
ASTRATA INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C				
VEGAVECT 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	GENE THERAPY	DE	N/A	C				
NOVIMAB CORP. 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	CLINICAL RESE	DE	N/A	C				
REALYZE INTELLIGENCE, INC. 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C				
*HAYSTACK CONSOLIDATED SERVICES, INC. 12500 WILLOWBROOK ROAD CUMBERLAND, MD 21502	INACTIVE	PA	N/A	C				
*WESTERN MARYLAND INSURANCE COMPANY LTD P.O. BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C				
*WILLOWBROOK HEALTHCARE CONDO 12401 WILLOWBROOK ROAD CUMBERLAND, MD 21502	REAL ESTATE	DE	N/A	C				

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(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B) (13) YES NO
FXANTE PHARMACY SERVICES, INC. 511 CONGRESS STREET #803 PORTLAND, ME 04101	PHARMACY	DE	N/A	C				
CLANE HOSPITAL DEVELOPMENT ASSOCIATES, L C/O UPMC WHITFIELD, CORK ROAD BUTLERSTOWN NORTH, WATERFOR	MANAGEMENT	EI	N/A	C		NONE	75.0000	X
UPMC KILDARE HOSPITAL LTD PROSPEROUS ROAD CLANE, COUNTY KILDARE, CLANE EI W91 W535	HOSPITAL	EI	N/A	C	23,054,368.	15,119,675.	75.0000	X
UPMC AUT EVEN HOSPITAL LTD FRESHFORD ROAD COUNTY KILKENNY, EI R95 D3760	HOSPITAL	EI	N/A	C	36,915,046.	35,012,572.	100.0000	X
AVISTA THERAPEUTICS, INC. 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	GENE THERAPY	PA	N/A	C				
UPMC CANCER CENTER ZABOK, LTD VUKOVARA 269F ZAGREB, HR	CANCER CENTER	HR	UPMC IRELAND LT	C	3.	4,531,017.	75.0000	X
SWIFT SPRAOI HOLDINGS LTD NORTHWOOD AVENUE SANTRY DEMESNE, DUBLIN 9 EI D09 C523	HOLDING COMPANY	EI	UPMC HOSPITALS	C		874.	100.0000	X
SPORTS SURGERY CLINIC LTD NORTHWOOD AVENUE SANTRY DEMESNE, DUBLIN 9 EI D09 C523	ORTHOPEDIC SERV.	EI	SWIFT SPRAOI HO	C	86,333,917.	118,693,324.	100.0000	X
MACRADI LTD NORTHWOOD AVENUE SANTRY DEMESNE, DUBLIN 9 EI D09 C523	INACTIVE	EI	SWIFT SPRAOI HO	C		21,128,268.	100.0000	X
MACRADI DEVELOPMENT LTD NORTHWOOD AVENUE SANTRY DEMESNE, DUBLIN 9 EI D09 C523	INACTIVE	EI	SPORTS SURGERY	C		1,521,976.	100.0000	X

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THE WASHINGTON PHYSICIAN SERVICE ORG 98 WILSON AVENUE WASHINGTON, PA 15301	25-1780139 PHYSICIAN SRV	PA	UPMC WASHINGTON	C				
HEALTH FUTURES, INC, 155 WILSON AVENUE WASHINGTON, PA 15301	25-1533189 INACTIVE	PA	THE WASHINGTON	C				
PHOENIX-WASHINGTON, INC. 155 WILSON AVENUE WASHINGTON, PA 15301	25-1492829 REAL ESTATE	PA	THE WASHINGTON	C				
UPMC ITALY S.R.L PIAXXA SETT ANGELI 1090134 PALERMO, IT	HEALTHCARE	IT	UPMC OVERSEA	C	59,170,073.	89,994,505.	100.0000	X

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) CORE NETWORK LLC		P	50,753,334.	COST
(2) CHILDREN'S COMMUNITY CARE		P	2,244,733.	COST
(3) ASBURY HEIGHTS OF UPMC		Q	182,876.	COST
(4) CANTERBURY PLACE		Q	104,724.	COST
(5) CENTER FOR EMERGENCY MEDICINE OF W PA		Q	377,748.	COST
(6) CHILDREN'S COMMUNITY CARE		Q	1,152,866.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMUNITY CARE BEHAVIORAL HEALTH ORG	Q	9,981,317.	COST
(2)	CRANBERRY PLACE	Q	151,443.	COST
(3)	FORBES REINSURANCE COMPANY LTD	Q	680,992.	COST
(4)	HCMS GROUP LLC	Q	265,648.	COST
(5)	HEMATOLOGY ONCOLOGY ASSOCIATION	Q	932,617.	COST
(6)	JAMESON CARE CENTER	Q	87,270.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC MAGEE WOMEN'S HOSPITAL	Q	133,996,715.	COST
(2)	ONCOLOGY HEMATOLOGY ASSOCIATION	Q	4,687,790.	COST
(3)	PANTHER REINSURANCE COMPANY LTD	Q	59,345.	COST
(4)	RENAISSANCE FAMILY PRACTICE-UPMC, INC.	Q	1,293,588.	COST
(5)	SENECA PLACE	Q	144,199.	COST
(6)	SOUTH C ALPHA HOUSING AND HEALTHCARE INC.	Q	87,645.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SOUTH W ALPHA HOUSING AND HEALTHCARE INC.	Q	96,409.	COST
(2)	STRATEGIC BUSINESS INITIATIVES LLC	Q	2,464,211.	COST
(3)	SUGARCREEK STATION	Q	87,645.	COST
(4)	TRI-CENTURY INSURANCE COMPANY	Q	183,282.	COST
(5)	TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC.	Q	117,742.	COST
(6)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	6,225,995.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	132,481,650.	COST
(2)	UPMC ALTOONA	Q	84,350,727.	COST
(3)	UPMC BEDFORD	Q	7,339,991.	COST
(4)	UPMC BENEFIT MANAGEMENT SERVICES INC.	Q	9,858,866.	COST
(5)	UPMC CHAUTAUQUA AT WCA	Q	14,325,110.	COST
(6)	UPMC CHILDREN'S HOSPITAL OF PGH	Q	117,083,053.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC COLE		Q	6,162,852.	COST
(2) UPMC COMMUNITY MEDICINE INC.		Q	19,672,833.	COST
(3) UPMC COMMUNITY PROVIDER SERVICES		Q	26,094,456.	COST
(4) UPMC EAST		Q	25,414,654.	COST
(5) UPMC EXCESS PL TRUST		Q	494,160.	COST
(6) UPMC FOR YOU, INC.		Q	56,051,593.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a
b	Gift, grant, or capital contribution to related organization(s).		1b
c	Gift, grant, or capital contribution from related organization(s).		1c
d	Loans or loan guarantees to or for related organization(s).		1d
e	Loans or loan guarantees by related organization(s).		1e
f	Dividends from related organization(s).		1f
g	Sale of assets to related organization(s).		1g
h	Purchase of assets from related organization(s).		1h
i	Exchange of assets with related organization(s).		1i
j	Lease of facilities, equipment, or other assets to related organization(s).		1j
k	Lease of facilities, equipment, or other assets from related organization(s).		1k
l	Performance of services or membership or fundraising solicitations for related organization(s).		1l
m	Performance of services or membership or fundraising solicitations by related organization(s).		1m
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		1n
o	Sharing of paid employees with related organization(s).		1o
p	Reimbursement paid to related organization(s) for expenses.		1p
q	Reimbursement paid by related organization(s) for expenses.		1q
r	Other transfer of cash or property to related organization(s).		1r
s	Other transfer of cash or property from related organization(s).		1s
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC HAMOT	Q	89,861,190.	COST
(2)	UPMC HEALTH BENEFITS INC.	Q	552,688.	COST
(3)	UPMC HEALTH COVERAGE INC.	Q	744,702.	COST
(4)	UPMC HEALTH NETWORK INC.	Q	2,797,232.	COST
(5)	UPMC HEALTH OPTIONS INC.	Q	15,856,359.	COST
(6)	UPMC HEALTH PLAN INC.	Q	16,357,246.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC HORIZON	Q	20,062,251.	COST
(2)	UPMC JAMESON	Q	15,354,067.	COST
(3)	UPMC MCKEESPORT	Q	18,650,871.	COST
(4)	UPMC MERCY	Q	57,168,391.	COST
(5)	UPMC MULTISPECIALTY GROUP, INC.	Q	693,139.	COST
(6)	UPMC NORTHWEST	Q	17,658,827.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC OVERSEAS		Q	867,617.	COST
(2) UPMC PASSAVANT		Q	55,891,236.	COST
(3) UPMC SENIOR COMMUNITIES, INC.		Q	200,721.	COST
(4) THE HERITAGE SHADYSIDE		Q	87,645.	COST
(5) UPMC SOMERSET		Q	4,209,916.	COST
(6) UPMC ST. MARGARET		Q	34,404,030.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC WILLIAMSPORT	Q	42,253,875.	COST
(2) WASHINGTON SENIOR CARE CORP	Q	89,815.	COST
(3) UPMC PRESBYTERIAN SHADYSIDE	P	1,056,453,829.	COST
(4) CHARLES COLE MEMORIAL HOSPITAL	K	233,440.	COST
(5) COMMUNITY CARE BEHAVIORAL HEALTH ORG	K	213,187.	COST
(6) DIVINE PROVIDENCE HOSPITAL	K	1,654,090.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) HAMOT COLE VENTURES		K	591,500.	COST
(2) HOME NURSING AGENCY AFFILIATES		K	851,842.	COST
(3) JAMESON HEALTHCARE FOUNDATION		K	65,345.	COST
(4) UPMC MAGEE WOMEN'S HOSPITAL		K	4,042,627.	COST
(5) REGIONAL HEALTH SERVICES INC		K	1,258,785.	COST
(6) SOMERSET HEALTH SERVICES, INC.		K	473,822.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUSQUEHANNA HEALTH INNOV. CTR, INC.	K	950,004.	COST
(2)	SUSQUEHANNA PHYSICIAN SERVICES	K	219,235.	COST
(3)	UNIVERSITY OF PITTSBURGH PHYSICIANS	K	2,304,122.	COST
(4)	UPMC ALTOONA	K	1,727,279.	COST
(5)	UPMC BEDFORD	K	238,020.	COST
(6)	UPMC CHILDREN'S HOSPITAL OF PGH	K	8,470,168.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC COMMUNITY MEDICINE INC.		K	3,697,721.	COST
(2) UPMC COMMUNITY PROVIDER SERVICES		K	626,404.	COST
(3) UPMC EAST		K	729,127.	COST
(4) UPMC FOR YOU, INC.		K	88,894.	COST
(5) UPMC HAMOT		K	3,389,486.	COST
(6) UPMC HORIZON		K	938,015.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC LOCK HAVEN	K	57,133.	COST
(2)	UPMC MCKEESPORT	K	652,794.	COST
(3)	UPMC MERCY	K	6,567,625.	COST
(4)	UPMC MUNCY	K	147,822.	COST
(5)	UPMC NORTHWEST	K	170,252.	COST
(6)	UPMC PASSAVANT	K	6,646,973.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b	Gift, grant, or capital contribution to related organization(s).	1b	
c	Gift, grant, or capital contribution from related organization(s).	1c	
d	Loans or loan guarantees to or for related organization(s).	1d	
e	Loans or loan guarantees by related organization(s).	1e	
f	Dividends from related organization(s).	1f	
g	Sale of assets to related organization(s).	1g	
h	Purchase of assets from related organization(s).	1h	
i	Exchange of assets with related organization(s).	1i	
j	Lease of facilities, equipment, or other assets to related organization(s).	1j	
k	Lease of facilities, equipment, or other assets from related organization(s).	1k	
l	Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o	Sharing of paid employees with related organization(s).	1o	
p	Reimbursement paid to related organization(s) for expenses.	1p	
q	Reimbursement paid by related organization(s) for expenses.	1q	
r	Other transfer of cash or property to related organization(s).	1r	
s	Other transfer of cash or property from related organization(s).	1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PRESBYTERIAN SHADYSIDE	K	20,698,503.	COST
(2)	UPMC SOMERSET	K	473,822.	COST
(3)	UPMC ST. MARGARET	K	1,830,113.	COST
(4)	UPMC WELLSBORO	K	399,058.	COST
(5)	UPMC WILLIAMSPORT	K	3,000,445.	COST
(6)	BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JV	J	407,243.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CENTER FOR EMERGENCY MEDICINE OF W PA	J	77,651.	COST
(2)	CHARLES COLE MEMORIAL HOSPITAL	J	626,362.	COST
(3)	CHARTWELL PA LLP	J	1,015,628.	COST
(4)	CHILDREN'S COMMUNITY CARE	J	807,739.	COST
(5)	COLE CARE, INC.	J	277,817.	COST
(6)	COMMUNITY CARE BEHAVIORAL HEALTH ORG	J	199,972.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) CORE NETWORK LLC		J	2,617,957.	COST
(2) CRANBERRY PLACE		J	2,182,848.	COST
(3) UPMC MAGEE WOMEN'S HOSPITAL		J	5,289,047.	COST
(4) REGIONAL HEALTH SERVICES INC		J	1,883,860.	COST
(5) RENAISSANCE FAMILY PRACTICE-UPMC, INC.		J	232,205.	COST
(6) RX PARTNERS, INC		J	74,369.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) SENECA PLACE		J	281,395.	COST
(2) SHADYSIDE MEDICAL CENTER ASSOCIATES, I		J	124,800.	COST
(3) SOMERSET HEALTH SERVICES, INC.		J	814,198.	COST
(4) SUSQUEHANNA PHYSICIAN SERVICES		J	4,570,334.	COST
(5) SUSQUEHANNA VENTURES		J	112,507.	COST
(6) TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC.		J	234,955.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	J	70,723.	COST
(2)	UNIVERSITY OF PITTSBURGH PHYSICIANS	J	30,701,224.	COST
(3)	UPMC ADVANCE PRACTICE PROVIDERS	J	183,901.	COST
(4)	UPMC ALTOONA	J	83,244.	COST
(5)	UPMC ALTOONA REGIONAL HEALTH SERVICES, INC.	J	1,244,309.	COST
(6)	UPMC CHILDREN'S HOSPITAL OF PGH	J	427,311.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC COMMUNITY MEDICINE INC.		J	7,625,982.	COST
(2) UPMC COMMUNITY PROVIDER SERVICES		J	559,862.	COST
(3) UPMC HAMOT		J	204,325.	COST
(4) UPMC HEALTH PLAN INC.		J	1,615,300.	COST
(5) UPMC HOME CARE MANAGEMENT SERVICES		J	82,596.	COST
(6) UPMC HOME HEALTHCARE OF CENTRAL PA		J	1,212,648.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HORIZON		J	72,241.	COST
(2) UPMC MERCY		J	90,000.	COST
(3) UPMC NORTHWEST		J	128,216.	COST
(4) UPMC PASSAVANT		J	305,848.	COST
(5) UPMC PRESBYTERIAN SHADYSIDE		J	5,432,443.	COST
(6) UPMC ST. MARGARET		J	76,700.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC WILLIAMSPORT		J	1,342,972.	COST
(2) WILLIAMSPORT AREA AMBULANCE SERVICE		J	70,269.	COST
(3) COMMUNITY CARE BEHAVIORAL HEALTH ORG		Q	939,400.	COST
(4) UNIVERSITY OF PITTSBURGH PHYSICIANS		Q	5,273,560.	COST
(5) UPMC FOR YOU, INC.		Q	6,845,269.	COST
(6) UPMC HEALTH BENEFITS INC.		Q	574,933.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HEALTH OPTIONS INC.		Q	990,733.	COST
(2) UPMC HEALTH PLAN INC.		Q	9,328,504.	COST
(3) WASHINGTON SENIOR CARE CORP		Q	93,918.	COST
(4) WILLIAMSPORT AREA AMBULANCE SERVICE		Q	78,160.	COST
(5) LEXINGTON HOLDINGS INC.		B	30,150,000.	COST
(6) UPMC PRESBYTERIAN SHADYSIDE		P	6,220,484.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) REGIONAL HEALTH SERVICES INC	Q	6,220,484.	COST
(2) HC PHARMACY CENTRAL INC.	P	343,340,372.	COST
(3) UNIVERSITY OF PITTSBURGH PHYSICIANS	P	620,287,861.	COST
(4) UPMC BEDFORD	Q	338,720.	COST
(5) CENTER FOR EMERGENCY MEDICINE OF W PA	Q	2,082,318.	COST
(6) UPMC CHILDREN'S HOSPITAL OF PGH	Q	96,461,980.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC EAST		Q	15,241,920.	COST
(2) UPMC COMMUNITY PROVIDER SERVICES		Q	253,357.	COST
(3) UPMC HORIZON		Q	21,169,930.	COST
(4) UPMC MAGEE WOMEN'S HOSPITAL		Q	54,572,587.	COST
(5) UPMC MCKEESPORT		Q	4,761,435.	COST
(6) UPMC MERCY		Q	59,921,867.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PASSAVANT	Q	35,115,418.	COST
(2)	UPMC NORTHWEST	Q	4,643,720.	COST
(3)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	165,063.	COST
(4)	UPMC OVERSEAS	Q	15,833.	COST
(5)	UPMC PRESBYTERIAN SHADYSIDE	Q	264,467,824.	COST
(6)	UPMC HAMOT	Q	10,938,117.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC FOR YOU, INC.		Q	797,078.	COST
(2) UPMC ST. MARGARET		Q	14,646,009.	COST
(3) UPMC HEALTH PLAN INC.		Q	2,318,654.	COST
(4) STRATEGIC BUSINESS INITIATIVES, LLC		Q	200,046.	COST
(5) UPMC ALTOONA		Q	19,222,160.	COST
(6) UPMC ALTOONA REGIONAL HEALTH SERVICES, INC.		Q	3,710,451.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC JAMESON		Q	9,243,375.	COST
(2) UPMC COMMUNITY MEDICINE INC.		P	159,179,933.	COST
(3) UPMC BEDFORD		Q	3,814,565.	COST
(4) UPMC EAST		Q	13,373,588.	COST
(5) UPMC HORIZON		Q	12,150,690.	COST
(6) UPMC MAGEE WOMEN'S HOSPITAL		Q	4,920,404.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC MCKEESPORT	Q	10,858,240.	COST
(2)	UPMC MERCY	Q	10,608,425.	COST
(3)	UPMC PASSAVANT	Q	57,781,696.	COST
(4)	UPMC NORTHWEST	Q	116,370.	COST
(5)	UPMC ST. MARGARET	Q	39,429,765.	COST
(6)	UPMC JAMESON	Q	6,126,190.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ERIE PHYSICIANS NETWORK-UPMC INC.	P	2,550,547.	COST
(2)	UPMC HAMOT	Q	2,550,547.	COST
(3)	REGIONAL HEALTH SERVICES INC	K	3,507,485.	COST
(4)	UPMC NORTHWEST	P	127,000.	COST
(5)	UPMC HAMOT	Q	3,380,485.	COST
(6)	UPMC OVERSEAS	P	1,338,355.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC ITALY S.R.L.	Q	1,338,355.	COST
(2)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	7,865,325.	COST
(3)	UPMC CHILDREN'S HOSPITAL OF PGH	Q	251,355.	COST
(4)	UPMC EAST	Q	480,134.	COST
(5)	UPMC MAGEE WOMEN'S HOSPITAL	Q	1,436,534.	COST
(6)	UPMC PASSAVANT	Q	674,222.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PRESBYTERIAN SHADYSIDE	Q	3,898,633.	COST
(2)	UPMC ST. MARGARET	Q	588,032.	COST
(3)	UPMC NORTHWEST	Q	350,850.	COST
(4)	UPMC MERCY	Q	185,564.	COST
(5)	UPMC MAGEE WOMEN'S HOSPITAL	Q	76,566,561.	COST
(6)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	76,566,561.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC COMMUNITY PROVIDER SERVICES		P	1,133,269.	COST
(2) SENECA PLACE		Q	61,577.	COST
(3) UPMC COMMUNITY PROVIDER SERVICES		Q	138,460.	COST
(4) UPMC HOME CARE MANAGEMENT SERVICES		Q	221,065.	COST
(5) UPMC HOME HEALTHCARE OF WESTERN PA		Q	114,561.	COST
(6) UPMC PRESBYTERIAN SHADYSIDE		Q	597,606.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	76,566,561.	COST
(2) UPMC MAGEE WOMEN'S HOSPITAL	Q	76,566,561.	COST
(3) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	185,365.	COST
(4) UPMC NORTHWEST	Q	185,365.	COST
(5) REGIONAL HEALTH SERVICES INC	P	22,426,098.	COST
(6) CHARLES COLE MEMORIAL HOSPITAL	Q	201,049.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC HAMOT	Q	376,861.	COST
(2)	UPMC KANE	Q	268,873.	COST
(3)	UPMC NORTHWEST	Q	21,579,315.	COST
(4)	UPMC ST. MARGARET	P	129,592.	COST
(5)	UPMC COMMUNITY MEDICINE INC.	Q	129,592.	COST
(6)	UPMC ST. MARGARET	Q	396,555.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PRESBYTERIAN SHADYSIDE	P	396,555.	COST
(2)	UPMC PASSAVANT	Q	445,538.	COST
(3)	UPMC PRESBYTERIAN SHADYSIDE	P	445,538.	COST
(4)	UPMC COMMUNITY PROVIDER SERVICES	Q	165,000.	COST
(5)	UPMC COMMUNITY MEDICINE INC.	P	165,000.	COST
(6)	UPMC NORTHWEST	Q	127,000.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	REGIONAL HEALTH SERVICES INC	P	127,000.	COST
(2)	UPMC PRESBYTERIAN SHADYSIDE	Q	352,012.	COST
(3)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	352,012.	COST
(4)	UPMC COMMUNITY MEDICINE INC.	P	471,597.	COST
(5)	UPMC COMMUNITY PROVIDER SERVICES	Q	242,597.	COST
(6)	UPMC EAST	Q	55,000.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC MERCY		Q	84,000.	COST
(2) UPMC PASSAVANT		Q	90,000.	COST
(3) UPMC ALTOONA		Q	2,545,423.	COST
(4) UPMC CHILDREN'S HOSPITAL OF PGH		Q	25,491,727.	COST
(5) UPMC EAST		Q	1,359,528.	COST
(6) UPMC HAMOT		Q	3,599,366.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC HORIZON	Q	1,317,316.	COST
(2)	UPMC JAMESON	Q	469,499.	COST
(3)	UPMC MAGEE WOMEN'S HOSPITAL	Q	11,191,753.	COST
(4)	UPMC MCKEESPORT	Q	4,290,979.	COST
(5)	UPMC MERCY	Q	14,141,904.	COST
(6)	UPMC NORTHWEST	Q	80,004.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC PASSAVANT		Q	2,081,567.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE		Q	84,410,437.	COST
(3) UPMC ST. MARGARET		Q	6,155,392.	COST
(4) UPMC WILLIAMSPORT		Q	1,832,529.	COST
(5) UNIVERSITY OF PITTSBURGH PHYSICIANS		Q	269,923.	COST
(6) UPMC MEDICAL EDUCATION		P	159,237,347.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	TRI-CENTURY INSURANCE COMPANY	P	2,786,349.	COST
(2)	FREEDOM INSURANCE COMPANY	P	3,925,791.	COST
(3)	RX PARTNERS, INC	P	2,593,090.	COST
(4)	UPMC HOME HEALTHCARE OF CENTRAL PA	Q	301,676.	COST
(5)	HOME NURSING AGENCY FOUNDATION	P	301,676.	COST
(6)	UPMC HOME HEALTHCARE OF CENTRAL PA	C	147,641.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUSQUEHANNA HEALTH FOUNDATION	B	147,641.	COST
(2)	HOME NURSING AGENCY FOUNDATION	C	253,635.	COST
(3)	UPMC HOME HEALTHCARE OF CENTRAL PA	B	253,635.	COST
(4)	UPMC HOME HEALTHCARE OF CENTRAL PA	Q	244,449.	COST
(5)	CHARTWELL PA LLP	P	244,449.	COST
(6)	UPMC HOME HEALTHCARE OF CENTRAL PA	Q	97,954.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) CANTERBURY PLACE		P	97,954.	COST
(2) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	57,352.	COST
(3) UPMC ALTOONA		P	57,352.	COST
(4) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	53,434.	COST
(5) UPMC MCKEESPORT		P	53,434.	COST
(6) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	426,890.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PRESBYTERIAN SHADYSIDE	P	426,890.	COST
(2)	UPMC HOME HEALTHCARE OF CENTRAL PA	Q	291,365.	COST
(3)	UPMC EAST	P	291,365.	COST
(4)	UPMC HOME HEALTHCARE OF CENTRAL PA	Q	79,853.	COST
(5)	UPMC JAMESON	P	79,853.	COST
(6)	UPMC HOME HEALTHCARE OF CENTRAL PA	Q	98,469.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC MERCY		P	98,469.	COST
(2) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	188,355.	COST
(3) UPMC PASSAVANT		P	188,355.	COST
(4) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	57,826.	COST
(5) UPMC ST. MARGARET		P	57,826.	COST
(6) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	53,812.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC WILLIAMSPORT		P	53,812.	COST
(2) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	94,497.	COST
(3) WILLIAMSPORT AREA AMBULANCE SERVICE		P	94,497.	COST
(4) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	50,489.	COST
(5) SUSQUEHANNA PHYSICIAN SERVICES		P	50,489.	COST
(6) UPMC HOME HEALTHCARE OF CENTRAL PA		Q	122,281.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) SUSQUEHANNA PHYSICIAN SERVICES	P	122,281.	COST
(2) ASKESIS DEVELOPMENT GROUP	P	1,105,750.	COST
(3) UPMC FOR YOU, INC.	Q	247,800.	COST
(4) UPMC HOME HEALTHCARE OF WESTERN PA	P	247,800.	COST
(5) UPMC FOR YOU, INC.	Q	152,241.	COST
(6) UNIVERSITY OF PITTSBURGH PHYSICIANS	P	152,241.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC MAGEE WOMEN'S HOSPITAL	P	484,131.	COST
(2)	UPMC HOMECARE MANAGEMENT SERVICES	Q	484,131.	COST
(3)	UPMC PRESBYTERIAN SHADYSIDE	P	58,787.	COST
(4)	NOVASENTE, INC	Q	58,787.	COST
(5)	LEXINGTON ONE, INC.	Q	387,901.	COST
(6)	CANTERBURY PLACE	Q	237,215.	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.**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?

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHADYSIDE MEDICAL CENTER ASSOCIATES, I		Q	1,658,734.	COST
(2) ST. MARGARET MEDICAL ARTS ASSOCIATES		Q	749,829.	COST
(3) SHADYSIDE MEDICAL CENTER ASSOCIATES, I		Q	1,727,696.	COST
(4) UPMC ST. MARGARET		Q	90,000.	COST
(5) RENAISSANCE FAMILY PRACTICE-UPMC, INC.		P	90,000.	COST
(6) UPMC INVESTMENTS LTD		A	15,850,159.	COST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		
b Gift, grant, or capital contribution to related organization(s).	1b		
c Gift, grant, or capital contribution from related organization(s).	1c		
d Loans or loan guarantees to or for related organization(s).	1d		
e Loans or loan guarantees by related organization(s).	1e		
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		
h Purchase of assets from related organization(s).	1h		
i Exchange of assets with related organization(s).	1i		
j Lease of facilities, equipment, or other assets to related organization(s).	1j		
k Lease of facilities, equipment, or other assets from related organization(s).	1k		
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
o Sharing of paid employees with related organization(s).	1o		
p Reimbursement paid to related organization(s) for expenses.	1p		
q Reimbursement paid by related organization(s) for expenses.	1q		
r Other transfer of cash or property to related organization(s).	1r		
s Other transfer of cash or property from related organization(s).	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC IRELAND LTD	A	223,908.	COST
(2) SHANGHAI UPMC CO., LTD	L	10,733,201.	COST
(3) UPMC AUT EVEN HOSPITAL LTD	L	70,971.	COST
(4) UPMC WHITFIELD HOSPITAL LTD	L	131,888.	COST
(5) UPMC CROATIA CANCER CENTER	L	109,306.	COST
(6) UPMC CANCER CENTERS IRELAND	L	656,210.	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.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(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, 2024. 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.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2023

Name: UPMC GROUP

Return No: E25000M3

Jurisdiction: Federal

No of Attachments: 4

PDF Attachment Description	PDF File Name	File Size
Subordinates Included	E25000M3_FE_Subordinates Included FY24.pdf	42,397
Audited Financial Statements	E25000M3_FE_Audited Financial Statements 123123.pdf	6,606,117
Merger Sunbury 11212023	E25000M3_FE_Merger Sunbury 11212023.pdf	101,194
8453 Signature Document	E25000M3_FE_8453 Signature Document.pdf	987,044

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

UPMC Year End Financial and Operating Report & Audited Consolidated Financial Statements

FOR THE PERIOD ENDED DECEMBER 31, 2023



UPMC
LIFE CHANGING MEDICINE

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
CURRENT ASSETS		
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
CURRENT LIABILITIES		
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
NET ASSETS WITHOUT DONOR RESTRICTIONS		
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)
NET ASSETS WITH DONOR RESTRICTIONS		
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
OPERATING ACTIVITIES		
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
INVESTING ACTIVITIES		
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)
FINANCING ACTIVITIES		
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, trustee 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 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
	2,479,590	2,436,713
Externally designated:		
Trusted assets for capital and debt service payments	15,667	3,533
Donor-restricted assets	490,379	476,322
	506,046	479,855
Other long-term investments	5,456,745	4,787,916
Board-designated, restricted, trustee and other investments	8,442,381	7,704,484
Cash and cash equivalents	1,104,198	953,980
	\$ 9,546,579	\$ 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 1st to August 31st. 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
ASSETS					
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
LIABILITIES					
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
ASSETS					
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
LIABILITIES					
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
CHANGE IN PROJECTED BENEFIT OBLIGATION		
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
CHANGE IN PLAN ASSETS		
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

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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.

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(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
ASSETS					
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
ASSETS					
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) December 31, 2021	(Unaudited) 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
			\$ 32,870,069

Paid claims development for the years ended December 31, 2023, 2022 and 2021 are as follows:

	(Unaudited) December 31, 2021	(Unaudited) 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
			\$ 32,114,350

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 Reported Claims	(Unaudited) Cumulative Number of Reported Claims*
December 31, 2021	\$ -	25,671
December 31, 2022	-	27,268
December 31, 2023	755,719	29,034
Total	\$ 755,719	81,973

* 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 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
	Total									\$ 1,021,744

DIRECT CLAIM LOSS PAID

Accident 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
	Total									\$ 475,205

Net reserves	\$ 546,539
Other reserves	38,071
Risk retention group	30,994
Discount adjustment	(66,281)
Total reserves	\$ 549,323

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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.

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(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

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Supplemental balance sheet information related to leases was as follows:

	Year Ended December 31	
	2023	2022
OPERATING LEASES		
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
FINANCE LEASES		
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
WEIGHTED AVERAGE REMAINING LEASE TERM		
Operating leases	9.3 years	9.6 years
Finance leases	6.8 years	7.2 years
WEIGHTED AVERAGE DISCOUNT RATE		
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

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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

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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 & health care services	Insurance services	Academic & research activities	UPMC Enterprises activity	Admin 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 & health care services	Insurance services	Academic & research activities	UPMC Enterprises activity	Admin 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.

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Pennsylvania Department of State

-FILED-

Amendment #: 0013656569
Date Filed: 11/21/2023

<input type="checkbox"/> Return document by mail to:		
CSC ORDER#141834-5		LBV
Name _____		
Address _____		
City _____	State _____	Zip Code _____
<input checked="" type="checkbox"/> Return document by email to: <u>cscpa@cscglobal.com</u>		

Statement of

DSCB:15-335
(7/1/2015)



335

Read all instructions prior to completing.

Fee: \$70 plus \$40 for *each* association that is a party to the merger
The minimum amount to be submitted with this filing is \$150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: UPMC Williamsport
2. The jurisdiction of formation of the surviving association: Pennsylvania
3. The type of association of the surviving association is (check only one):
 - ☐ Business Corporation
 - ☒ Nonprofit Corporation
 - ☐ Limited Liability Company
 - ☐ Limited Partnership
 - ☐ Limited Liability (General) Partnership
 - ☐ Limited Liability Limited Partnership
 - ☐ Business Trust
 - ☐ Professional Association
 - ☐ Other _____

PA DEPT OF STATE

NOV 21 2023

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

- ☒ Domestic (Pennsylvania) filing entity already in existence on Department of State records
If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.
- ☐ NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)
Attach to this Statement the public organic record of the new entity.
- ☐ Foreign filing association or foreign limited liability partnership already registered with the Department.
If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.
- ☐ Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State
Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.

Its current registered office address. Complete part (a) OR (b) – not both:

(a) 700 High Street Williamsport Pennsylvania 17701 Lycoming
 Number and street City State Zip County

(b) c/o: _____
 Name of Commercial Registered Office Provider County

- ☐ NEW domestic (Pennsylvania) limited liability partnership or electing partnership
Attach completed DSCB:15-8201 (Statement of Registration) or DSCB:15-8701A (Statement of Election)
- ☐ Domestic association that is not a domestic filing association
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its principal office:

 Number and street City State Zip County

- ☐ Foreign association that is not, and will not, be registered with the Department of State
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

 Number and street City State Zip

DSCB:15-335-3

B. For the merging association(s) that are not surviving the merger:

1. The name of the merging association is: UPMC Sunbury
2. The jurisdiction of formation of the merging association: Pennsylvania
3. The type of association is (check only one):

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input checked="" type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Check and complete one of the following addresses.

<input type="checkbox"/>	<p>If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. <i>Complete part (a) OR (b) – not both:</i></p> <p>(a) <u>700 High Street</u> <u>Williamsport</u> <u>Pennsylvania</u> <u>17701</u> <u>Lycoming</u> Number and street City State Zip County</p> <p>(b) c/o: _____ Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the merging association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____ Number and street City State Zip</p>

Use Statement of Merger – Addendum (DSCB:15-335AD)
 for additional merging parties that are not surviving the merger.

C. Effective date of statement of merger (check, and if appropriate complete, one of the following):

- ☒ This Statement of Merger shall be effective upon filing in the Department of State.
☐ This Statement of Merger shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

D. Approval of merger by merging associations (check all applicable statement(s)):

- ☒ For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).
- ☐ For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.
- ☐ For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 14 day of November, 20 23.

UPMC Williamsport

Name of Merging Association

[Signature]

Signature

[Signature]

President

Title

UPMC Sunbury

Name of Merging Association

Fuller J. Miller

Signature

President

Title