

# Return of Organization Exempt From Income Tax

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

|  |  |  |            |  |  |  |
|--|--|--|------------|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><u>UPMC GROUP</u>                         |  |            |  | <b>D</b> Employer identification number<br><u>20-8295721</u> |  |
|  | Doing business as  |  |            |  | <b>E</b> Telephone number<br><u>(412) 647-2345</u>           |  |
|  | Number and street (or P.O. box if mail is not delivered to street address) |  | Room/suite |  |  |  |
| <u>600 GRANT ST, 58TH FLR, CORP TAX</u>  |  |  |            |  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><u>PITTSBURGH, PA 15219</u>  |  |  |            | <b>G</b> Gross receipts \$ <u>12225238310.</u>   |  |  |
| <b>F</b> Name and address of principal officer: <u>ROBERT DEMICHIEI</u><br><u>600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219</u>  |  |  |            | <b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
|  |  |  |            | <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           |  |  |
|  |  |  |            | If "No," attach a list. (see instructions)   |  |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |            | <b>H(c)</b> Group exemption number ▶ <u>9707</u>   |  |  |
| <b>J</b> Website: ▶ <u>WWW.UPMC.COM</u>  |  |  |            |  |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |  |            | <b>L</b> Year of formation: <u>2006</u> <b>M</b> State of legal domicile: <u>PA</u>                                      |  |  |

**Part I Summary**

|                                    |   |   |                                  |                     |
|------------------------------------|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <u>HEALTHCARE, EDUCATION, AND RESEARCH</u>                  |                                  |                     |
|                                    | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | 56.                 |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | 21.                 |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>                         | 59,761.             |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary)  | <b>6</b>                         | 6,219.              |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 2,739,396.          |
|                                    | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>   | -246,045.                        |                     |
| <b>Revenue</b>                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g)  | 77,338,120.                      | 78,343,777.         |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 10473046456.                     | 11589721855.        |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 38,788,606.                      | 28,141,010.         |
|                                    | <b>12</b>   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | -353,218.                        | -348,220.           |
|                                    | <b>12</b>   |   | 10588819964.                     | 11695858422.        |
| <b>Expenses</b>                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 24,689,653.                      | 12,400,739.         |
|                                    | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                               | 0.                  |
|                                    | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 4,717,687,542.                   | 5,008,355,479.      |
|                                    | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.                               | 0.                  |
|                                    | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>30,855.</u>  |                                  |                     |
|                                    | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 5,655,561,821.                   | 6,329,366,757.      |
| <b>18</b>                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 10397939016.  | 11350122975.                     |                     |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12                      | 190,880,948.  | 345,735,447.                     |                     |
| <b>Net Assets or Fund Balances</b> | <b>20</b>   | Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26)   | 6,610,759,840.                   | 7,660,676,964.      |
|                                    | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20  | 1,411,549,240.                   | 2,005,445,814.      |
|                                    |   | 5,199,210,600.  | 5,655,231,150.                   |                     |

**Part II Signature Block**

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

|                               |  |                                       |             |   |             |
|-------------------------------|--|---------------------------------------|-------------|---|-------------|
| <b>Sign Here</b>              | <b>Signature of officer</b><br><u>ROBERT A. DEMICHIEI</u>              | <b>Date</b><br><u>05/10/2017</u>      |             |   |             |
|                               | <b>Type or print name and title</b><br><u>EXECUTIVE VP AND CFO</u>     |                                       |             |   |             |
| <b>Paid Preparer Use Only</b> | <b>Print/Type preparer's name</b><br><u>JAMES E STEEN</u>              | <b>Preparer's signature</b>           | <b>Date</b> | <b>Check <input checked="" type="checkbox"/> if self-employed</b> | <b>PTIN</b> |
|                               | <b>Firm's name</b> ▶ <u>ERNST &amp; YOUNG US, LLP</u>                  | <b>Firm's EIN</b> ▶ <u>34-6565596</u> |             |   |             |
|                               | <b>Firm's address</b> ▶ <u>2100 ONE PPG PLACE PITTSBURGH, PA 15222</u> | <b>Phone no.</b> <u>412-644-7800</u>  |             |   |             |

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service Accomplishments

Check 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 \$ 10278241150. including grants of \$ ) (Revenue \$ 11589721855. )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses ▶ 10278241150.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-19 with various questions about organization status, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 1098-C, 720, and 709.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (56), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, PA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

ROBERT A. DEMICHIELI 600 GRANT STREET, 56TH FLOOR PITTSBURGH, PA 15219 412-647-2345

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) BRYANT WESLEY ESQ<br>BOARD MEMBER AND SECRETARY | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) DEBORAH BRODINE<br>BOARD MEMBER AND PRESIDENT   | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) EDWARD T KARLOVICH<br>BOARD MEMBER              | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) JEROME SHAFFER<br>BOARD MEMBER, TREAS & CFO     | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) LESLIE DAVIS<br>BOARD MEMBER                    | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) CHRISTOPHER A GESSNER<br>BOARD MEMBER           | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) GERALD MURRAY<br>BOARD MEMBER                   | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) JOHN INNOCENTI<br>BOARD CHAIR                   | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) MICHAEL GRACE<br>BOARD MEMBER                   | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) V JAMES FIORENZO<br>BOARD MEMBER               | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) BRUCE ERB<br>BOARD VICE CHAIR/VICE-PRESIDENT   | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) DEBRA DELLAPOSTA<br>BOARD CHAIR                | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (13) RUTH WEAVER<br>BOARD MEMBER                    | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) ANDREW NOWALK<br>BOARD MEMBER                  | 1.00<br>0.   | X  |                       |         |              |                              |        | 145,380.   | 0.  | 9,891.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 15) ARTHUR S LEVINE MD<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 16) DOUGLAS P DICK<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 17) HOWARD W HANNA III<br>BOARD CHAIR                        | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 18) JOSEPH C WALTON<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 19) JUDGE JILL RANGOS<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 20) LAWRENCE N GUMBERG<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 21) LESLIE BRAKSICK PHD<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 22) MARTHA HARTLE MUNSCHE ESQ<br>BOARD MEMBER                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 23) MARY JO HOWARD DIVELY ESQ<br>BOARD MEMBER                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 24) RONALD R DAVENPORT JR<br>BOARD MEMBER                    | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 25) ANN MCGUINN<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        | 145,380.   | 0.  | 9,891.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        | 92,176,204.  | 11,153,832.   | 10,152,701.   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 92,321,584.  | 11,153,832.   | 10,162,592.   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 1                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 247**



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 26) CHRISTOPHER GESSNER<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 27) DAVID A LEWIS MD<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 28) DIANE HOLDER<br>BOARD CHAIR                              | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| ( 29) DOUGLAS MUETZEL<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 30) GEORGE A HUBER ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 31) JEANNETTE SOUTH-PAUL MD<br>BOARD MEMBER                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 32) KENNETH NASH MD<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 137,081. | 0.   | 7,748.  |   |
| ( 33) LAURA THOMAS<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 34) LAURIE MULVEY<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 35) LOREN ROTH MD<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 2,000.   | 0.   | -12,278.  |   |
| ( 36) MICHAEL FLAHERTY<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 37) NIKKI NORDENBERG<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 38) SCOTT LAMMIE<br>BOARD MEMBER, SEC AND TREAS              | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 39) SHELIA FINE<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 40) WILFORD PAYNE<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 41) BARB GROSSMAN<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 42) DANIEL SULLIVAN<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 43) DAVID A NACE MD<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 44) DEBORAH S BRODINE<br>BOARD MEMBER, CHAIR AND PRES.       | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 45) EMILY JARRETT<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 46) JEROME SHAFFER<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 47) JOAN ROGERS<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for individuals like JOHN D HOUSTON II, MARGARET P JOY ESQ, etc.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a row for total number of independent contractors.

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 59) ANN EVANS<br>BOARD TREASUER AND CFO                      | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 60) PHILIP M CACCHIONE MD<br>BOARD CHAIR AND PRESIDENT       | 40.00<br>0.  | X   |                       | X       |              |                              |        | 522,582.   | 0.  | 37,524.   |
| ( 61) ROBERT BLOSAT<br>BOARD MEMBER AND V PRESIDENT            | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 62) BARRY HALBRITTER<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 63) BERNARD CREPPAGE<br>BOARD CHAIR                          | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 64) BRUCE ERB<br>BOARD SECRETARY                             | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 65) BRYANT WESLEY ESQ<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 66) DEBORAH BRODINE<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 67) GERALD MURRAY<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 68) JAMES DRENNING<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 69) JEROME SHAFFER<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 70) JOHN LOVELACE<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 71) NANCY FOGLE<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 72) NOREEN FREDRICK<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 73) ROBERT GRIFFITH<br>BOARD TREASURER AND CFO               | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 74) AMY SWINDELL, DO<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 204,052.   | 0.  | 13,307.   |
| ( 75) BERNARD CREPPAGE<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 76) BRUCE ERB<br>BOARD CHAIR                                 | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 77) CAROLYN DEAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 78) DAWN MCCLELLAN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 79) DIANA WOY<br>BOARD MEMBER                                | 1.00<br>40.00  | X   |                       |         |              |                              |        | 0.   | 146,069.  | 41,810.   |
| ( 80) FRANCES VAUGHN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like JACK SINCLAIR, JAMES DRENNING, etc.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 92) SANDRA TOMLINSON<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 93) THOMAS LEVINE<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 94) VAL MIGNOGNA<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 95) AMY SWINDELL, DO<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 96) BERNARD CREPPAGE<br>BOARD MEMBER/ TREASURER              | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 97) BRUCE ERB<br>BOARD CHAIR                                 | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 98) CAROLYN DEAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 99) DAWN MCCLELLAN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (100) DIANA WOY<br>BOARD MEMBER                                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (101) FRANCES VAUGHN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (102) JACK SINCLAIR<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (103) JAMES DRENNING<br>BOARD MEMBER/ CHAIR                    | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (104) JANET SCHACHTNER<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (105) JAY ROBERT<br>BOARD MEMBER                               | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (106) KAREN SMITH<br>BOARD TREASURER                           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (107) MARGARET ADAMS<br>BOARD SECRETARY                        | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (108) MARGARET CALVERT<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (109) RAYMOND HESS<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (110) ROBERT SCHOLL<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (111) THOMAS LEVINE<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (112) VAL MIGNOGNA<br>BOARD MEMBER                             | 1.00<br>40.00  | X   |                       |         |              |                              |        | 0.   | 129,406.  | 14,141.   |
| (113) BARRY HALBRITTER<br>BOARD CHAIR                          | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (114) EDWARD HENDERSON<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (115) HAROLD KANN<br>BOARD TREASURER                           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (116) JEAN GEIST<br>BOARD MEMBER/SECRETARY                     | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (117) KATHY WAGNER<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (118) KENT TONKIN<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (119) NANCI CASE<br>BOARD MEMBER                               | 1.00<br>40.00  | X   |                       |         |              |                              |        | 29,854.  | 220,671.  | 16,403.   |
| (120) NANCY FOGEL<br>BOARD SECRETARY/ CHAIR                    | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (121) NANCY PYLE<br>BOARD MEMBER                               | 1.00<br>0.   | X   |                       |         |              |                              |        | 93,381.  | 0.  | 21,270.   |
| (122) PHILIP FREEMAN<br>PRESIDENT AND BOARD MEMBER             | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (123) RAYMOND HESS<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (124) REBECCA WILLNECKER<br>BOARD MEMBER                       | 40.00<br>0.  | X   |                       |         |              |                              |        | 105,146.   | 0.  | 17.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (125) WILLIAM EARNEST<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (126) ARTHUR S LEVINE MD<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (127) CAREY ANDREW-JAJA MD<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              | 368,683. | 0.   | 40,148.   |   |
| (128) CARRIE COGHILL<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (129) DAVID KAPLAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (130) DEBRA BARBARITA<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (131) DENNIS ENGLISH MD<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 229,274. | 0.   | 30,453.   |   |
| (132) HONORABLE DONETTA AMBROSE<br>BOARD VICE CHAIR            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (133) JEANNETTE SOUTH-PAUL MD<br>BOARD MEMBER                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (134) KATHY (MAYLE) TOWNS<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (135) KURT BERGMAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (136) LESLIE C DAVIS<br>BOARD MEMBER AND PRESIDENT             | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (137) MARGARET P JOY ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (138) MARK ALOE<br>BOARD MEMBER                                | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (139) MICHAEL SWEENEY<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (140) MICHELE ATKINS<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (141) PETER W EISENBRANDT<br>BOARD TREASURER                   | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (142) RICHARD BEIGI MD<br>BOARD MEMBER                         | 40.00<br>0.  | X   |                       |         |              |                              | 182,040. | 0.   | 15,757.   |   |
| (143) ROBERT P EDWARDS MD<br>BOARD MEMBER                      | 40.00<br>0.  | X   |                       |         |              |                              | 472,213. | 0.   | 26,237.   |   |
| (144) ROSE ALMON-MARTIN<br>BOARD SECRETARY                     | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (145) SARAH MEEHAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (146) WILLIAM PIETRAGALLO II ESQ<br>BOARD CHAIR                | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (147) AJAIPAL KANG MD<br>BOARD MEMBER                          | 40.00<br>0.  | X   |                       |         |              |                              | 1,734,500. | 0.   | 44,421.   |   |
| (148) BETH BURNSIDE<br>BOARD MEMBER/ CHAIR                     | 1.00<br>0.   | X   |                       | X       |              |                              | 0.         | 0.   | 0.  |   |
| (149) CARRIE ENNIS<br>BOARD SECRETARY                          | 1.00<br>0.   | X   |                       | X       |              |                              | 0.         | 0.   | 0.  |   |
| (150) DENNIS SCULLY MD<br>BOARD MEMBER                         | 40.00<br>0.  | X   |                       |         |              |                              | 282,089.   | 0.   | 34,374.   |   |
| (151) EDWARD T KARLOVICH<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (152) GREG BALDWIN<br>BOARD VICE CHAIR                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (153) LESLIE C DAVIS<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (154) MARK RAIMY<br>BOARD MEMBER                               | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (155) MBEMBO BONGUTU MD<br>BOARD MEMBER                        | 40.00<br>0.  | X   |                       |         |              |                              | 317,184.   | 0.   | 34,011.   |   |
| (156) NATHAN MOORE MD<br>BOARD MEMBER                          | 40.00<br>0.  | X   |                       |         |              |                              | 355,380.   | 0.   | 43,098.   |   |
| (157) ROBERT BLOSAT<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |            |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |            |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |            |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (158) THOMAS TUPITZA ESQ<br>BOARD CHAIR                        | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (159) DANIEL GRANT<br>BOARD MEMBER                             | 1.00<br>40.00  | X   |                       |         |              |                              |        | 0.   | 242,645.  | 33,096.   |
| (160) DAVID GIBBONS<br>BOARD CHAIR                             | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (161) MARK BONDI<br>BOARD CHAIR AND PRESIDENT                  | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (162) NANCI CASE<br>BOARD VICE CHAIR                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (163) NANCY PASTORIUS<br>BOARD SECRETARY AND COO               | 40.00<br>0.  | X   |                       | X       |              |                              |        | 100,624.   | 0.  | 20,592.   |
| (164) TIMOTHY BROOKS<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (165) WILLIAM A NIGRO<br>BOARD MEMBER TREAS AND CFO            | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (166) BARB GROSSMAN<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (167) DANIEL SULLIVAN<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (168) DAVID A NACE MD<br>BOARD MEMBER                          | 40.00<br>0.  | X   |                       |         |              |                              |        | 85,677.  | 0.  | 15,421.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (169) DEBORAH S BRODINE<br>BOARD MEMBER, CHAIR AND PRESID      | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (170) EMILY JARRETT<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (171) JEROME SHAFFER<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (172) MARGARET P JOY ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (173) NEIL Y VAN HORN<br>BOARD CHAIR                           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (174) PETER W EISENBRANDT<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (175) REV. SCOTT QUINN<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (176) RICHARD S HAMILTON<br>BOARD VICE CHAIR                   | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (177) WILLIAM A NIGRO<br>BOARD MEMBER, TREAS AND CFO           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (178) ALEXANDER J CIOCCA ESQ<br>BOARD SECRETARY                | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (179) CHARLES BOGOSTA<br>BOARD VICE CHAIR AND PRESIDENT        | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (180) LESLIE C DAVIS<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (181) NANCY DAVIDSON MD<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 42,323.    | 0.   | 0.  |   |
| (182) SCOTT LAMMIE<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (183) STANLEY MARKS MD<br>BOARD CHAIR                          | 20.00<br>20.00   | X   |                       | X       |              |                              | 1,423,592. | 848,577.   | 203,150.  |   |
| (184) SY HOLZER<br>BOARD MEMBER                                | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (185) ARTHUR S LEVINE MD<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (186) CHRISTOPHER A GESSNER<br>BOARD VICE CHAIR AND VP         | 1.00<br>0.   | X   |                       | X       |              |                              | 0.         | 0.   | 0.  |   |
| (187) EDWARD T KARLOVICH<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (188) MARK SEVCO<br>BOARD MEMBER                               | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (189) MARSHALL WEBSTER MD<br>BOARD CHAIR AND PRESIDENT         | 1.00<br>0.   | X   |                       | X       |              |                              | 0.         | 0.   | 0.  |   |
| (190) MICHAEL GRACE<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |            |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |            |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |            |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (191) ARTHUR S LEVINE MD<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (192) CHRISTOPHER A GESSNER<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (193) DAVID A LEWIS MD<br>BOARD MEMBER AND DEPT CHAIR           | 40.00<br>0.  | X   |                       |         |              |                              | 573,308.   | 0.   | 24,070.   |   |
| (194) DAVID HIRSCH PERLMUTTER MD<br>BOARD MEMBER AND DEPT CHAIR | 40.00<br>0.  | X   |                       |         |              |                              | 490,114.   | 0.   | 26,057.   |   |
| (195) DEREK ANGUS MD<br>BOARD MEMBER AND DEPT CHAIR             | 40.00<br>0.  | X   |                       |         |              |                              | 552,705.   | 0.   | 25,001.   |   |
| (196) DONALD M YEALY MD<br>BOARD MEMBER AND DEPT CHAIR          | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (197) EVA BLUM<br>BOARD MEMBER                                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (198) FREDDIE H FU MD<br>BOARD MEMBER AND DEPT CHAIR            | 40.00<br>0.  | X   |                       |         |              |                              | 1,554,332. | 0.   | 25,674.   |   |
| (199) G NICHOLAS BECKWITH III<br>BOARD MEMBER                   | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (200) GEORGE K MICHALOPOULOS MD<br>BOARD MEMBER AND DEPT CHAIR  | 40.00<br>0.  | X   |                       |         |              |                              | 514,739.   | 0.   | 25,082.   |   |
| (201) GEORGE MAZARIEGOS MD<br>BOARD MEMBER                      | 40.00<br>0.  | X   |                       |         |              |                              | 393,765.   | 0.   | 24,716.   |   |
| <b>1b Sub-total</b>   |  |   |                       |         |              |                              |            |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b>  |  |   |                       |         |              |                              |            |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                            |  |   |                       |         |              |                              |            |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (202) GREGORY BUMP MD<br>BOARD MEMBER                          | 40.00<br>0.  | X   |                       |         |              |                              | 231,184.   | 0.   | 14,949.   |   |
| (203) GREGORY K PEASLEE<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (204) HOWARD GUTSTEIN MD<br>BOARD MEMBER AND DEPT CHAIR        | 40.00<br>0.  | X   |                       |         |              |                              | 145,188.   | 0.   | 524.  |   |
| (205) HYAGRIV SIMHAN MD<br>BOARD MEMBER                        | 40.00<br>0.  | X   |                       |         |              |                              | 249,960.   | 0.   | 21,194.   |   |
| (206) JAMES D LUKETICH MD<br>BOARD MEMBER AND DEPT CHAIR       | 40.00<br>0.  | X   |                       |         |              |                              | 2,443,919. | 0.   | 25,726.   |   |
| (207) JEANNETTE SOUTH-PAUL MD<br>BOARD MEMBER AND DEPT CHAIR   | 40.00<br>0.  | X   |                       |         |              |                              | 232,889.   | 0.   | 22,364.   |   |
| (208) JEFFREY A ROMOFF<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (209) JOEL B NELSON MD<br>BOARD MEMBER AND DEPT CHAIR          | 40.00<br>0.  | X   |                       |         |              |                              | 974,865.   | 0.   | 25,374.   |   |
| (210) JOEL S GREENBERGER MD<br>BOARD MEMBER AND DEPT CHAIR     | 40.00<br>0.  | X   |                       |         |              |                              | 519,316.   | 0.   | 24,665.   |   |
| (211) JOEL S SCHUMAN MD<br>BOARD MEMBER AND DEPT CHAIR         | 40.00<br>0.  | X   |                       |         |              |                              | 637,529.   | 0.   | 16,646.   |   |
| (212) JONAS T JOHNSON MD<br>BOARD MEMBER/DEPT CHAIR/TREAS      | 40.00<br>0.  | X   |                       | X       |              |                              | 877,434.   | 0.   | 26,451.   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |            |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |            |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |            |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for individuals like JOON SUP LEE MD, JOSE SAHEL MD, etc.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a header row and several empty rows.

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

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (224) MARSHALL WEBSTER MD<br>BOARD MEMBER AND DEPT CHAIR          | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (225) MICHAEL BONINGER MD<br>BOARD MEMBER AND DEPT CHAIR          | 40.00<br>0.  | X   |                       |         |              |                              | 349,210.   | 0.   | 29,126.   |   |
| (226) PATRICK GALLAGHER<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (227) RICHARD S HAMILTON<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (228) ROBERT M FRIEDLANDER MD<br>BOARD MEMBER AND DEPT CHAIR      | 40.00<br>0.  | X   |                       |         |              |                              | 1,440,011. | 0.   | 29,434.   |   |
| (229) ROBERT P EDWARDS MD<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (230) STEPHANIE NICHOLAS<br>BOARD MEMBER                          | 40.00<br>0.  | X   |                       |         |              |                              | 403,911.   | 0.   | 45,693.   |   |
| (231) TERENCE DERMODY MD<br>BOARD MEMBER AND DEPT CHAIR           | 1.00<br>0.   | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (232) TIMOTHY ROBERT BILLIAR MD<br>BOARD SECRETARY AND DEPT CHAIR | 40.00<br>0.  | X   |                       | X       |              |                              | 807,234.   | 0.   | 21,264.   |   |
| (233) VICTOR MORELL MD<br>BOARD MEMBER                            | 40.00<br>0.  | X   |                       |         |              |                              | 1,959,535. | 0.   | 26,266.   |   |
| (234) ARTHUR S LEVINE MD<br>BOARD MEMBER                          | 1.00<br>40.00  | X   |                       |         |              |                              | 27,654.    | 1,304,494.   | 46,864.   |   |
| <b>1b Sub-total</b>   |  |   |                       |         |              |                              |            |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b>    |  |   |                       |         |              |                              |            |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                              |  |   |                       |         |              |                              |            |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (235) DESMOND MCDONALD<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (236) ELAINE BELLIN<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (237) ESTHER BARAZZONE PHD<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (238) EVA BLUM<br>BOARD MEMBER                                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (239) G NICHOLAS BECKWITH III<br>BOARD CHAIR                   | 10.00<br>0.  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (240) GREGORY SPENCER<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (241) HOWARD W HANNA III<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (242) JOHN SURMA<br>BOARD MEMBER                               | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (243) LOUIS PLUNG<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (244) MARGARET P JOY ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (245) MARK A NORDENBERG<br>BOARD MEMBER                        | 1.00<br>40.00  | X   |                       |         |              |                              |        | 0.   | 845,748.  | 87,092.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (246) MARK J LASKOW<br>BOARD SECOND VICE CHAIR                 | 3.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (247) MARLEE S MYERS ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (248) MARTIN G MCGUINN<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (249) PATRICK GALLAGHER<br>BOARD MEMBER                        | 1.00<br>40.00  | X   |                       |         |              |                              | 0.     | 527,895.   | 213,590.  |   |
| (250) RICHARD S HAMILTON<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (251) ROBERT G LOVETT<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (252) ROBERT M HERNANDEZ<br>BOARD MEMBER                       | 2.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (253) ROBERT MONTLER<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (254) SISTER CANDACE INTROCASO DCP,<br>BOARD MEMBER            | 1.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (255) STEPHEN R TRITCH<br>BOARD FIRST VICE CHAIR               | 1.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (256) SUNIL WADHWANI<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like SUSAN BAKER SHIPLEY, THOMAS TUPITZA ESQ, etc.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (268) DONALD DEVORRIS<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (269) GRANT J. HORMELL MD<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (270) JAMES DRENNING<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (271) JOHN R BLACKBURN III<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (272) KAREN PFEFFER<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (273) LESLIE DAVIS<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (274) HONORABLE LISA PUPO LENIHAN<br>BOARD MEMBER              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (275) MARSHALL WEBSTER MD<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (276) MSGR MICHAEL SERVINSKY<br>BOARD MEMBER                   | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (277) RICHARD S HAMILTON<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (278) ROBERT E. WERTZ<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (279) ROBERT HALBRITTER<br>BOARD CHAIR                         | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (280) ROBERT MONTLER<br>BOARD VICE CHAIR                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (281) SAMUEL R. MAGEE MD<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (282) ANN BENZEL<br>BOARD VICE CHAIR                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (283) BARBARA KOOMAN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (284) BRUCE ERB<br>BOARD MEMBER                                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (285) CARLOS WIEGERING DC<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (286) CRAIG KILMER<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (287) GERALD MURRAY<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (288) JAMES DRENNING<br>BOARD SECRETARY                        | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (289) JOSEPH ANTONOWICZ MD<br>BOARD MEMBER                     | 40.00<br>0.  | X   |                       |         |              |                              |        | 291,681.   | 0.  | 53,723.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (290) JUDI SELTZER<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (291) MARGARET CAWTHERN<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (292) MICHAEL SETTIMIO<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (293) NANCY CAMPBELL<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (294) NANCY DEVORRIS<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (295) NEIL PORT<br>BOARD CHAIR                                 | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (296) RAYMOND ECKENRODE<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (297) ROBERT BILGER<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (298) ROBERT OKONAK JR.<br>BOARD TREASURER                     | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (299) SHERRY DELGROSSO<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (300) WILLIAM WALLEN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

|  | (A)<br>Name and title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (301)  | DAWN MCCLELLAN<br>BOARD MEMBER          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  |   |
| (302)  | JAMES RUTCH ESQ<br>BOARD MEMBER         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  |   |
| (303)  | LEONARD A. ZIMMERMAN MD<br>BOARD MEMBER | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  |   |
| (304)  | MSGR MICHAEL SERVINSKY<br>BOARD MEMBER  | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  |   |
| (305)  | NEIL PORT<br>BOARD VICE CHAIR           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  |   |
| (306)  | WILLIAM WALLEN<br>BOARD CHAIR           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  |   |
| (307)  | ANGELA DUVALL<br>BOARD SECRETARY        | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  |   |
| (308)  | CHRISTOPHER SAMUEL MD<br>BOARD MEMBER   | 40.00<br>0.  | X   |                       |         |              |                              |        | 429,250.   | 0.<br>35,172.   |   |
| (309)  | DAVID BAER MD<br>BOARD MEMBER           | 40.00<br>0.  | X   |                       |         |              |                              |        | 281,293.   | 0.<br>40,275.   |   |
| (310)  | DAVID T MARTIN<br>BOARD MEMBER          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  |   |
| (311)  | GARRY GOSS<br>BOARD MEMBER              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |   |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (312) JAMES GONSMAN<br>BOARD TREASURER                         | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (313) JOHN HOLBERT<br>BOARD VICE CHAIR                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (314) JOHN R BLACKBURN III<br>BOARD CHAIR                      | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (315) JUDY JACKSON<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (316) KATHERINE ERLICHMAN<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (317) MABEL JORDAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (318) NICOLE DEBOLT, DO<br>BOARD MEMBER                        | 40.00<br>0.  | X   |                       |         |              |                              | 322,840. | 0.   | 24,685.   |   |
| (319) RALPH ALDINGER, DO<br>BOARD MEMBER                       | 40.00<br>0.  | X   |                       |         |              |                              | 329,779. | 0.   | 30,558.   |   |
| (320) REV RAY SHORT<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (321) ROBERT HALBRITTER<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (322) TODD ROADMAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (323) CANDI CASTLEBERRY-SINGLETON<br>BOARD VICE CHAIR          | 1.00<br>0.   | X   |                       |         |              |                              | 418,801. | 0.   | 33,731.   |   |
| (324) DAVID T MARTIN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (325) GEORGE A HUBER ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (326) MARK O'HERN<br>BOARD SECRETARY                           | 40.00<br>0.  | X   |                       | X       |              |                              | 206,528. | 0.   | 33,830.   |   |
| (327) MARK SEVCO<br>BOARD MEMBER AND PRESIDENT                 | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (328) TAMRA MINNIER<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (329) THOMAS W STERLING<br>BOARD CHAIR                         | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (330) ANITA CICERO<br>BOARD MEMBER, SEC AND TREAS              | 40.00<br>0.  | X   |                       | X       |              |                              | 327,619. | 0.   | 22,124.   |   |
| (331) CHARLES BOGOSTA<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (332) JOHN J REILLY, MD<br>BOARD MEMBER                        | 40.00<br>0.  | X   |                       |         |              |                              | 69,888.  | 0.   | 5,260.  |   |
| (333) STEVEN D SHAPIRO, MD<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Thomas Inglesby MD, Ann Evans, David T Martin, Francis Solano MD, Neil Y Van Horn, Robert Blosat, Robert Devlin Esq, Steven D Shapiro MD, Deborah S Brodine, Edward T Karlovich, and Jerome Shaffer.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question number, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and unrelated organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (345) LESLIE DAVIS<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (346) STEPHEN NIMMO ESQ<br>BOARD MEMBER AND SECRETARY          | 40.00<br>0.  | X   |                       | X       |              |                              | 582,611. | 0.   | 65,433.   |   |
| (347) CHRISTOPHER STOCKHAUSEN<br>BOARD TREASURER AND CFO       | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (348) EDWARD T KARLOVICH<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (349) G. NICHOLAS BECKWITH III<br>BOARD MEMBER                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (350) KOTAYYA KONDAVEETI MD<br>BOARD MEMBER                    | 1.00<br>0.   | X   |                       |         |              |                              | 500,000. | 0.   | 0.  |   |
| (351) RAJESH SEHGAL MD<br>BOARD MEMBER                         | 1.00<br>40.00  | X   |                       |         |              |                              | 0.       | 486,251.   | 24,580.   |   |
| (352) ROBERT VOINCHET<br>BOARD MEMBER                          | 40.00<br>0.  | X   |                       |         |              |                              | 456,588. | 0.   | 64,430.   |   |
| (353) SEAN LOGAN<br>BOARD CHAIR                                | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (354) TAMRA MINTON<br>BOARD SECRETARY                          | 40.00<br>0.  | X   |                       | X       |              |                              | 222,199. | 0.   | 18,234.   |   |
| (355) ANN EVANS<br>BOARD MEMBER                                | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (356) DAVID PATTON<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (357) DONALD M YEALY MD<br>BOARD MEMBER AND VICE PRESIDEN      | 40.00<br>0.  | X   |                       | X       |              |                              | 499,043. | 0.   | 10,094.   |   |
| (358) MARK SEVCO<br>BOARD MEMBER                               | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (359) RICHARD WADAS MD<br>BOARD MEMBER AND PRESIDENT           | 40.00<br>0.  | X   |                       | X       |              |                              | 580,225. | 0.   | 31,168.   |   |
| (360) ROBERT BLOSAT<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (361) STEVEN D SHAPIRO MD<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (362) DIANE HOLDER<br>BOARD CHAIR                              | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (363) GEORGE A HUBER ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (364) JOHN LOVELACE<br>BOARD MEMBER AND PRESIDENT              | 1.00<br>40.00  | X   |                       | X       |              |                              | 0.       | 701,082.   | 80,451.   |   |
| (365) LORI REYNOLDS<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (366) PAULA GARAFOLA<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (367) SCOTT LAMMIE<br>BOARD MEMBER, TREAS, AND CFO             | 1.00<br>40.00  | X   |                       | X       |              |                              | 0.       | 853,424.   | 121,283.  |   |
| (368) SHERYL KASHUBA ESQ<br>BOARD MEMBER SEC, AND CLO          | 40.00<br>0.  | X   |                       | X       |              |                              | 399,672. | 0.   | 45,604.   |   |
| (369) STEPHEN PERKINS MD<br>BOARD MEMBER                       | 1.00<br>40.00  | X   |                       |         |              |                              | 0.       | 524,920.   | 73,156.   |   |
| (370) BETH BURNSIDE<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (371) C TALBOT HEPPENSTALL JR<br>BOARD MEMBER                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (372) CAROLYNN MASTERS PHD<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (373) CARRIE ENNIS<br>BOARD SECRETARY                          | 40.00<br>0.  | X   |                       | X       |              |                              | 100,989. | 0.   | 23,636.   |   |
| (374) DAVID DAUSEY PHD<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (375) DAVID ZIMMER<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (376) DESMOND MCDONALD<br>BOARD CHAIR                          | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (377) DIANE HOLDER<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include DWANE BROCK, FRANK VICTOR, GAIL WELCH, GREGORY BALDWIN ESQ, JEFFREY BEACH CPA, JOEL NELSON MD, JOHNNY JOHNSON, KEITH PEMRICK, KEITH TAYLOR PHD, LESLIE C DAVIS, LINDA MYERS.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question, Yes, No. Questions 3, 4, 5 regarding compensation reporting and unrelated organizations.

Section B. Independent Contractors

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

Table with 3 columns: (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)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (389) MARGARET P JOY ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (390) MARK RAIMY<br>BOARD MEMBER/ VICE CHAIR                   | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (391) MARY BULA<br>BOARD MEMBER                                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (392) NICHOLAS SCOTT<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (393) HONORABLE RICHARD NYGARRD<br>BOARD MEMBER                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (394) RICHARD S HAMILTON<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (395) ROBERT DEMICHIEI<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (396) ROBERT J FERRARO MD<br>BOARD MEMBER                      | 40.00<br>0.  | X   |                       |         |              |                              |        | 18,472.  | 0.  | 769.  |
| (397) STEPHEN PERKINS MD<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (398) THOMAS TUPITZA ESQ<br>BOARD VICE CHAIR & CHAIR           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (399) CHERYL KIMMEL<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (400) CHRISTOPHER MILLER<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (401) DAVID T MARTIN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (402) FRANK MINDICINO CFP<br>BOARD CHAIR/ CO-CHAIR             | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (403) FRANK MOSES<br>BOARD SECRETARY                           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (404) HENDLEY HOGE<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (405) JAY BRUCE<br>BOARD MEMBER                                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (406) JOHN CAMPBELL CPA<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (407) JOHN WATERS<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (408) JOSEPH P WALTON<br>BOARD VICE CHAIR                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (409) KEITH ROMIG<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (410) LINDA EVANS<br>BOARD MEMBER, TREAS AND SEC               | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (411) LOUIS MERRYMAN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (412) MICHAEL WALTON<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (413) NOREEN STEGKAMPER<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (414) OLIVIA LAZOR<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (415) REV MARTIN ROTH<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (416) RICHARD S HAMILTON<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (417) ROD E. WILT<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (418) RONALD MCCALL<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (419) ROY J SARTORI DO<br>BOARD MEMBER                         | 40.00<br>0.  | X   |                       |         |              |                              |        | 296,131.   | 0.  | 28,774.   |
| (420) STEVE GARGASZ<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (421) STEVEN WARNER<br>BOARD CO-CHAIR                          | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (422) THOMAS J. MALVAR<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (423) TROY VANAKEN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (424) TULLIO ESTRADA MD<br>BOARD MEMBER                        | 40.00<br>0.  | X   |                       |         |              |                              | 533,035. | 0.   | 37,564.   |   |
| (425) ALYSON FISHER<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 40,087.  | 0.   | 3,916.  |   |
| (426) GIZELLE DEAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (427) JESSICA PHILLIPS<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (428) JONI MURRAY<br>BOARD MEMBER                              | 40.00<br>0.  | X   |                       |         |              |                              | 53,238.  | 0.   | 19,555.   |   |
| (429) JULIE (DOLAN) CYLENICA<br>BOARD MEMBER                   | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (430) KELLY BAILEY<br>BOARD SECRETARY                          | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (431) KEVIN MCDERMOTT<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (432) LORRIE SPEIR-CHRISTINA<br>BOARD MEMBER                   | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (433) REV LEE WEBER<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (434) ROBERT PICCIRILLI<br>BOARD MEMBER AND CHAIR              | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (435) ROBERTA GOLDSTONE<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (436) RUSSELL ADKINS<br>BOARD VICE CHAIR                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (437) SAM BELLICH<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (438) SARAH BOLAND<br>BOARD MEMBER, SEC AND TREAS              | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (439) CHARLES BOGOSTA<br>BOARD VICE CHAIR                      | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (440) EDWARD MARINZEL<br>BOARD MEMBER                          | 40.00<br>0.  | X   |                       |         |              |                              | 323,838. | 0.   | 55,072.   |   |
| (441) ROBERT A DEMICHIEI<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (442) CHARLES BOGOSTA<br>BOARD MEMBER AND PRESIDENT            | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (443) JOHN KUZMISHIN<br>BOARD MEMBER, TREAS, SEC & CFO         | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (444) RICHARD BONDI<br>BOARD MEMBER, TREAS, SEC & CFO          | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (445) D JAMES HEATHERINGTON<br>BOARD VICE CHAIR                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (446) DONALD BECK, DPM<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 12,500.  | 0.  | 0.  |
| (447) GEORGE A HUBER ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (448) IRVING J LATTERMANN<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (449) JEANNETTE SOUTH-PAUL MD<br>BOARD MEMBER                  | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (450) JO ELLEN KENNEY<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (451) MARY PAT SOLTIS<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (452) MEHBOOB CHAUDHRY MD<br>BOARD MEMBER AND MED STAFF PRE    | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (453) MOHAMMAD IDREES, MD<br>BOARD MEMBER                      | 40.00<br>0.  | X   |                       |         |              |                              |        | 141,538.   | 0.  | 15,777.   |
| (454) REBECCA SHAW MCHOLME JD<br>BOARD CHAIR                   | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (455) SANDY RADER<br>BOARD MEMBER                              | 40.00<br>0.  | X   |                       |         |              |                              | 376,008. | 0.   | 39,192.   |   |
| (456) SUE ANN STRIFFLER GALASKI<br>BOARD MEMBER                | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (457) THOMAS W STERLING<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (458) CHARLES J DOUGHERTY PHD<br>BOARD MEMBER                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (459) EDWARD T KARLOVICH<br>BOARD MEMBER AND TREASURER         | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (460) F J LUCCHINO<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (461) HUGH BRANNAN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (462) JOHN MCKEATING MD<br>BOARD MEMBER                        | 40.00<br>0.  | X   |                       |         |              |                              | 377,812. | 0.   | 32,653.   |   |
| (463) JUDITH K LINABURG<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (464) KIMBERLY MOSES ESQ<br>BOARD SECRETARY                    | 40.00<br>0.  | X   |                       | X       |              |                              | 168,724. | 0.   | 11,279.   |   |
| (465) KORRY GREEN ESQ<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (466) LAWRENCE A DINARDO VE JCL<br>BOARD MEMBER                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (467) LESLIE DAVIS<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (468) HONORABLE MAUREEN LALLY-GREEN<br>BOARD CHAIR             | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (469) MICHAEL GRACE<br>BOARD MEMBER AND PRESIDENT              | 40.00<br>0.  | X   |                       | X       |              |                              |        | 427,792.   | 0.  | 60,791.   |
| (470) RACHEL RILEY-LAVELLE<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (471) RENEE CROSBY-SKINNER<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (472) ROBERT J CINDRICH ESQ<br>BOARD MEMBER                    | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (473) WILLIAM COOK<br>BOARD MEMBER AND PRESIDENT               | 40.00<br>0.  | X   |                       | X       |              |                              |        | 380,168.   | 0.  | 38,362.   |
| (474) WILMA MCNEESE<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (475) MARSHALL WEBSTER MD<br>BOARD SECRETARY                   | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (476) NEIL Y VAN HORN<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (477) ROBERT BLOSAT<br>BOARD CHAIR AND PRES                    | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (478) STEPHANIE ROSKOVSKI<br>BOARD VICE CHAIR                  | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (479) STEVEN D SHAPIRO MD<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (480) DAVID GIBBONS<br>BOARD MEMBER AND PRESIDENT              | 20.00<br>0.  | X   |                       | X       |              |                              |        | 609,022.   | 0.  | 59,716.   |
| (481) DAVID MCCANDLESS MD<br>BOARD MEMBER                      | 40.00<br>0.  | X   |                       |         |              |                              |        | 310,163.   | 0.  | 33,768.   |
| (482) DAVID T MARTIN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (483) DENISE JONES<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (484) DONALD OWREY<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (485) DONNA CORNELIUS<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (486) JAMES E KNARR DMD<br>BOARD CHAIR/ BOARD MEMBER           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (487) JAMES HEASLEY<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (488) JAMES L DAUGHERTY<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (489) JOSEPH CARRICO ED.D<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (490) KEITH PEMRICK<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (491) LARRY ADAMS<br>BOARD MEMBER                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (492) LINDA SCHELL<br>BOARD MEMBER AND SECRETARY               | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (493) MARILYN NEELY-GABRYS<br>BOARD MEMBER/ CHAIR              | 5.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (494) MARK SALERNO MD<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (495) MATTHEW LAVERDE<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (496) PATRICIA KAUFMAN<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (497) RANDALL BOGGESS<br>BOARD MEMBER                          | 40.00<br>0.  | X   |                       |         |              |                              |        | 417,650.   | 0.  | 35,410.   |
| (498) TAMRA MINNIER<br>BOARD MEMBER                            | 40.00<br>0.  | X   |                       |         |              |                              |        | 691,180.   | 0.  | 75,206.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Terry Wood, William Shaffner Esq, Bradley Franc Esq, Daniel R Sullivan MD, David T Martin, Debra A Dinnocenzo, Edward A Dills, Eric Cartwright, Francis W Finley Jr, Franklin H Kelly, Gary Bucciarelli.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question number, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and unrelated organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (510) GEORGE A HUBER ESQ<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (511) GREGORY K PEASLEE<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (512) JAMES FERGUSON<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (513) JAMES W BOYLE MD<br>BOARD MEMBER                         | 1.00<br>0.   | X   |                       |         |              |                              | 404,813. | 0.   | 37,848.   |   |
| (514) JOHN D HOUSTON II<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  | 0.  |
| (515) JOON SUP LEE MD<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  | 0.  |
| (516) JOSEPH F LONG<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  | 0.  |
| (517) JULIE CAMPBELL<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  | 0.  |
| (518) MARILYN CAIN<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  | 0.  |
| (519) NEIL Y VAN HORN<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  | 0.  |
| (520) PATRICIA J KUTCHER<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (521) RALPH T DESTEFANO<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (522) RICHARD S HAMILTON<br>BOARD CHAIR                        | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (523) ROBERT A DEMICHIEI<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (524) SISTER CANDACE INTROCASO<br>BOARD MEMBER                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (525) DAVID T MARTIN<br>BOARD CHAIR                            | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (526) THOMAS NEWMAN<br>BOARD MEMBER AND TREASURER              | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (527) ANN THOMPSON MD MHCPM<br>BOARD MEMBER                    | 1.00<br>0.   | X   |                       |         |              |                              |        | 14,566.  | 0.  | 437.  |
| (528) ARTHUR S LEVINE MD<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (529) CRAIG ESTERLY<br>BOARD MEMBER                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (530) DANIEL PETRO MD<br>BOARD MEMBER                          | 1.00<br>40.00  | X   |                       |         |              |                              |        | 0.   | 1,257,387.  | 29,260.   |
| (531) G NICHOLAS BECKWITH III<br>BOARD CHAIR                   | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (532) JAY W. CLEVELAND JR<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (533) JEANNETTE SOUTH-PAUL MD<br>BOARD MEMBER                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (534) KAREN WOLK FEINSTEIN PHD<br>BOARD MEMBER                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (535) MARK J LASKOW<br>BOARD FIRST VICE CHAIR                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (536) ALEXANDER J CIOCCA ESQ<br>BOARD SECRETARY                | 40.00<br>0.  | X   |                       | X       |              |                              | 331,917. | 0.   | 53,293.   |   |
| (537) BARBARA KEVISH MD<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (538) DANIEL SULLIVAN<br>BOARD MEMBER                          | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (539) EDWARD J DONNELLY III MD<br>BOARD MEMBER                 | 40.00<br>0.  | X   |                       |         |              |                              | 305,613. | 0.   | 35,682.   |   |
| (540) ERIC OBERG<br>BOARD MEMBER                               | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (541) JAMES M FERGUSON III<br>BOARD VICE CHAIR AND TREASURER   | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (542) NEIL Y VAN HORN<br>BOARD CHAIR                           | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (543) PAUL VEY<br>BOARD MEMBER                                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (544) REVERAND JAMES SHOUCAIR<br>BOARD MEMBER                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (545) RICHARD S HAMILTON<br>BOARD MEMBER                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (546) ROBERT HOFMANN<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (547) SANDRA MCANALLEN<br>BOARD MEMBER                         | 1.00<br>40.00  | X   |                       |         |              |                              | 0.       | 719,447.   | 79,908.   |   |
| (548) V THOMAS WORRALL MD<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (549) VALERIE C TROTT WILLIAMS<br>BOARD MEMBER                 | 40.00<br>0.  | X   |                       |         |              |                              | 375,462. | 0.   | 34,674.   |   |
| (550) DEBORAH S BRODINE<br>BOARD CHAIR AND PRESIDENT           | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (551) JAMES ROHRBAUGH<br>BOARD VICE CHAIR                      | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (552) JEROME SHAFFER<br>BOARD MEMBER AND TREASURER             | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (553) JOY PETERS<br>BOARD SECRETARY                            | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (554) ANNA M. DIBBLE<br>BOARD MEMBER                           | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (555) WILLIAM A. GEARY, MD<br>BOARD MEMBER                     | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (556) CRISTIE L. HERBST<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (557) BRENDA J. IRELAND<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (558) STEVEN D. KILBURN<br>BOARD MEMBER                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (559) MICHAEL P. SULLIVAN<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (560) ED KARLOVICH<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (561) MARK RAIMY<br>BOARD MEMBER                               | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (562) CAMILLIA A. HERISKO<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (563) VINCENT J. FIORENZO<br>BOARD MEMBER                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (564) DAVID RUSSEL<br>BOARD MEMBER                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (565) DAN SWAYZE<br>BOARD SECRETARY                            | 40.00<br>0.  |   |                       | X       |              |                              |        | 177,490.   | 0.  | 26,337.   |
| (566) DONALD GOODMAN<br>TREASURER AND CFO                      | 40.00<br>0.  |   |                       | X       |              |                              |        | 217,391.   | 0.  | 37,236.   |
| (567) DOUGLAS GARRETSON<br>PRESIDENT                           | 40.00<br>0.  |   |                       | X       |              |                              |        | 309,034.   | 0.  | 43,315.   |
| (568) GERALD MURRAY<br>TREASURER/SECRETARY/PRESIDENT           | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (569) CHRISTOPHER A GESSNER<br>PRESIDENT                       | 40.00<br>0.  |   |                       | X       |              |                              |        | 795,165.   | 0.  | 93,023.   |
| (570) KIMBERLY MOSES ESQ<br>BOARD SECRETARY                    | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (571) NICHOLAS BARCELLONA<br>TREASURER AND CFO                 | 40.00<br>0.  |   |                       | X       |              |                              |        | 245,851.   | 0.  | 29,695.   |
| (572) JAMES GAVIN<br>PRESIDENT                                 | 40.00<br>0.  |   |                       | X       |              |                              |        | 610,581.   | 0.  | 75,931.   |
| (573) JAMES GIAMMARCO<br>CHIEF FINANCIAL OFFICER               | 40.00<br>0.  |   |                       | X       |              |                              |        | 251,510.   | 0.  | 25,669.   |
| (574) BRYANT WESLEY ESQ<br>SECRETARY                           | 40.00<br>0.  |   |                       | X       |              |                              |        | 225,407.   | 0.  | 17,940.   |
| (575) DANIEL GRANT<br>VICE PRES AND COO                        | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (576) ROBERT DEVLIN ESQ<br>SECRETARY                           | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (577) PHILIP FREEMAN<br>PRESIDENT                              | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (578) PHILIP FREEMAN<br>PRESIDENT                              | 20.00<br>0.  |   |                       | X       |              |                              |        | 240,619.   | 0.  | 30,753.   |
| (579) PHILIP FREEMAN<br>PRESIDENT                              | 20.00<br>0.  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (580) ROBERT GRIFFITH<br>CHIEF FINANCIAL OFFICER               | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (581) ROBERT GRIFFITH<br>CHIEF FINANCIAL OFFICER               | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (582) EILEEN SIMMONS<br>CHIEF FINANCIAL OFFICER                | 10.00<br>0.  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (583) SUSAN KOSTILNIK<br>ASST SEC AND SR EXECUTIVE ASST        | 40.00<br>0.  |   |                       | X       |              |                              |        | 74,852.  | 0.  | 13,295.   |
| (584) BRAD DINGER<br>TREASURER                                 | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (585) LYNN RUPP<br>PRESIDENT                                   | 40.00<br>0.  |   |                       | X       |              |                              |        | 266,325.   | 0.  | 26,375.   |
| (586) STEPHEN DANCH<br>CFO                                     | 20.00<br>0.  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (587) BRYANT WESLEY ESQ<br>SECRETARY                           | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (588) DANIEL GRANT<br>VICE PRESIDENT AND COO                   | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (589) MARK BONDI<br>PRESIDENT                                  | 1.00<br>40.00  |   |                       | X       |              |                              |        | 0.   | 231,268.  | 34,234.   |
| (590) RICHARD BONDI<br>TREASURER AND CFO                       | 40.00<br>0.  |   |                       | X       |              |                              |        | 255,448.   | 0.  | 30,991.   |
| (591) ANN EVANS<br>TREASURER AND CFO                           | 1.00<br>0.   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (592) ANN EVANS<br>CHIEF FINANCIAL OFFICER                     | 40.00<br>0.  |   |                       | X       |              |                              |        | 686,983.   | 0.  | 64,303.   |
| (593) STEVEN D SHAPIRO MD<br>PRESIDENT AND SR. V.P.            | 20.00<br>0.  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (594) HEIDI VANGORDER<br>ASST. SECRETARY                       | 40.00<br>0.  |   |                       | X       |              |                              |        | 57,002.  | 0.  | 19,214.   |
| (595) JEFFREY A ROMOFF<br>PRESIDENT AND CEO                    | 60.00<br>0.  |   |                       | X       |              |                              |        | 6,142,619.   | 0.  | 848,220.  |
| (596) MICHELE P JEGASOTHY ESQ<br>SECRETARY                     | 40.00<br>0.  |   |                       | X       |              |                              |        | 207,756.   | 0.  | 34,548.   |
| (597) GERALD MURRAY<br>PRESIDENT                               | 30.00<br>0.  |   |                       | X       |              |                              |        | 748,779.   | 0.  | 87,016.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (598) MARIO WILFONG<br>TREASURER AND CFO                       | 20.00<br>0.  |   |                       | X       |              |                              | 159,829. | 0.   | 28,585.   |   |
| (599) RONALD J. MCCONNELL<br>VICE PRESIDENT                    | 40.00<br>0.  |   |                       | X       |              |                              | 472,802. | 0.   | 53,097.   |   |
| (600) SHARON SQUILLARIO<br>SECRETARY                           | 40.00<br>0.  |   |                       | X       |              |                              | 56,803.  | 0.   | 21,465.   |   |
| (601) MARIO WILFONG<br>CFO                                     | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (602) TIMOTHY BALCONI<br>PRESIDENT                             | 40.00<br>0.  |   |                       | X       |              |                              | 226,679. | 0.   | 33,646.   |   |
| (603) GERALD MURRAY<br>PRESIDENT                               | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (604) MARIO WILFONG<br>CFO                                     | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (605) RONALD J. MCCONNELL<br>TREASURER AND SECRETARY           | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (606) GERALD MURRAY<br>PRESIDENT                               | 10.00<br>0.  |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (607) MARIO WILFONG<br>CFO AND VP ADMIN                        | 20.00<br>0.  |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (608) CHRISTOPHER STOCKHAUSEN<br>TREASURER AND CFO             | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like MARK SEVCO, COLLEEN BRENNAN, etc.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes header row and several empty rows.

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (620) CHRISTOPHER STOCKHAUSEN<br>TREASURER AND CFO             | 40.00<br>0.  |   |                       | X       |              |                              | 199,815. | 0.   | 19,116.   |   |
| (621) EILEEN SIMMONS<br>CHIEF FINANCIAL OFFICER                | 10.00<br>0.  |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (622) ANN EVANS<br>TREASURER AND CFO                           | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (623) EDWARD T KARLOVICH<br>TREASURER                          | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (624) FRANCIS SOLANO MD<br>PRESIDENT                           | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (625) ROBERT DEVLIN ESQ<br>SECRETARY                           | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (626) BRAD DINGER<br>CFO AND TREASURER                         | 40.00<br>0.  |   |                       | X       |              |                              | 169,866. | 0.   | 24,622.   |   |
| (627) NANCY BEICHNER<br>ASST SEC AND ADMN ASST TO PRES         | 40.00<br>0.  |   |                       | X       |              |                              | 58,484.  | 0.   | 18,498.   |   |
| (628) CHARLES BOGOSTA<br>PRESIDENT                             | 1.00<br>0.   |   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (629) JOHN KUZMISHIN<br>TREAS, SEC, AND CFO                    | 40.00<br>0.  |   |                       | X       |              |                              | 725,370. | 0.   | 69,863.   |   |
| (630) THOMAS NEWMAN<br>CHIEF FINANCIAL OFFICER                 | 10.00<br>0.  |   |                       | X       |              |                              | 292,766. | 0.   | 41,187.   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include C TALBOT HEPPENSTALL JR, EDWARD T KARLOVICH, EILEEN SIMMONS, JOHN INNOCENTI, MICHELE P JEGASOTHY ESQ, DAVID PATTON, THOMAS NEWMAN, PENNY MILANOVICH, ROBERT GRIFFITH, BETSY WRIGHT, CECIL MILLER.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8005

Table with 3 columns: Question number, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and unrelated organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

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



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (642) BRAD DINGER<br>TREASURER AND BOARD MEMBER                | 40.00<br>0.  |   |                       | X       |              |                              | 0.         | 0.   | 0.  |   |
| (643) C TALBOT HEPPENSTALL JR<br>EVP AND TREASURER             | 60.00<br>0.  |   |                       |         | X            |                              | 1,186,058. | 0.   | 179,202.  |   |
| (644) CHARLES BOGOSTA<br>EXEC VP                               | 60.00<br>0.  |   |                       |         | X            |                              | 1,941,130. | 0.   | 291,529.  |   |
| (645) DAVID FARNER<br>EVP AND CHIEF OF STAFF                   | 60.00<br>0.  |   |                       |         | X            |                              | 1,738,481. | 0.   | 359,945.  |   |
| (646) DIANE HOLDER<br>EXEC VP, PRES UPMC HEALTH PLAN           | 0.<br>60.00  |   |                       |         | X            |                              | 0.         | 1,954,609.   | 435,171.  |   |
| (647) GREGORY K PEASLEE<br>EVP CHIEF HR AND ADM SRV OFF        | 60.00<br>0.  |   |                       |         | X            |                              | 1,481,308. | 0.   | 142,816.  |   |
| (648) LESLIE DAVIS<br>SR VP AND COO                            | 60.00<br>0.  |   |                       |         | X            |                              | 1,329,243. | 0.   | 243,905.  |   |
| (649) MARSHALL WEBSTER MD<br>SENIOR VICE PRESIDENT             | 40.00<br>0.  |   |                       |         | X            |                              | 1,295,021. | 0.   | 185,698.  |   |
| (650) ROBERT A DEMICHIEI<br>EVP AND CFO                        | 60.00<br>0.  |   |                       |         | X            |                              | 1,282,318. | 0.   | 210,131.  |   |
| (651) STEVEN D SHAPIRO MD<br>EVP AND CHIEF MED AND SCI OFF     | 40.00<br>0.  |   |                       |         | X            |                              | 1,634,521. | 0.   | 711,171.  |   |
| (652) W THOMAS MCGOUGH ESQ<br>EVP AND CHIEF LEGAL OFFICER      | 60.00<br>0.  |   |                       |         | X            |                              | 1,573,337. | 0.   | 289,740.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |            |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |            |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |            |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8005**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (653) JACKIE BONIER<br>DIRECTOR OF FOUNDATION                  | 40.00<br>0.  |   |                       |         | X            |                              |        | 88,175.  | 0.  | 24,843.   |
| (654) CHRISTOPHER SCHMIDT MD<br>ORTHOPAEDIC SURGEON            | 40.00<br>0.  |   |                       |         |              | X                            |        | 1,608,874.   | 0.  | 33,868.   |
| (655) GHASSAN BEJJANI MD<br>NEUROSURGEON                       | 40.00<br>0.  |   |                       |         |              | X                            |        | 2,145,463.   | 0.  | 41,894.   |
| (656) THOMAS GLEASON MD<br>CARDIOTHORACIAC SURGEON             | 40.00<br>0.  |   |                       |         |              | X                            |        | 1,497,507.   | 0.  | 25,457.   |
| (657) VINAY BADHWAR MD<br>CARDIOTHORACIAC SURGEON              | 40.00<br>0.  |   |                       |         |              | X                            |        | 1,495,080.   | 0.  | 25,570.   |
| (658) JAMES BRADLEY MD<br>ORTHOPAEDIC SURGEON                  | 40.00<br>0.  |   |                       |         |              | X                            |        | 1,478,579.   | 0.  | 42,039.   |
| (659) JOSE CABALLE MD<br>FORMER BOARD MEMBER                   | 0.<br>0.   |   |                       |         |              |                              | X      | 379,984.   | 0.  | 15,780.   |
| (660) ELEANOR MEDVED<br>FORMER BOARD MEMBER                    | 0.<br>0.   |   |                       |         |              |                              | X      | 209,407.   | 6,328.  | 22,046.   |
| (661) CHRISTINA MIKOLAY<br>FORMER BOARD MEMBER                 | 0.<br>0.   |   |                       |         |              |                              | X      | 36,761.  | 0.  | 7,673.  |
| (662) TIMOTHY GAUL<br>FORMER BOARD MEMBER                      | 0.<br>0.   |   |                       |         |              |                              | X      | 332,772.   | 0.  | 45,567.   |
| (663) BETH CLARK<br>FORMER BOARD MEMBER                        | 0.<br>0.   |   |                       |         |              |                              | X      | 199,971.   | 0.  | 14,759.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (664) GREGG LAVERICK<br>FORMER CHIEF FINANCIAL OFFICER                   | 0.<br>0.   |   |                       |         |              |                              | X      | 235,533.   | 0.  | 28,877.   |
| (665) ROBERT PACKER<br>FORMER PRESIDENT                                  | 0.<br>0.   |   |                       |         |              |                              | X      | 317,390.   | 0.  | 26.   |
| (666) MARLENE R COOPER<br>FORMER BOARD SECRETARY                         | 0.<br>0.   |   |                       |         |              |                              | X      | 121,637.   | 0.  | 26,583.   |
| (667) ROGER P WINN<br>FORMER PRESIDENT                                   | 0.<br>0.   |   |                       |         |              |                              | X      | 151,950.   | 0.  | -5,057.   |
| (668) BRIAN FRITZ<br>FORMER BOARD TREASURER/ CFO                         | 0.<br>0.   |   |                       |         |              |                              | X      | 191,968.   | 0.  | 27,876.   |
| (669) CYNTHIA DORUNDO<br>FORMER PRESIDENT                                | 0.<br>0.   |   |                       |         |              |                              | X      | 132,308.   | 0.  | 14.   |
| (670) MERLE TAYLOR<br>FORMER BOARD SECRETARY                             | 0.<br>0.   |   |                       |         |              |                              | X      | 217,166.   | 0.  | 24,788.   |
| (671) SUSAN MAMMARELLA<br>FORMER OFFICER                                 | 0.<br>0.   |   |                       |         |              |                              | X      | 186,850.   | 0.  | 39,381.   |
| (672) JOHN R CARROLL<br>FORMER ASST SEC AND VP ADMIN                     | 0.<br>0.   |   |                       |         |              |                              | X      | 204,107.   | 0.  | 39,263.   |
| (673) DANIEL DRAWBAUGH<br>FORMER EVP AND CIO                             | 0.<br>0.   |   |                       |         |              |                              | X      | 1,167,677.   | 0.  | 487.  |
| (674) ELIZABETH CONCORDIA<br>FORMER EXECUTIVE VP UPMC                    | 0.<br>0.   |   |                       |         |              |                              | X      | 1,037,565.   | 0.  | 40,565.   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8005

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 12,400,739.                  | 12,400,739.                            |   |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0.                           |  |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0.                           |  |   |                                    |
| 4 Benefits paid to or for members . . . . .   | 0.                           |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 87,284,998.                  | 38,366,285.                            | 48,918,713.                                   |                                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0.                           |  |   |                                    |
| 7 Other salaries and wages . . . . .  | 4,174,268,695.               | 3,592,190,714.                         | 582,077,981.                                  |                                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 144,694,441.                 | 106,435,436.                           | 38,259,005.                                   |                                    |
| 9 Other employee benefits . . . . .   | 389,331,111.                 | 352,020,750.                           | 37,310,361.                                   |                                    |
| 10 Payroll taxes . . . . .  | 212,776,234.                 | 182,329,482.                           | 30,446,752.                                   |                                    |
| 11 Fees for services (non-employees):   |                              |  |   |                                    |
| a Management . . . . .  | 18,066,724.                  | 15,423,552.                            | 2,643,172.                                    |                                    |
| b Legal . . . . .   | 26,541,003.                  | 2,121,060.                             | 24,419,943.                                   |                                    |
| c Accounting . . . . .  | 5,374,044.                   |  | 5,374,044.                                    |                                    |
| d Lobbying . . . . .  | 2,054,779.                   |  | 2,054,779.                                    |                                    |
| e Professional fundraising services. See Part IV, line 17.  | 0.                           |  |   |                                    |
| f Investment management fees . . . . .  | 3,434,529.                   |  | 3,434,529.                                    |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 81,145,006.                  | 79,016,923.                            | 2,128,083.                                    |                                    |
| 12 Advertising and promotion . . . . .  | 27,498,288.                  | 27,498,288.                            |   |                                    |
| 13 Office expenses . . . . .  | 83,712,646.                  | 52,299,790.                            | 31,412,856.                                   |                                    |
| 14 Information technology . . . . .   | 130,608,946.                 | 44,945,347.                            | 85,663,599.                                   |                                    |
| 15 Royalties . . . . .  | 0.                           |  |   |                                    |
| 16 Occupancy . . . . .  | 239,902,546.                 | 202,354,758.                           | 37,547,788.                                   |                                    |
| 17 Travel . . . . .   | 21,159,359.                  | 16,313,378.                            | 4,845,981.                                    |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.                           |  |   |                                    |
| 19 Conferences, conventions, and meetings . . . . .   | 3,306,285.                   | 2,681,153.                             | 625,132.                                      |                                    |
| 20 Interest . . . . .   | 9,736,209.                   | 6,257,874.                             | 3,478,335.                                    |                                    |
| 21 Payments to affiliates . . . . .   | 0.                           |  |   |                                    |
| 22 Depreciation, depletion, and amortization . . . . .  | 399,015,747.                 | 399,015,747.                           |   |                                    |
| 23 Insurance . . . . .  | 92,382,455.                  | 77,307,056.                            | 15,075,399.                                   |                                    |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| a MEDICAL EXPENSES  | 2,781,770,374.               | 2,781,770,374.                         |   |                                    |
| b DRUGS   | 605,556,835.                 | 605,556,835.                           |   |                                    |
| c MEDICAL/PATIENT SUPPLIES  | 422,339,189.                 | 422,339,189.                           |   |                                    |
| d MEDICAL IMPLANTS  | 292,173,515.                 | 292,173,515.                           |   |                                    |
| e All other expenses  | 1,083,588,278.               | 967,422,905.                           | 116,134,518.                                  | 30,855.                            |
| 25 Total functional expenses. Add lines 1 through 24e   | 11350122975.                 | 10278241150.                           | 1,071,850,970.                                | 30,855.                            |
| 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) . . . . . | 0.                           |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |                          | (B)<br>End of year        |
|---|--|--------------------------|--------------------------|---------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 57,928,186.              | <b>1</b>                 | 15,653,612.               |
|   | <b>2</b> Savings and temporary cash investments  | 2,182,572.               | <b>2</b>                 | 55,314,337.               |
|   | <b>3</b> Pledges and grants receivable, net  | 0.                       | <b>3</b>                 | 406,417.                  |
|   | <b>4</b> Accounts receivable, net  | 1,502,857,106.           | <b>4</b>                 | 1,627,648,362.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.                       | <b>5</b>                 | 0.                        |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0.                       | <b>6</b>                 | 0.                        |
|   | <b>7</b> Notes and loans receivable, net   | 118,807,113.             | <b>7</b>                 | 282,911,743.              |
|   | <b>8</b> Inventories for sale or use   | 33,158,070.              | <b>8</b>                 | 38,198,618.               |
|   | <b>9</b> Prepaid expenses and deferred charges   | 13,996,155.              | <b>9</b>                 | 21,354,046.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 6984689593.   |                          |                           |
|   | <b>b</b> Less: accumulated depreciation.   | <b>10b</b> 3912832353.   | 2,965,993,444.           | <b>10c</b> 3,071,857,240. |
|   | <b>11</b> Investments - publicly traded securities   | ATCH 6                   | 226,770,505.             | <b>11</b> 344,191,455.    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   |                          | 189,963,017.             | <b>12</b> 176,391,570.    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  |                          | 0.                       | <b>13</b> 0.              |
|   | <b>14</b> Intangible assets  |                          | 26,851,533.              | <b>14</b> 30,848,852.     |
|   | <b>15</b> Other assets. See Part IV, line 11   |                          | 1,472,252,139.           | <b>15</b> 1,995,900,712.  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) |  | 6,610,759,840.           | <b>16</b> 7,660,676,964. |                           |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 379,207,314.             | <b>17</b>                | 513,932,286.              |
|   | <b>18</b> Grants payable   | 0.                       | <b>18</b>                | 0.                        |
|   | <b>19</b> Deferred revenue   | 15,148,493.              | <b>19</b>                | 8,295,261.                |
|   | <b>20</b> Tax-exempt bond liabilities  | 72,252,123.              | <b>20</b>                | 49,697,758.               |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0.                       | <b>21</b>                | 0.                        |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0.                       | <b>22</b>                | 0.                        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 3,268,566.               | <b>23</b>                | 3,250,000.                |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0.                       | <b>24</b>                | 0.                        |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 941,672,744.             | <b>25</b>                | 1,430,270,509.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   |                          | 1,411,549,240.           | <b>26</b> 2,005,445,814.  |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |                          |                           |
|   | <b>27</b> Unrestricted net assets  |                          | 4,569,318,663.           | <b>27</b> 5,047,378,857.  |
|   | <b>28</b> Temporarily restricted net assets  |                          | 394,375,921.             | <b>28</b> 365,947,133.    |
|   | <b>29</b> Permanently restricted net assets  |                          | 235,516,016.             | <b>29</b> 241,905,160.    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |                          |                           |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          |                          | <b>30</b>                 |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          |                          | <b>31</b>                 |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          |                          | <b>32</b>                 |
|   | <b>33</b> Total net assets or fund balances  |                          | 5,199,210,600.           | <b>33</b> 5,655,231,150.  |
|   | <b>34</b> Total liabilities and net assets/fund balances   |                          | 6,610,759,840.           | <b>34</b> 7,660,676,964.  |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |                 |
|----|--|----|-----------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 11,695,858,422. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 11,350,122,975. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 345,735,447.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 5,199,210,600.  |
| 5  | Net unrealized gains (losses) on investments   | 5  | -1,630,287.     |
| 6  | Donated services and use of facilities   | 6  | 0.              |
| 7  | Investment expenses  | 7  | 0.              |
| 8  | Prior period adjustments   | 8  | 0.              |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 111,915,390.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,655,231,150.  |

**Part XII Financial Statements and Reporting**

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

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 . . . . . 14
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|------------|--|---|----|---|---|
|                                    |            |  | Yes   | No |   |   |
| (A) SEE PART VI                    | 00-0000000 | 3  |   |    | 0.  | 0.  |
| (B)                                |            |  |   |    |   |   |
| (C)                                |            |  |   |    |   |   |
| (D)                                |            |  |   |    |   |   |
| (E)                                |            |  |   |    |   |   |
| <b>Total</b>                       |            |  |   |    |   |   |

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

Schedule A (Form 990 or 990-EZ) 2015



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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 97.75%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 98.04%; 16a 33 1/3% support test - 2015. 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; 16b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2015. 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; 17b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 99.83%. Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 99.79%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .17%. Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 .21%.

19a 33 1/3% support tests - 2015. 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 [X]

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ]

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     | X  |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     | X  |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     | X  |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>  |     | X  |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | X   |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     | X  |
| c <b>Substitutions only.</b> 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     | X  |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     | X  |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     | X  |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     | X  |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     | X  |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     | X  |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d  | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

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

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

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

Section D - Distributions table with columns for description and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Section E - Distribution Allocations table with columns for description, (i) Excess Distributions, (ii) Underdistributions Pre-2015, and (iii) Distributable Amount for 2015. Rows include distributable amount for 2015, underdistributions, and excess distributions carryover.

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

MEMBERS OF UPMC GROUP (47)

PUBLIC CHARITY STATUS

REASON FOR NON-PRIVATE FOUNDATION STATUS

UPMC PRESBYTERIAN SHADYSIDE: FOUNDATION STATUS 3

CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC: FOUNDATION STATUS 3

MAGEE-WOMENS HOSPITAL OF UPMC: FOUNDATION STATUS 3

UPMC ST MARGARET: FOUNDATION STATUS 3

UPMC PASSAVANT: FOUNDATION STATUS 3

UPMC HORIZON: FOUNDATION STATUS 3

UPMC NORTHWEST: FOUNDATION STATUS 3

UPMC BRADDOCK: FOUNDATION STATUS 3

UPMC MCKEESPORT: FOUNDATION STATUS 3

UPMC EAST: FOUNDATION STATUS 3

UPMC BEDFORD: FOUNDATION STATUS 3

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES: FOUNDATION  
STATUS 3

UPMC HORIZON COMMUNITY HEALTH FOUNDATION: FOUNDATION STATUS 7

UNIVERSITY OF PITTSBURGH PHYSICIANS: FOUNDATION STATUS 3

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION: FOUNDATION STATUS 9

UPMC MERCY: FOUNDATION STATUS 3

PASSAVANT PROFESSIONAL ASSOCIATES, INC.: FOUNDATION STATUS 9

UPMC COMMUNITY MEDICINE, INC.: FOUNDATION STATUS 3

UPMC EMERGENCY MEDICINE, INC.: FOUNDATION STATUS 9

SUGARCREEK STATION: FOUNDATION STATUS 3

UPMC VISITING NURSES ASSOCIATION : FOUNDATION STATUS 9

CRANBERRY PLACE: FOUNDATION STATUS 9

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

THE HERITAGE SHADYSIDE: FOUNDATION STATUS 9

UPMC COMMUNITY PROVIDER SERVICES, INC.: FOUNDATION STATUS 9

UPMC INTERNATIONAL HOLDINGS, INC.: FOUNDATION STATUS 11; TYPE 2

UPMC OVERSEAS, INC.: FOUNDATION STATUS 11;TYPE 2

UPMC CENTER FOR HEALTH SECURITY: FOUNDATION STATUS 4

UNIVERSITY HEALTH CENTER OF PITTSBURGH: FOUNDATION STATUS 11 ;TYPE 2

UPMC IMITS CENTER: FOUNDATION STATUS 7

UPMC FOR YOU: FOUNDATION STATUS 9

CENTER FOR EMERGENCY MEDICINE OF WESTERN PA: FOUNDATION STATUS 9

ERIE PHYSICIANS NETWORK- UPMC INC.: FOUNDATION STATUS 3

DONOHUE & ALLEN CARDIOLOGY- UPMC INC.: FOUNDATION STATUS 3

UPMC HAMOT: FOUNDATION STATUS 3

REGIONAL HEALTH SERVICES, INC.: FOUNDATION STATUS 9

UPMC ADVANCED PRACTICE PROVIDERS: FOUNDATION STATUS 9

HOME NURSING AGENCY AFFILIATES: FOUNDATION STATUS 9

HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION: FOUNDATION STATUS 7

HOME NURSING AGENCY COMMUNITY SERVICES: FOUNDATION STATUS 7

HOME NURSING AGENCY FOUNDATION: FOUNDATION STATUS 7

HOME NURSING AGENCY HOSPICE: FOUNDATION STATUS 9

CENTRAL PENNSYLVANIA MEDICAL FOUNDATION, INC.: FOUNDATION STATUS 11; TYPE  
1

UPMC ALTOONA: FOUNDATION STATUS 3

UPMC ALTOONA FOUNDATION: FOUNDATION STATUS 11; TYPE 1

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY: FOUNDATION STATUS 7

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

UPMC CHAUTAUQUA SERVICES, INC.: FOUNDATION STATUS 11; TYPE 1



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

## PART I REASON FOR PUBLIC CHARITY STATUS

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

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

ENTITY: UNIVERSITY HEALTH CENTER OF PITTSBURGH (I) NAME OF SUPPORTED ORGANIZATIONS AND (II) EIN: UPMC PRESBYTERIAN SHADYSIDE EIN: 25-0965480, CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC EIN 25-0402510, MAGEE - WOMEN'S HOSPITAL OF UPMC EIN: 25-0965420, UPMC ST. MARGARET EIN: 23-2875070, UPMC EAST EIN: 27-4814831, UPMC HORIZON EIN: 25-0523970, UPMC ALTOONA EIN: 23-1352155, UPMC PASSAVANT EIN: 25-0965451, UPMC MCKEESPORT EIN: 25-0965423, UPMC MERCY EIN: 25-0965429, UPMC BEDFORD EIN: 23-1396795, UPMC HAMOT EIN: 25-0965387, UPMC NORTHWEST EIN: 25-0489010. (III) TYPE OF ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ENTITY: UPMC CHAUTAUQUA SERVICES, INC. (I) NAME OF SUPPORTED ORGANIZATION:  
 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: UPMC ALTOONA 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 IV SUPPORTING ORGANIZATIONS, SECTION A, QUESTION 1

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

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

UNIVERSITY HEALTH CENTER OF PITTSBURGH'S (UHCP) GOVERNING DOCUMENTS  
 PROVIDE THAT UHCP'S SUPPORTED ORGANIZATIONS INCLUDE ALL SECTION 509(A) (1)  
 AND 509(A) (2) HOSPITAL AFFILIATES OF UPMC.

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART IV SUPPORTING ORGANIZATIONS, SECTION C, QUESTION 1

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

A MAJORITY OF THE DIRECTORS OF UNIVERSITY HEALTH CENTER OF PITTSBURGH ARE ALSO DIRECTORS OF THE SUPPORTED ORGANIZATIONS.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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<br>UPMC GROUP | Employer identification number<br>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.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

**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.

| <b>Limits on Lobbying Expenditures</b><br>(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 (grass roots 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" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b> |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount (150% of line 2a, column (e))     |          |          |          |          |           |
| c Total lobbying expenditures                               |          |          |          |          |           |
| d Grassroots nontaxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount (150% of line 2d, column (e))   |          |          |          |          |           |
| f Grassroots lobbying expenditures                          |          |          |          |          |           |

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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."

Table with 3 columns: Question, Sub-question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## ADDITIONAL INFORMATION

## PART I-A

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

## PART II-B

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

## PART II-B, LINE 1D

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

UPMC GROUP

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Revenue included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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. 1b If the organization elected, as permitted under SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items: a Revenue included in 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) 2015



Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Temporarily restricted endowment %

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) DUE FROM AFFILIATE  | 1,118,850,457. |
| (2) BENEFICIAL INT IN FOUNDATIONS   | 395,955,418.   |
| (3) INVESTMENTS WITH RELATED ORGS   | 306,960,361.   |
| (4) LONG TERM BUILDING LEASE  | 28,536,360.    |
| (5) INVEST IN JOINT VENTURES  | 53,196,656.    |
| (6) OTHER ASSETS  | 69,542,253.    |
| (7) DUE FROM RESTRICTED FUNDS   | 22,859,207.    |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ | 1,995,900,712. |

**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  | 1,127,034,368. |
| (3) DUE TO THIRD PARTY PAYORS   | 37,728,405.    |
| (4) INSURANCE CLAIMS LIABILITIES  | 128,405,035.   |
| (5) OTHER CURRENT & LT LIABILITIES  | 67,331,553.    |
| (6) PATIENT DEP/CRED BALANCES   | 42,421,183.    |
| (7) PENSION LIABILITIES   | 27,349,965.    |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,430,270,509. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

**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.

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

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART V

LINE 4

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

PART X

LINE 2 THE UPMC CONSOLIDATED AUDITED FINANCIAL STATEMENTS DO NOT HAVE ANY FIN 48 DISCLOSURE. UPMC HAS NO UNCERTAIN TAX POSITIONS RECORDED. 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, 2016, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

UPMC GROUP

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 region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) CENTRAL AMERICA/CARIBBEAN                     |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 77,347.  |
| (2) EAST ASIA AND THE PACIFIC                     |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 389,123.   |
| (3) EUROPE  |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 38,891,927.  |
| (4) MIDDLE EAST AND NORTH AFRICA                  |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 101,675.   |
| (5) NORTH AMERICA                                 |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 115,919.   |
| (6) RUSSIA/INDEPENDENT STATES                     |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 130,279.   |
| (7) SOUTH AMERICA                                 |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 78,945.  |
| (8) SOUTH ASIA                                    |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 68,669.  |
| (9) SUB-SAHARAN AFRICA                            |                                     |  | PROGRAM SERVICES  | HEALTH CARE EDUCATION  | 24,316.  |
| (10) EAST ASIA AND THE PACIFIC                    |                                     |  | INVESTMENTS   |  | 65,089.  |
| (11) EUROPE                                       |                                     |  | INVESTMENTS   |  | 52,776.  |
| (12) NORTH AMERICA                                |                                     |  | INVESTMENTS   |  | 2,073.   |
| (13) SOUTH ASIA                                   |                                     |  | INVESTMENTS   |  | 19,869.  |
| (14) SUB-SAHARAN AFRICA                           |                                     |  | INVESTMENTS   |  | 3,419.   |
| (15)  |                                     |  |   |  |  |
| (16)  |                                     |  |   |  |  |
| (17)  |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               |                                     |  |   |  | 40,021,426.  |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |   |  |  |
| <b>c</b> Totals (add lines 3a and 3b)             |                                     |  |   |  | 40,021,426.  |

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

Schedule F (Form 990) 2015

**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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (2)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (3)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (4)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (5)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (6)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (7)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (8)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (9)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (10) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (11) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (12) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (13) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (14) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (15) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (16) |                          |  |            |                      |                          |                                 |                                   |  |   |

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

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No



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

Complete this part to 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).

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Employer identification number

20-8295721

**Part I**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten 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  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

- 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   | (b) Event #2                                 | (c) Other events                     | (d) Total events                |            |
|-----------------|----|--|--|--------------------------------------|---------------------------------|------------|
|                 |    | STEELER STYLE<br><small>(event type)</small>                             | STANLEY MARKS<br><small>(event type)</small> | 12.<br><small>(total number)</small> | (add col. (a) through col. (c)) |            |
| Revenue         | 1  | Gross receipts . . . . .   | 738,515.                                     | 370,582.                             | 868,997.                        | 1,978,094. |
|                 | 2  | Less: Contributions . . . . .  | 524,799.                                     | 267,047.                             | 638,502.                        | 1,430,348. |
|                 | 3  | Gross income (line 1 minus line 2). . . . .                              | 213,716.                                     | 103,535.                             | 230,495.                        | 547,746.   |
| Direct Expenses | 4  | Cash prizes . . . . .  |  |                                      | 6,251.                          | 6,251.     |
|                 | 5  | Noncash prizes . . . . .   | 2,671.                                       |                                      | 46,488.                         | 49,159.    |
|                 | 6  | Rent/facility costs . . . . .  | 16,486.                                      | 60,344.                              | 101,683.                        | 178,513.   |
|                 | 7  | Food and beverages . . . . .   | 120,530.                                     | 29,024.                              | 130,681.                        | 280,235.   |
|                 | 8  | Entertainment . . . . .  | 600.   |                                      | 10,923.                         | 11,523.    |
|                 | 9  | Other direct expenses . . . . .  | 268,979.                                     |                                      | 71,306.                         | 340,285.   |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |  |                                      |                                 | 865,966.   |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |  |                                      |                                 | -318,220.  |

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

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |  |
|-----------------|---|--|---|---|---|--|
|                 |   |  |   |   |   |  |
| Revenue         | 1 | Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes . . . . .  |   |   |   |  |
|                 | 3 | Noncash prizes . . . . .   |   |   |   |  |
|                 | 4 | Rent/facility costs . . . . .  |   |   |   |  |
|                 | 5 | Other direct expenses . . . . .  |   |   |   |  |
|                 | 6 | Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: \_\_\_\_\_

10 a 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).

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| b If "Yes," was it a written policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| 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.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |                                     |                                     |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  |                                     |                                     |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %   | <input checked="" type="checkbox"/> |                                     |
| b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                      | <input checked="" type="checkbox"/> |                                     |
| 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"? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | <input checked="" type="checkbox"/> |                                     |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .  |                                     |                                     |
| 6a Did the organization prepare a community benefit report during the tax year? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| b If "Yes," did the organization make it available to the public? . . . . .   | <input checked="" type="checkbox"/> |                                     |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

| Financial Assistance and Means-Tested Government Programs  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .   |   |                               | 89,669,025.                         |                               | 89,669,025.                       | .80                          |
| <b>b</b> Medicaid (from Worksheet 3, column a) . . . . .   |   |                               | 1,046,656,143.                      | 863,722,667.                  | 182,933,476.                      | 1.64                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |   |                               | 3,929,063.                          | 3,160,502.                    | 768,561.                          | .01                          |
| <b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .                           |   |                               | 1,140,254,231.                      | 866,883,169.                  | 273,371,062.                      | 2.45                         |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |   |                               | 73,657,190.                         | 2,241,967.                    | 71,415,224.                       | .64                          |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .   |   |                               | 258,099,057.                        | 82,773,615.                   | 175,325,442.                      | 1.58                         |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .   |   |                               | 195,178,523.                        | 104,836,021.                  | 90,342,502.                       | .81                          |
| <b>h</b> Research (from Worksheet 7) . . . . .   |   |                               | 202,824,007.                        |                               | 202,824,007.                      | 1.82                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |   |                               | 16,650,225.                         |                               | 16,650,225.                       | .15                          |
| <b>j</b> Total Other Benefits . . . . .  |   |                               | 746,409,002.                        | 189,851,603.                  | 556,557,400.                      | 5.00                         |
| <b>k</b> Total. Add lines 7d and 7j. . . . .   |   |                               | 1,886,663,233.                      | 1,056,734,772.                | 829,928,462.                      | 7.45                         |

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

Schedule H (Form 990) 2015

**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   |   |                               | 5,376,368.                           | 3,236,922.                    | 2,139,446.                         | .01                          |
| 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  |   |                               | 5,376,368.                           | 3,236,922.                    | 2,139,446.                         | .01                          |

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

**Section A. Bad Debt Expense**

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. **2** 62,804,712.
- 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** 7,036,429.
- 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**

- Enter total revenue received from Medicare (including DSH and IME). **5** 1,849,020,669.
- Enter Medicare allowable costs of care relating to payments on line 5. **6** 2,130,918,622.
- Subtract line 6 from line 5. This is the surplus (or shortfall). **7** -281,897,953.
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system  Cost to charge ratio  Other

**Section C. Collection Practices**

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

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 21

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)  
 How many hospital facilities did the organization operate during the tax year? \_\_\_\_\_

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

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



**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)  
How many hospital facilities did the organization operate during the tax year? \_\_\_\_\_

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

**1** UPMC ALTOONA  
620 HOWARD STREET  
ALTOONA PA 16601  
WWW.UPMC.COM EIN: 23-1352155  
012801

| 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 |
|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
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|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
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|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA requirements and implementation.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group A

|   |  | Yes | No |
|---|--|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: |  |     |    |
| <b>13</b>   | 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>200.0000</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)   |     |    |
| <b>14</b>   | Explained the basis for calculating amounts charged to patients? . . . . .   | X   |    |
| <b>15</b>   | Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | X   |    |
| a   | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application   |     |    |
| b   | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application   |     |    |
| c   | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process   |     |    |
| d   | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  |     |    |
| e   | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>16</b>   | Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  | X   |    |
| a   | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.UPMC.COM</u>  |     |    |
| b   | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.UPMC.COM</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</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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility   |     |    |
| 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 type="checkbox"/> Other (describe in Section C)   |     |    |

**Billing and Collections**

|           |  |   |  |
|-----------|--|---|--|
| <b>17</b> | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . . | X |  |
| <b>18</b> | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                                 |   |  |
| a         | <input type="checkbox"/> Reporting to credit agency(ies)   |   |  |
| b         | <input type="checkbox"/> Selling an individual's debt to another party   |   |  |
| c         | <input type="checkbox"/> Actions that require a legal or judicial process  |   |  |
| d         | <input type="checkbox"/> Other similar actions (describe in Section C)   |   |  |
| e         | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |   |  |

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group A

|    |   | Yes | No |
|----|---|-----|----|
| 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? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged: |     | X  |
| 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"/> Actions that require a legal or judicial process   |     |    |
| d  | <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"/> Notified individuals of the financial assistance policy on admission   |     |    |
| b  | <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge   |     |    |
| c  | <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills  |     |    |
| d  | <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy   |     |    |
| 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? . . . . .<br>If "No," indicate why: | 21 | X |  |
| 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)  |    |   |  |

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

|    |   |    |  |   |
|----|---|----|--|---|
| 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged  |    |  |   |
| b  | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged  |    |  |   |
| c  | <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged  |    |  |   |
| d  | <input type="checkbox"/> Other (describe in Section C)  |    |  |   |
| 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? . . . . .<br>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? . . . . .<br>If "Yes," explain in Section C.   | 24 |  | X |

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V SECTION B LINE 5

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

[WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX](http://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX)

PART V SECTION B LINE 7A WEBSITE FOR CHNA

[HTTP://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX](http://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX)

PART V SECTION B LINE 11

THROUGH A RIGOROUS CHNA METHODOLOGY, UPMC HOSPITALS IDENTIFIED THREE MAJOR THEMES REPRESENTING THE SIGNIFICANT HEALTH NEEDS IN ITS COMMUNITIES: CHRONIC DISEASE PREVENTION AND CARE; NAVIGATING AVAILABLE RESOURCES; AND PREVENTION AND HEALTHY LIVING. THE HOSPITAL DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE ISSUES AS OUTLINED IN ITS

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

CHNA DOCUMENT AND COMMUNITY HEALTH STRATEGIC PLAN - SEE APPENDIX A IN THE CHNA DOCUMENT.

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 21 ENTITIES LISTED IN PART V, SECTION A.

PART V SECTION B

SEPARATE CHNAS WERE CONDUCTED FOR EACH SEPARATE LEGAL ENTITY DISCLOSED IN PART V SECTION A. FOR THE LEGAL ENTITY UPMC PRESBYTERIAN SHADYSIDE, THERE ARE 4 SEPARATE FACILITIES LISTED WITH 3 SEPARATE LICENSE NUMBERS. UPMC PRESBYTERIAN & UPMC SHADYSIDE SITES OPERATE UNDER 1 LICENSE NUMBER. THE SURGICAL CENTER UPMC SOUTH SURGERY CENTER OPERATES UNDER A SEPARATE LICENSE NUMBER ALTHOUGH IT IS PART OF THE LEGAL ENTITY UPMC PRESBYTERIAN SHADYSIDE. ADDITIONALLY, THE DIVISION OF UPMC PRESBYTERIAN SHADYSIDE WHICH IS BEHAVIORAL HEALTH AND OPERATES AS WESTERN PSYCHIATRIC INSTITUTE AND CLINIC HAS A SEPARATE LICENSE NUMBER ALSO ALTHOUGH IT IS A PART OF THE LEGAL ENTITY UPMC PRESBYTERIAN SHADYSIDE.

**Part V 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? 105

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP)<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213         | PHYSICIAN SERVICES          |
| <b>2</b> UPMC COMMUNITY MEDICINE, INC (CMI)<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213                | PHYSICIAN SERVICES          |
| <b>3</b> UPMC EMERGENCY MEDICINE, INC (EMI)<br>200 LOTHROP STREET<br>PITTSBURGH PA 15213                | ER PHYSICIANS SERVICES      |
| <b>4</b> ERIE PHYSICIAN NETWORK-UPMC, INC. (EPN)<br>3535 PINE AVENUE<br>ERIE PA 16504                   | PHYSICIAN SERVICES          |
| <b>5</b> WEST MIFFLIN IMAGING (MAG)<br>1907 LEBANON CHURCH RD<br>WEST MIFFLIN PA 15122                  | IMAGING CENTER              |
| <b>6</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG)<br>720 PENN AVENUE<br>PITTSBURGH PA 15221                  | OUTPATIENT SERVICES         |
| <b>7</b> MAGEE-WOMENS HOSPITAL UPMC (MAG)<br>FIFTH AVENUE COMMONS 905 WATSON ST<br>PITTSBURGH PA 15219  | OUTPATIENT SERVICES         |
| <b>8</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG)<br>4075 MONROEVILLE BLVD 2 STE 330<br>MONROEVILLE PA 15146 | OUTPATIENT SERVICES         |
| <b>9</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG)<br>559 MILLER AVENUE<br>CLAIRTON PA 15025                  | OUTPATIENT SERVICES         |
| <b>10</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG)<br>1630 ARLINGTON AVENUE<br>PITTSBURGH PA 15210           | OUTPATIENT SERVICES         |

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

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

| Name and address  | Type of Facility (describe)             |
|---|---|
| <b>1</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG)<br>4075 MONROEVILLE BLVD 2 STE 225<br>MONROEVILLE PA 15146       | OUTPATIENT SERVICES                     |
| <b>2</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG)<br>2599 WEXFORD-BAYNE ROAD<br>SEWICKLEY PA 15143                 | OUTPATIENT SERVICES &<br>IMAGING CENTER |
| <b>3</b> MAGEE-WOMENS CARE SOUTH HILLS (MAG)<br>1300 OXFORD DRIVE<br>BETHEL PARK PA 15102                     | OUTPATIENT SERVICES &<br>IMAGING CENTER |
| <b>4</b> MAGEE-WOMENS CARE PLEASANT HILLS (MAG)<br>850 CLAIRTON BLVD, STE 2100<br>PLEASANT HILLS PA 15236     | OUTPATIENT SERVICES                     |
| <b>5</b> WOMEN'S SPECIALTY CTR AT HILLMAN CANCER<br>5115 CENTER AVENUE, STE G, 3RD FLR<br>PITTSBURGH PA 15232 | IMAGING SERVICES                        |
| <b>6</b> WOMEN'S IMAGING NORTH OF MAGEE-WOMENS<br>9000 BROOKTREE ROAD #402<br>WEXFORD PA 15090                | IMAGING SERVICES                        |
| <b>7</b> MAGEE-CRANBERRY BREAST IMAGING (MAG)<br>3 ST. FRANCIS WAY<br>CRANBERRY TWP PA 16066                  | IMAGING SERVICES                        |
| <b>8</b> MAGEE WOMEN CARE CENTER (MAG)<br>969 GREENTREE ROAD<br>PITTSBURGH PA 15220                           | IMAGING SERVICES                        |
| <b>9</b> ULTRA SOUND SERVICES (MAG)<br>8955 STATE ROUTE 30<br>IRWIN PA 15642                                  | IMAGING SERVICES                        |
| <b>10</b> MAGEE WOMENS HOSPITAL OF UPMC (MAG)<br>815 FREEPORT ROAD, STE 2160<br>PITTSBURGH PA 15215           | IMAGING SERVICES                        |

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

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

| Name and address   | Type of Facility (describe)               |
|--|---|
| <b>1</b> UPMC CANCER CENTER BEAVER (MAG)<br>1030 BEAVER HOLLOW RD<br>BEAVER PA 15009                   | ONCOLOGY SERVICES                         |
| <b>2</b> UPMC CANCER CENTER WASHINGTON (MAG)<br>470 JOHNSON ROAD, STE 10<br>WASHINGTON PA 15301        | ONCOLOGY SERVICES                         |
| <b>3</b> UPMC CANCER CENTER SEWICKLEY (MAG)<br>1600 CORAOPOLIS HEIGHTS ROAD<br>CORAOPOLIS PA 15108     | ONCOLOGY SERVICES                         |
| <b>4</b> UPMC CANCER CENTER AT NATRONA HEIGHTS MA<br>1604 BURTNER ROAD<br>NATRONA HEIGHTS PA 15065     | ONCOLOGY SERVICES                         |
| <b>5</b> UPMC CANCER CENTER AT UPMC ST MARG (MAG)<br>200 DELAFIELD ROAD<br>PITTSBURGH PA 15215         | ONCOLOGY SERVICES                         |
| <b>6</b> UPMC CANCER CENTER UPPER ST CLAIR (MAG)<br>2000 OXFORD DRIVE, STE 500<br>BETHEL PARK PA 15102 | ONCOLOGY SERVICES                         |
| <b>7</b> UPMC CANCER CENTER AT MONROEVILLE (MAG)<br>400 OXFORD DRIVE<br>MONROEVILLE PA 15146           | ONCOLOGY SERVICES                         |
| <b>8</b> UPMC CANCER CENTER AT UPMC PASSAVANT MAG<br>9100 BABCOCK BLVD<br>PITTSBURGH PA 15237          | ONCOLOGY SERVICES                         |
| <b>9</b> UPMC MERCY GREENTREE (MHP)<br>969 GREENTREE ROAD<br>PITTSBURGH PA 15220                       | OUTPATIENT SERVICES &<br>IMAGING SERVICES |
| <b>10</b> UPMC MERCY BRENTWOOD (MHP)<br>4190 BROWNSVILLE ROAD<br>PITTSBURGH PA 15227                   | OUTPATIENT SERVICES                       |

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

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

| Name and address   | Type of Facility (describe)                         |
|--|---|
| <b>1</b> UPMC CENTER FOR SPORTS MEDICINE (MHP)<br>3200 S WATER STREET<br>PITTSBURGH PA 15203           | OUTPATIENT SERVICES                                 |
| <b>2</b> UPMC ST MARGARET (SMH)<br>100 DELAFIELD ROAD<br>PITTSBURGH PA 15215                           | OUTPATIENT SERVICES                                 |
| <b>3</b> UPMC ST. MARGARET (SMH)<br>1604 BURTNER ROAD STE 109 (SMH)<br>NATRONA HEIGHTS PA 15065        | OUTPATIENT SERVICES                                 |
| <b>4</b> VASCULAR SURGERY AND VEIN CENTER (SMH)<br>200 DELAFIELD ROAD, STE 4050<br>PITTSBURGH PA 15215 | OUTPATIENT SERVICES                                 |
| <b>5</b> UPMC ST. MARGARET DERMATOLOGY (SMH)<br>2585 FREEPORT ROAD, STE 204<br>PITTSBURGH PA 15238     | OUTPATIENT SERVICES                                 |
| <b>6</b> UPMC NATRONA HEIGHTS MULTISPECIALTY (SMH)<br>1800 UNION AVENUE<br>NATRONA HEIGHTS PA 15065    | OUTPATIENT SERVICES                                 |
| <b>7</b> GERIATRIC CARE CENTER (SMH)<br>1215 HULTON ROAD<br>OAKMONT PA 15139                           | OUTPATIENT SERVICES                                 |
| <b>8</b> THORACIC SURGERY CENTER (SMH)<br>200 DELAFIELD ROAD, STE 4050<br>PITTSBURGH PA 15215          | OUTPATIENT SERVICES                                 |
| <b>9</b> WOMANCARE CENTER (HRZ)<br>875 N HERMITAGE ROAD<br>HERMITAGE PA 16148                          | AMBULATORY SERVICES,<br>PHYSICIAN, IMAGING SERVICES |
| <b>10</b> MERCER DIAGNOSTICS CENTER (HRZ)<br>737 GREENVILLE ROAD<br>MERCER PA 16137                    | AMBULATORY SERVICES                                 |

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

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> NEW WILMINGTON DIAGNOSTIC CENTER (HRZ)<br>565 NESHANNOCK DRIVE<br>NEW WILMINGTON PA 16142      | AMBULATORY SERVICES         |
| <b>2</b> OCCUPATIONAL & ENVIRONMENTAL MED (HRZ)<br>1980 GREEN STREET<br>FARRELL PA 16121                | AMBULATORY SERVICES         |
| <b>3</b> OCCUPATIONAL REHABILITATION SERVICES HRZ<br>2120 LIKENS LANE<br>FARRELL PA 16121               | REHABILITATION SERVICES     |
| <b>4</b> OCCUPATIONAL REHABILITATION SERVICES HRZ<br>26 CONNEAUT LAKE ROAD<br>GREENVILLE PA 16125       | REHABILITATION SERVICES     |
| <b>5</b> REGIONAL CENTER FOR SLEEP DISORDERS (HRZ)<br>1980 GREEN STREET<br>FARRELL PA 16121             | AMBULATORY SERVICES         |
| <b>6</b> GREENVILLE MEDICAL CTR FOR RADIOLOGY HRZ<br>90 SHENANGO STREET<br>GREENVILLE PA 16125          | IMAGING SERVICES            |
| <b>7</b> UPMC HORIZON NEW CASTLE ONCOLOGY (HRZ)<br>2602 WILMINGTON ROAD, STE 101<br>NEW CASTLE PA 16105 | ONCOLOGY SERVICES           |
| <b>8</b> UPMC HORIZON GREENVILLE ONCOLOGY (HRZ)<br>103 WOODFIELD DRIVE<br>GREENVILLE PA 16125           | ONCOLOGY SERVICES           |
| <b>9</b> UPMC HORIZON PAIN MANAGEMENT (HRZ)<br>30 CONNEAUT LAKE ROAD<br>GREENVILLE PA 16125             | OUTPATIENT SERVICES         |
| <b>10</b> UPMC NORTHWEST MRI CENTER (NWH)<br>1671 ALLEGHENY BLVD<br>RENO PA 16343                       | IMAGING SERVICES            |

Schedule H (Form 990) 2015

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

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> UPMC NORTHWEST CTR FOR WOUND TREATMENT<br>6885 US HIGHWAY 322, STE 4<br>FRANKLIN PA 16323        | OUTPATIENT SERVICES         |
| <b>2</b> CLARION FAMILY PRACTICE (NWH)<br>22681 ROUTE 68<br>CLARION PA 16214                              | OUTPATIENT SERVICES         |
| <b>3</b> UPMC PASSAVANT-CRANBERRY CAMPUS (PAS)<br>3 ST FRANCIS WAY<br>CRANBERRY TWP PA 16066              | OUTPATIENT SERVICES         |
| <b>4</b> UPMC PASSAVANT-CRANBERRY CAMPUS (PAS)<br>20130 ROUTE 19<br>CRANBERRY TWP PA 16066                | OUTPATIENT SERVICES         |
| <b>5</b> UPMC CENTER FOR WOUND HEALING PASSAVANT<br>2030 MACKENZIE WAY, STE 400<br>CRANBERRY TWP PA 16066 | OUTPATIENT SERVICES         |
| <b>6</b> UPMC HEART AND VASCULAR INSTITUTE (PAS)<br>9365 MCKNIGHT ROAD, STE 700<br>PITTSBURGH PA 15237    | OUTPATIENT SERVICES         |
| <b>7</b> UPMC MCKEESPORT CARDIAC REHABILITATION<br>2001 LINCOLN WAY<br>WHITE OAK PA 15131                 | OUTPATIENT SERVICES         |
| <b>8</b> CHILDREN'S EAST (CHP)<br>4055 MOSSIDE BOULEVARD<br>MONROEVILLE PA 15146                          | OUTPATIENT SERVICES         |
| <b>9</b> CHILDREN'S HOSPITAL WEXFORD (CHP)<br>11279 PERRY HWY<br>WEXFORD PA 15090                         | OUTPATIENT SERVICES         |
| <b>10</b> CHILDREN'S HOSPITAL PITTSBURGH (CHP)<br>3420 FIFTH AVENUE<br>PITTSBURGH PA 15237                | OUTPATIENT SERVICES         |

Schedule H (Form 990) 2015

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

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

| Name and address   | Type of Facility (describe)  |
|--|------------------------------|
| <b>1</b> UPMC DIGESTIVE HEALTH AND ENDOSCOPY (PUH)<br>1000 INTEGRITY DRIVE, STE 110<br>PITTSBURGH PA 15235   | OUTPATIENT SERVICES          |
| <b>2</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>100 N BELLEFIELD AVE<br>PITTSBURGH PA 15213             | OUTPATIENT BEHAVIORAL HEALTH |
| <b>3</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>1011 BINGHAM STREET<br>PITTSBURGH PA 15203              | OUTPATIENT BEHAVIORAL HEALTH |
| <b>4</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>1835 CENTRE AVENUE<br>PITTSBURGH PA 15219               | OUTPATIENT BEHAVIORAL HEALTH |
| <b>5</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>2599 WEXFORD BAYNE ROAD, STE 1000<br>SEWICKLEY PA 15143 | OUTPATIENT BEHAVIORAL HEALTH |
| <b>6</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>300 HALKET STREET<br>PITTSBURGH PA 15213                | OUTPATIENT BEHAVIORAL HEALTH |
| <b>7</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>310 FISK STREET<br>PITTSBURGH PA 15201                  | OUTPATIENT BEHAVIORAL HEALTH |
| <b>8</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>3501 FORBES AVENUE<br>PITTSBURGH PA 15213               | OUTPATIENT BEHAVIORAL HEALTH |
| <b>9</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>373 BURROWS STREET<br>PITTSBURGH PA 15213               | OUTPATIENT BEHAVIORAL HEALTH |
| <b>10</b> UPMC PRESBYTERIAN SHADYSIDE (PUH)<br>4055 MONROEVILLE BLVD<br>MONROEVILLE PA 15146                 | OUTPATIENT BEHAVIORAL HEALTH |

Schedule H (Form 990) 2015

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

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

| Name and address  | Type of Facility (describe)  |
|---|------------------------------|
| <b>1</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>4117 LIBERTY AVENUE<br>PITTSBURGH PA 15224 | OUTPATIENT BEHAVIORAL HEALTH |
| <b>2</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH)<br>6714 KELLY STREET<br>PITTSBURGH PA 15208   | OUTPATIENT BEHAVIORAL HEALTH |
| <b>3</b> UPMC HAMOT CARDIAC FITNESS CENTER (HMT)<br>3330 PEACH STREET<br>ERIE PA 16508          | OUTPATIENT SERVICES          |
| <b>4</b> HEART AND VASCULAR INSTITUTE (HMT)<br>120 EAST 2ND STREET<br>ERIE PA 16507             | OUTPATIENT SERVICES          |
| <b>5</b> IMAGING CENTER AT STERLING SQUARE (HMT)<br>3406 PEACH STREET<br>ERIE PA 16508          | IMAGING SERVICES             |
| <b>6</b> UPMC HAMOT WOMEN'S IMAGING (HMT)<br>104 EAST 2ND STREET<br>ERIE PA 16507               | OUTPATIENT SERVICES          |
| <b>7</b> UPMC HAMOT SLEEP DISORDERS CENTER (HMT)<br>4022 ZUCK RD<br>ERIE PA 16506               | OUTPATIENT SERVICES          |
| <b>8</b> UPMC HAMOT SPORTS MEDICINE (HMT)<br>100 PEACH STREET<br>ERIE PA 16507                  | OUTPATIENT SERVICES          |
| <b>9</b> UPMC HAMOT INFUSION CENTER (HMT)<br>215 HOLLAND ST<br>ERIE PA 16507                    | OUTPATIENT SERVICES          |
| <b>10</b> GREAT LAKES HOME HEALTHCARE (HMT)<br>1700 PEACH STREET<br>ERIE PA 16501               | OUTPATIENT SERVICES          |

Schedule H (Form 990) 2015

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> GREAT LAKES HOSPICE (HMT)<br>1700 PEACH STREET<br>ERIE PA 16501                         | OUTPATIENT SERVICES         |
| <b>2</b> UPMC CANCER CENTER INDIANA (EAST)<br>850 HOSPITAL RD<br>INDIANA PA 15701                | ONCOLOGY SERVICES           |
| <b>3</b> UPMC CANCER CENTER JEFFERSON (MAG)<br>1907 LEBANON CHURCH RD<br>WEST MIFFLIN PA 15122   | ONCOLOGY SERVICES           |
| <b>4</b> UPMC CANCER CENTER UNIONTOWN (MCK)<br>100 WOODLAWN AVE, STE 300<br>UNIONTOWN PA 15401   | ONCOLOGY SERVICES           |
| <b>5</b> JOHN P. MURTHA REGIONAL CANCER CENTER<br>337 SOMERSET ST<br>JOHNSTOWN PA 15901          | ONCOLOGY SERVICES           |
| <b>6</b> UPMC BEDFORD ORTHOPEDICS (BDF)<br>249 HOSPITAL DRIVE, STE 1<br>EVERETT PA 15537         | OUTPATIENT SERVICES         |
| <b>7</b> UPMC MERCY SOUTH SIDE (MER)<br>2000 MARY STREET<br>PITTSBURGH PA 15203                  | OUTPATIENT SERVICES         |
| <b>8</b> UPMC PASSAVANT (PAS)<br>ONE ST. FRANCIS WAY<br>CRANBERRY TOWNSHIP PA 16066              | OUTPATIENT SERVICES         |
| <b>9</b> UPMC LEMIEUX COMPLEX (PUH)<br>8000 CRANBERRY SPRINGS DR.<br>CRANBERRY TOWNSHIP PA 16066 | OUTPATIENT SERVICES         |
| <b>10</b> REGIONAL HEALTH SERVICES (RHS)<br>201 STATE STREET<br>ERIE PA 16550                    | PHYSICIAN SERVICES          |

Schedule H (Form 990) 2015

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> CRANBERRY PLACE (CRPL)<br>5 ST FRANCIS WAY<br>CRANBERRY TOWNSHIP PA 16066                   | SKILLED NURSING FACILITY    |
| <b>2</b> UPMC HERITAGE SHADYSIDE (HERT)<br>5701 PHILLIPS AVENUE<br>PITTSBURGH PA 15217               | SKILLED NURSING FACILITY    |
| <b>3</b> SUGAR CREEK STATION (SCS)<br>315 CAUSEWAY DRIVE<br>FRANKLIN PA 16323                        | SKILLED NURSING FACILITY    |
| <b>4</b> CHILDRENS HOSPITAL OF PITTSBURGH (CHP)<br>205 MILLERS RUN ROAD<br>BRIDGEVILLE PA 15017      | OUTPATIENT SERVICES         |
| <b>5</b> CHILDRENS HOSPITAL OF PITTSBURGH (CHP)<br>2619 WEXFORD BAYNE ROAD<br>SEWICKLEY PA 15143     | OUTPATIENT SERVICES         |
| <b>6</b> CHILDRENS HOSPITAL OF PITTSBURGH (CHP)<br>1907 LEBANON CHURCH ROAD<br>WEST MIFFLIN PA 15122 | OUTPATIENT SERVICES         |
| <b>7</b> WILLIAMSBURG FAMILY PHYSICIANS (ALT)<br>306 PLUM STREET<br>WILLIAMSBURG PA 16693            | PHYSICIAN SERVICES          |
| <b>8</b> UPMC ALTOONA STATION MEDICAL CENTER (ALT)<br>1516 9TH AVENUE<br>ALTOONA PA 16602            | OUTPATIENT SERVICES         |
| <b>9</b> UPMC ALTOONA-HUNTINGDON FAMILY PRACTICE<br>9498 WILLIAM PENN HIGHWAY<br>ALTOONA PA 16652    | PHYSICIAN SERVICES          |
| <b>10</b> UPMC ALTOONA HUNTINGDON HEALTHCARE (ALT)<br>814 WASHINGTON STREET<br>HUNTINGDON PA 16652   | OUTPATIENT SERVICES         |

Schedule H (Form 990) 2015



**Part V Facility Information** (continued)

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

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> UPMC ALTOONA HUNTINGDON HEALTHCARE (ALT)<br>846 MEDICAL CENTER DRIVE<br>ALEXANDER PA 16611 | OUTPATIENT SERVICES         |
| <b>2</b> UPMC ALTOONA SURGERY (ALT)<br>800 HOWARD AVENUE<br>ALTOONA PA 16601                        | OUTPATIENT SERVICES         |
| <b>3</b> ALTOONA FAMILY PHYSICIANS (ALT)<br>501 HOWARD AVENUE<br>ALTOONA PA 16601                   | PHYSICIAN SERVICES          |
| <b>4</b> UPMC ALTOONA WOMEN'S HEALTH & WELLNESS C<br>501 HOWARD AVENUE<br>ALTOONA PA 16601          | OUTPATIENT SERVICES         |
| <b>5</b> UPMC ALTOONA PREGNANCY CARE CENTER (ALT)<br>501 HOWARD AVENUE<br>ALTOONA PA 16601          | OUTPATIENT SERVICES         |
| <b>6</b>  |                             |
| <b>7</b>  |                             |
| <b>8</b>  |                             |
| <b>9</b>  |                             |
| <b>10</b>   |                             |

**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 BELOW 200% 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 OR EQUAL TO 200% AND LESS THAN OR EQUAL TO 400% OF THE FEDERAL POVERTY GUIDELINES, THE PATIENT IS ELIGIBLE FOR A REDUCED CHARITY CARE. THERE WILL BE AN 85% REDUCTION IN THE PATIENT BILL.

THE DISCOUNTED CHARITY CARE SCALE IS LISTED BELOW:

F/S= FAMILY SIZE

**Part VI Supplemental Information**

Provide the following information.

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

## 2016 FINANCIAL ASSISTANCE INCOME GUIDELINES

| F/S | FINANCIAL 100% PATIENT 0% | FINANCIAL 85% PATIENT 15% |
|-----|---------------------------|---------------------------|
|     | ASSISTANCE                | ASSISTANCE                |
| 1   | \$23,760                  | \$47,520                  |
| 2   | \$32,040                  | \$64,080                  |
| 3   | \$40,320                  | \$80,640                  |
| 4   | \$48,600                  | \$97,200                  |
| 5   | \$56,880                  | \$113,760                 |
| 6   | \$65,160                  | \$130,320                 |
| 7   | \$73,460                  | \$146,920                 |
| 8   | \$81,780                  | \$163,560                 |
| +   | \$ 8,320                  | \$ 16,640                 |

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. THE PATIENT WILL BE LIABLE TO PAY 15% OF THEIR CALCULATED INCOME TOWARDS THEIR MEDICAL BILL OR THE REDUCED AMOUNT WHICHEVER IS LESS.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 15% OF THEIR CALCULATED INCOME TOWARDS THEIR MEDICAL BILL. THIS IS A ONE-TIME FINANCIAL ASSISTANCE ADJUSTMENT FOR EXISTING ACCOUNT BALANCES. THE REMAINING BALANCE WILL BE ADJUSTED TO FREE CARE.

PART I LINE 4

"MEDICALLY INDIGENT" MEANS PERSONS WHO THE ORGANIZATION HAS DETERMINED ARE 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 SYSTEM THAT MAKES UP THE

**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.
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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.

UPMC HEALTH SYSTEM. IT IS POSTED TO AND AVAILABLE TO THE PUBLIC VIA THE  
UPMC WEBSITE, WWW.UPMC.COM. COPIES ARE ALSO AVAILABLE IN WAITING ROOMS AT  
UPMC PHYSICIAN OFFICES.

PART I LINE 7

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

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

PART I LINE 7, COLUMN F

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

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

RELATED TO ENTITIES WITHIN THE UPMC GROUP WHO PROVIDE PATIENT CARE. FROM THIS TOTAL EXPENSE PER PART IX LINE 25 THE AMOUNT RELATED TO BAD DEBT EXPENSE HAS BEEN REMOVED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE. THE TOTAL EXPENSES USED FOR THIS CALCULATION, NET OF BAD DEBT EXPENSE, IS \$11,135,922,972.

PART III LINES 2 & 3

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

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

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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PART III LINE 3

RATIONALE FOR INCLUDING BAD DEBT AMOUNTS IN COMMUNITY BENEFIT

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

PART III LINE 3

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

**Part VI Supplemental Information**

Provide the following information.

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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; " ELIMINATE BARRIER TO APPLICATION AND MEETS INCREASED PRESSURE TO PROVIDE ADDITIONAL FINANCIAL RESOURCES TO CONSUMERS; " IDENTIFY AND SUPPORT THOSE COMMUNITY NEEDS EFFORTS TO PROVIDE ASSISTANCE TO THOSE CONSUMERS IN NEED." THERE ARE TWO DATA POINTS RETURNED TO UPMC IN ORDER TO MAKE THE DECISION WHETHER THE PATIENT WOULD QUALIFY FOR CHARITY CARE. THE FIRST IS THE ESTIMATED INCOME LEVEL BASED ON THE FEDERAL POVERTY LEVEL GUIDELINES. THE SECOND IS THE PARO SCORE WHICH UTILIZES AN ALGORITHM BASED APPROACH AND RETURNS A SCORE BASED ON PERSONAL ATTRIBUTES OF THE PATIENT. DATA ELEMENTS WERE COMBINED TO CREATE TWO PRIMARY INDICATORS OF NEED, THE PARO SCORE AND THE FEDERAL POVERTY LEVEL. PARO ANALYZED OUR HISTORICAL CHARITY



**Part VI Supplemental Information**

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

PART III LINE 4

REFERENCE UPMC'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS PAGE 6.

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PART III LINE 8: COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE AND AS REPORTED IN THE ORGS MEDICARE COST REPORT

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

PART III LINE 9A AND B

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

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FINANCIAL ASSISTANCE.

PART III LINE 4: THE FOOTNOTE RELATED TO BAD DEBT IN THE UPMC CONSOLIDATED AUDITED FINANCIAL STATEMENTS IS ON PAGE 6 OF THE ATTACHED STATEMENTS.

PART V SECTION B LINES 19 & 20: UPMC DOES NOT DO ANY EXTRAORDINARY COLLECTION ACTIONS (ECAS) THEREFORE THERE ARE NO NOTIFICATIONS.

PART V SECTION D LINE 1  
THE UNIVERSITY OF PITTSBURGH PHYSICIANS HAD 553 CLINICAL LOCATIONS AS OF JUNE 30, 2016.

PART V SECTION D LINE 2  
UPMC COMMUNITY MEDICINE, INC. HAD 244 CLINICAL LOCATIONS AS OF JUNE 30, 2016.

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PART V SECTION D LINE 3

UPMC EMERGENCY MEDICINE, INC. HAD 17 LOCATIONS AS OF JUNE 30, 2016.

PART V SECTION D LINE 4

ERIE PHYSICIAN NETWORK-UPMC INC. HAD 6 LOCATIONS AS OF JUNE 30, 2016.

PART V SECTION D LINE 90

REGIONAL HEALTH SERVICES HAD 59 LOCATIONS AS OF JUNE 30, 2016.

PART V SECTION D LINE 1 & 3

UNIVERSITY OF PITTSBURGH PHYSICIANS AND UPMC EMERGENCY MEDICINE, INC.

COLLECTIVELY OPERATED 11 URGENT CARE CENTERS AS OF JUNE 30, 2016.

PART VI LINE 1 PART II LINE 2:

THE UPMC CENTER FOR HEALTH SECURITY (THE CENTER) CONDUCTS SCIENTIFIC

RESEARCH AND EDUCATION: (A) TO PREVENT THE DEVELOPMENT AND USE OF

BIOLOGICAL WEAPONS; (B) TO CATALYZE ADVANCES IN SCIENCE AND GOVERNANCE

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THAT DIMINISH THE POWER OF BIOLOGICAL WEAPONS AS AGENTS OF MASS  
LETHALITY; AND (C) TO LESSEN THE HUMAN SUFFERING THAT WOULD RESULT IF  
PREVENTION EFFORTS FAIL.

MODERN SOCIETIES ARE HIGHLY VULNERABLE TO BIOATTACKS BECAUSE GLOBAL  
TRAVEL ENABLES RAPID SPREAD OF CONTAGIOUS DISEASES. ADEQUATE RESPONSE IS  
NOT DEPENDENT ON MILITARY STRENGTH, BUT ON MEDICAL AND PUBLIC HEALTH  
SYSTEMS AND THE AVAILABILITY OF EFFECTIVE DRUGS AND VACCINES. TO  
COUNTER THE THREAT OF BIOTERRORISM, THE UNITED STATES IS DEVELOPING A NEW  
PARADIGM FOR DEFENSE, AND REALIGNING ITS NATIONAL SECURITY PRIORITIES AND  
INVESTMENTS ACCORDINGLY. HOSPITAL PERSONNEL, CLINICIANS, PUBLIC HEALTH  
OFFICIALS AND BIOSCIENTISTS ARE THE FRONTLINE DEFENDERS IN THIS NEW  
SECURITY ERA.

AN EFFECTIVE DEFENSE AGAINST BIOATTACKS MUST INCLUDE THE DESIGN AND  
CONSTRUCTION OF NEW OPERATIONAL SYSTEMS THAT CAN DELIVER EMERGENCY  
MEDICAL CARE TO LARGE NUMBER OF CRITICALLY ILL INDIVIDUALS. TO  
ACCOMPLISH THIS, THE TIME TO DEVELOP NEW VACCINES AND CREATE NEW DRUGS

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MUST BE DRAMATICALLY REDUCED IN ORDER TO RESPOND TO UNANTICIPATED EVENTS  
AND BIOENGINEERED WEAPONS.

THE WORK OF THE CENTER IS INTENDED TO BENEFIT THE SECURITY OF NATIONS  
AGAINST BIOLOGICAL WEAPONS. THE FACULTY OF THE CENTER GIVES  
PRESENTATIONS AT MEDICAL, PUBLIC HEALTH, AND SCIENCE MEETINGS AROUND THE  
WORLD ON ISSUES RELATED TO BIODEFENSE.

THE FACULTY OF THE CENTER SERVES ON NUMEROUS TASK FORCES AND COMMITTEES  
THAT SERVE LOCAL, STATE AND INTERNATIONAL GOVERNMENTS, AND THE FACULTY  
OFTEN TESTIFY BEFORE THE UNITED STATES CONGRESS.

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

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ADDITION, UPMC INCLUDES INFORMATION REGARDING HOW A PATIENT CAN REQUEST FINANCIAL ASSISTANCE ON THE BILLS, FOLLOW-UP CORRESPONDENCE AND 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

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PREDOMINANT NATIVE LANGUAGES IN THOSE COMMUNITIES AS PRESCRIBED IN IRC

SECTION 501(R): THE PLS IS AVAILABLE ON THE UPMC WEBSITE.

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



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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.

PART VI LINES 2, 4, & 5

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 NON-GOVERNMENTAL EMPLOYER IN PENNSYLVANIA, UPMC'S SYSTEM-WIDE OPERATIONS GENERATED A TOTAL ECONOMIC IMPACT OF MORE THAN \$28 BILLION IN FISCAL 2016. UPMC ALSO SUPPORTS MUNICIPALITIES, COUNTIES, AND THE COMMONWEALTH THROUGH APPROXIMATELY \$166 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 THE ENTIRE WESTERN PENNSYLVANIA REGION.

AS AN INTEGRATED DELIVERY AND FINANCING SYSTEM (IDFS), UPMC CONTINUES TO AMPLIFY AND APPLY THE EXPERTISE THAT EXISTS WITHIN ITS ORGANIZATION TO IMPROVE THE DELIVERY OF OUTSTANDING HEALTH CARE. IN ADDITION, UPMC

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LEVERAGES ITS IDFS STRUCTURE-WHICH EMBRACES ITS HOSPITALS, ITS INSURANCE INFRASTRUCTURE, AND ITS COMMUNITY PROVIDERS-TO IMPROVE MEDICAL PRACTICE THROUGHOUT THE REGION. THE RESULT IS AN EXCEPTIONAL SYNERGY BETWEEN INSURANCE, HEALTH CARE PROVIDERS, PATIENTS, AND THE COMMUNITIES WESTERN PENNSYLVANIANS CALL HOME.

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 INCLUDED:

ECONOMIC DEVELOPMENT- UPMC'S ECONOMIC FOOTPRINT SPURS THE ECONOMY THROUGH DIRECT HIRING, AND BY BRINGING OUTSIDE DOLLARS INTO THE REGION; THE ORGANIZATION'S CAPITAL SPENDING HAS CREATED CONSTRUCTION JOBS DOWNSTREAM. IN ADDITION, UPMC HAS A NUMBER OF PROGRAMS AND INITIATIVES DESIGNED TO FOSTER A PRODUCTIVE AND EQUITABLE ECONOMY. A KEY COMPONENT IN THE ORGANIZATION'S ECONOMIC DEVELOPMENT STRATEGY IS SUPPLIER DIVERSITY, WHICH

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IS AN INTEGRAL PART OF UPMC'S OVERALL SUPPLY CHAIN MANAGEMENT STRATEGY. DESIGNED TO ENSURE THAT CERTIFIED MINORITY, WOMEN-OWNED, OR DISADVANTAGED BUSINESS ENTERPRISES ARE PROVIDED WITH MAXIMUM OPPORTUNITIES TO PARTICIPATE AS PARTNERS AND SUPPLIERS OF GOODS AND SERVICES, UPMC'S SUPPLIER DIVERSITY PROGRAM ENCOURAGES DEVELOPMENT OF THESE FIRMS TO MAKE THEM COMPETITIVE IN THE OUTSIDE MARKET. UPMC'S SPEND ON SUPPORTING MINORITY AND WOMEN-OWNED BUSINESSES WAS \$112 MILLION IN FISCAL 2016.

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

ENVIRONMENTAL IMPROVEMENTS - UPMC PURSUES A POLICY OF AWARD-WINNING ENVIRONMENTAL RESPONSIBILITY THAT REDUCES ITS ENVIRONMENTAL FOOTPRINT,

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WHILE SUPPORTING THE GROWTH AND DEVELOPMENT OF THE ORGANIZATION. THIS YEAR, MAGEE WOMENS HOSPITAL OF UPMC RECEIVED THE PRACTICE GREENHEALTH "PARTNER FOR CHANGE AWARD" - ONE OF THE HIGHEST HONORS FOR HOSPITALS THAT LEAD THE WAY IN GREENING INITIATIVES. MANY OF UPMC'S FACILITIES INCLUDE HEALING GARDENS FOR PATIENTS, FAMILIES, AND EMPLOYEES. PRESBYTERIAN-SHADYSIDE EARNED RECOGNITION FROM THE PENNSYLVANIA HORTICULTURAL SOCIETY FOR ITS HEALING GARDENS. IN 2016, UPMC SHADYSIDE INSTALLED A LIVING WALL, USING A UNIQUE ARCHITECTURAL ELEMENT TO TRANSFORM AN INDUSTRIAL SPACE OUTSIDE THE EMERGENCY DEPARTMENT INTO A SERENE AREA DESIGNED TO REDUCE STRESS AND TENSION. UPMC PRESBYTERIAN INSTALLED A NEW FRONT LAWN, WHICH IS SCULPTED TO ASSIST WITH COMMUNITY STORMWATER RETENTION AND MANAGEMENT, AND ALSO PLANTED PINE TREES AS PART OF A COMMUNITY HOLIDAY LIGHT UP NIGHT EVENT. MANY OF UPMC'S FACILITIES HAVE EARNED LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATIONS FROM THE U.S. GREEN BUILDING COUNCIL, INCLUDING CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC'S LAWRENCEVILLE LOCATION, THE UPMC PASSAVANT PAVILION, MAGEE WOMENS HOSPITAL OF UPMC'S INPATIENT ADDITION, UPMC'S CORPORATE HEADQUARTERS IN

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DOWNTOWN PITTSBURGH, AND UPMC EAST IN MONROEVILLE. MOST RECENT LEED-CERTIFIED SPACES INCLUDE FLOORS OCCUPIED BY THE UPMC HEALTH PLAN IN THE U.S. STEEL TOWER IN DOWNTOWN PITTSBURGH, AND THE NEW SOUTH CAMPUS OF CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC. IN 2016, THE U.S. STEEL TOWER, WHERE UPMC IS A MAJOR LEASEE, EARNED ENERGY STAR STATUS. UPMC INVESTS IN RENOVATING ITS OCCUPIED FLOORS TO LEED SPECIFICATIONS, WHICH CONTRIBUTED SIGNIFICANTLY TO THE BUILDING ACHIEVING ENERGY STAR STATUS.

UPMC ACTIVELY PARTICIPATES IN THE U.S. DEPARTMENT OF ENERGY'S BETTER BUILDING CHALLENGE, AND SHARES CREATIVE ENERGY SAVING STRATEGIES WITH OTHER ORGANIZATIONS. ADDITIONALLY, UPMC PARTICIPATES IN THE GREEN BUILDING ALLIANCE'S PITTSBURGH 2030 DISTRICT INITIATIVES. UPMC CONTINUES TO SHARE LESSONS LEARNED AND INDUSTRY-BASED BEST PRACTICES WITH OTHER REGIONAL ORGANIZATIONS THAT ARE INCORPORATING SUSTAINABILITY INTO THEIR OPERATIONS. STAFF CONTINUE TO SERVE ON REGIONAL AND STATE PLANNING COMMITTEES, ADVOCATING FOR EXPANDED IMPLEMENTATION OF LOCAL POLICIES THAT POSITIVELY AFFECT HEALTH. IN 2016, UPMC SPONSORED AN INTERNSHIP PROJECT WHICH CONTRIBUTED TO THE DEVELOPMENT OF REGIONAL SUSTAINABILITY RESOURCES THAT CAN BE ACCESSED BY OTHER ORGANIZATIONS.

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IN DEMONSTRATING REGIONAL STEWARDSHIP, UPMC ACTIVELY COLLABORATES IN COMMUNITY-BASED INITIATIVES. UPMC HEALTH PLAN PROUDLY SPONSORS RIVERLIFE, A PITTSBURGH NONPROFIT DEDICATED TO DEVELOPING AND MAINTAINING RIVERFRONT PARKS THROUGHOUT THE REGION. UPMC PROVIDED EDUCATION ON HEALTHY FOODS AND NUTRITION TO COMMUNITY FAMILIES, WITH A FOCUS ON LOW-INCOME AND MINORITY COMMUNITIES. UPMC CONTINUES TO PARTICIPATE IN THE BREATHE PROJECT TO LEVERAGE PERSONAL, BUSINESS, AND COMMUNITY ACTIONS, LEADING TO IMPROVED REGIONAL AIR QUALITY. UPMC EXPANDED SMOKE-FREE CAMPUSES TO INCORPORATE SMOKE-FREE WORKSHIFTS. UPMC FACILITIES PARTICIPATED IN THE NATIONAL PRESCRIPTION DRUG TAKE-BACK DAY COMMUNITY-BASED COLLECTION EVENTS, SPONSORED BY THE DRUG ENFORCEMENT ADMINISTRATION (DEA), TO REDUCE THE AVAILABILITY AND ACCESSIBILITY OF UNWANTED MEDICATION. UPMC CONTINUED TO COSPONSOR COMMUNITY-BASED HOUSEHOLD HAZARDOUS WASTE COLLECTION EVENTS THROUGHOUT THE REGION. UPMC ALSO CONTINUED TO WORK WITH GLOBAL LINKS AND THROUGH THE UPMC HORIZON MEDICAL EQUIPMENT RECYCLING PROGRAM TO RECYCLE MEDICAL AND OTHER EQUIPMENT BOTH LOCALLY AND ABROAD.

LEADERSHIP AND WORKFORCE DEVELOPMENT- IN FISCAL 2016, UPMC SUPPORTED

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NUMEROUS PROJECTS TO DEVELOP THE REGIONAL WORKFORCE AND ASSIST INDIVIDUALS IN OBTAINING AND RETAINING QUALITY EMPLOYMENT. UPMC HAS UNDERTAKEN INTERNAL PROGRAMS, SUCH AS THE PARTNERSHIP ON WORKFORCE READINESS AND RETENTION AND PATHWAYS TO WORK, TO HELP TRAIN INDIVIDUALS FROM POPULATIONS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT TO GAIN AND KEEP JOBS IN THE HEALTH CARE SECTOR. UPMC PROJECT SEARCH IS A COLLABORATION BETWEEN UPMC, GOODWILL OF SOUTHWESTERN PA, THE PENNSYLVANIA OFFICE OF VOCATIONAL REHABILITATION (OVR), THE ALLEGHENY COUNTY OFFICE OF INTELLECTUAL DISABILITIES (OID), AND PITTSBURGH SCHOOL DISTRICTS, DESIGNED TO COMBINE EDUCATION AND WORK EXPERIENCE IN AN EFFORT TO PREPARE STUDENTS WITH DISABILITIES FOR COMPETITIVE EMPLOYMENT. UPMC'S ONGOING SUPPORT FOR AND COLLABORATION WITH EXTERNAL PARTNERS, SUCH AS THE BIDWELL TRAINING CENTER, JOBLINKS, GOODWILL, AND SCHOOL 2 CAREER, HAVE TRAINED THOUSANDS OF INDIVIDUALS FOR SUCCESSFUL EMPLOYMENT IN THE HEALTH CARE INDUSTRY.

CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC UNIVERSITY (CHPU) IS A MENTORING PROGRAM FOR MIDDLE SCHOOL YOUTH HELD DURING THE ACADEMIC YEAR ON THE CHILDREN'S HOSPITAL LAWRENCEVILLE CAMPUS. THROUGH COLLABORATIVE

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PROGRAMMING WITH ARSENAL MIDDLE SCHOOL AND OTHER COMMUNITY-BASED ORGANIZATIONS, CHPU PROVIDES EDUCATIONAL AND MENTORING OPPORTUNITIES TO ENHANCE ACADEMIC PERFORMANCE, COMMUNITY CONNECTIONS, AND CAREERS IN HEALTH CARE. UPMC COLLABORATES WITH URBAN INNOVATION21, PROVIDING SPONSORED INTERNSHIP TRAINING EXPERIENCES FOR PITTSBURGH PROMISE STUDENTS. UPMC ALSO WORKS WITH THE CITY'S LEARN AND EARN PROGRAM TO OFFER EXPLORATORY CAREER EXPERIENCES TO LOCAL YOUTH FROM AT-RISK AREAS. UPMC HAMOT AND THE VICTORY CHRISTIAN CENTER IN ERIE LAUNCHED THE EAGLE'S NEST, A PILOT WORKFORCE-DEVELOPMENT PROGRAM THAT LINKS AT-RISK ERIE YOUTH WITH STABLE AND REWARDING JOBS - PROVIDING FULLTIME EMPLOYMENT AT UPMC HAMOT FOR 80 AT-RISK YOUTH AGED 18 TO 25 YEARS. EACH YEAR, UPMC'S MILITARY TALENT NETWORK HELPS HUNDREDS OF EMPLOYMENT CANDIDATES WHO ARE VETERANS HONE THEIR RESUMES, TRANSLATE THEIR MILITARY EXPERIENCE INTO MARKETABLE SKILLS, AND PREPARE FOR THE INTERVIEW PROCESS. SINCE 2015, UPMC HAS BEEN FORMALLY RECOGNIZED AS ONE OF THE TOP MILITARY FRIENDLY® EMPLOYERS IN THE COUNTRY. UPMC'S AWARD-WINNING DIGNITY AND RESPECT CAMPAIGN IS A MODEL FOR USE BY OTHER ENTITIES THROUGHOUT THE REGION AND NATIONALLY. IN ADDITION, THE CENTER FOR ENGAGEMENT AND



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INCLUSION (CFEI) OFFERS A CULTURAL COMPETENCY LECTURE SERIES, WHICH PROVIDES OPPORTUNITIES TO LEARN ABOUT VARIOUS ASPECTS OF DIVERSITY AND DEVELOP TOOLS FOR WORKING IN A COMPLEX AND MULTICULTURAL HEALTH CARE SYSTEM. THE CFEI NEXT STEPS YOUTH PROGRAM PROMOTES ACADEMIC SUCCESS, PERSONAL GROWTH, AND GOOD DECISION MAKING THROUGHOUT WESTERN PENNSYLVANIA BY OFFERING NUMEROUS CAREER PRESENTATIONS, SHADOWING OPPORTUNITIES, AND MOCK INTERVIEWS FOR HIGH SCHOOL STUDENTS. UPMC'S MEDICAL EDUCATION PROGRAMS, UNDERTAKEN WITH THE UNIVERSITY OF PITTSBURGH, OFFER MANY LOCAL RESIDENTS A PATHWAY TO BETTER-PAYING JOBS. IN ADDITION, THE ORGANIZATION'S IMPORTANT STRATEGIC RESEARCH AND EDUCATION RELATIONSHIP WITH THE UNIVERSITY FUELS A CULTURE OF DISCOVERY THAT CONTINUES TO HELP BUILD LOCAL EDUCATIONAL PROSPECTS WHILE IT DRAWS THE WORLD'S FINEST MINDS TO PITTSBURGH. A CENTERPIECE OF UPMC'S WORKFORCE DEVELOPMENT PORTFOLIO, THE ORGANIZATION'S \$100-MILLION MATCHING GRANT TO THE PITTSBURGH PROMISE, ENTERED ITS TENTH YEAR IN FISCAL 2016. UPMC'S COMMITMENT TO THIS PROGRAM HAS HELPED NEARLY 7,000 STUDENTS FROM THE PITTSBURGH PUBLIC SCHOOLS ATTEND COLLEGE, WITH PARTICIPATING STUDENTS DEMONSTRATING POST-SECONDARY EDUCATION RETENTION RATES EQUAL TO OR BETTER THAN NATIONAL AVERAGES.

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COALITION BUILDING - WHILE UPMC HAS AN EXPANSIVE PROGRAM OF COMMUNITY SUPPORT, LEADERS OF THE ORGANIZATION REALIZE THAT EVEN MORE CAN BE ACCOMPLISHED THROUGH ALLIANCES WITH OTHER NONPROFIT ORGANIZATIONS. OFTEN, THE STREET-LEVEL EXPERTISE OF LOCAL COMMUNITY GROUPS, PAIRED WITH UPMC'S FUNDING, INFLUENCE, PURCHASING POWER, AND OTHER RESOURCES, CAN REACH GOALS THAT NEITHER ORGANIZATION COULD ACHIEVE INDEPENDENTLY. TO LEVERAGE COMMUNITY IMPROVEMENT THROUGH JOINT EFFORTS, UPMC WORKED WITH A NUMBER OF NONPROFIT ALLIES IN FISCAL 2016. KEY ALLIANCES INCLUDED RELATIONSHIPS WITH SCHOOLS, SUCH AS THE PITTSBURGH PUBLIC SCHOOLS, TO PROMOTE HEALTHY HABITS AMONG SCHOOL-AGED CHILDREN; LOCAL AGENCIES, SUCH AS THE ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES AND ALLEGHENY COUNTY DEPARTMENT OF HEALTH, TO COLLABORATE ON COMMUNITY HEALTH INITIATIVES AND HELP FOSTER EARLY CHILD DEVELOPMENT IN FAMILY SUPPORT CENTERS; FREE CLINICS, SUCH AS THE BIRMINGHAM CLINIC, WHICH OFFERS CARE TO THE CITY'S HOMELESS POPULATION; LOCAL COMMUNITY ORGANIZATIONS, SUCH AS THE BRASHEAR ASSOCIATION, WHICH PROVIDES AN EMPLOYMENT RESOURCE CENTER IN A LOCAL LOW-INCOME NEIGHBORHOOD; AND OTHER NONPROFIT ORGANIZATIONS, SUCH AS THE

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GREATER PITTSBURGH COMMUNITY FOOD BANK; THE UNITED WAY; THE LET'S MOVE  
PITTSBURGH PROGRAM TO FOSTER YOUTH HEALTH; AND THE INDEPENDENT  
FOUNDATIONS OF UPMC'S COMMUNITY HOSPITALS.

IN PARTNERSHIP WITH CINCINNATI CHILDREN'S HOSPITAL AND TOYOTA, UPMC  
PROVIDED SAFETY EDUCATION AND 160 FREE CAR SEATS THROUGH THE BUCKLE UP  
FOR LIFE PROGRAM - TARGETING IMMIGRANT AND REFUGEE COMMUNITIES.  
ADDITIONALLY, UPMC WORKED WITH COMMUNITY PARTNERS IN PITTSBURGH TO  
PROVIDE 350 BUS PASSES TO IMMIGRANTS AND REFUGEES, ENABLING ACCESS TO  
HEALTH CARE. IN PARTNERSHIP WITH THE JUVENILE COURT AND ERIE SCHOOL  
DISTRICTS, UPMC REACHED 141 AT-RISK YOUTH THROUGH THE FLIPSIDE PROGRAM -  
ADDRESSING YOUTH AND GUN VIOLENCE ISSUES. UPMC'S HEALTHY COMMUNITIES 365  
INITIATIVE ENCOURAGES INDIVIDUALS IN AT-RISK NEIGHBORHOODS TO  
PARTICIPATE IN HEALTH IMPROVEMENT PROGRAMS THROUGHOUT THE YEAR TO LIVE  
HAPPY AND HEALTHY LIVES. BY PARTICIPATING IN THE PENNSYLVANIA DEPARTMENT  
OF COMMUNITY AND ECONOMIC DEVELOPMENT NEIGHBORHOOD PARTNERSHIP PROGRAM,  
UPMC CONTRIBUTED TO THE PROVISION OF NECESSARY SERVICES, SUCH AS  
AFFORDABLE HOUSING, CRIME PREVENTION, EDUCATION, AND JOB TRAINING IN

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

IN FISCAL YEAR 2016, UPMC CONDUCTED A CHNA, BUILDING ON THE INITIAL CHNA CONDUCTED IN FISCAL YEAR 2013. THE FISCAL YEAR 2016 CHNA PROVIDED AN OPPORTUNITY FOR THE HOSPITAL 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 TO DETERMINE HOW TO COLLABORATE MOST EFFECTIVELY TO ADDRESS THE NEEDS. THE ORGANIZATION SOLICITED AND TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. DURING JUNE THROUGH JULY 2015, MORE THAN 1,500 COMMUNITY LEADERS AND MEMBERS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, CONSUMER

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ADVOCATES, NONPROFIT ORGANIZATIONS, ACADEMIC EXPERTS, LOCAL GOVERNMENT OFFICIALS, LOCAL SCHOOL DISTRICTS, COMMUNITY-BASED ORGANIZATIONS, AND HEALTH CARE PROVIDERS WERE INVITED TO PARTICIPATE IN UPMC'S COMMUNITY HEALTH NEEDS SURVEY. MORE THAN 500 INDIVIDUALS COMPLETED THE SURVEY, AND GREATER THAN 70 PERCENT OF THOSE PARTICIPANTS SELF-IDENTIFIED AS BEING A REPRESENTATIVE OR MEMBER OF A MEDICALLY UNDERSERVED, MINORITY, OR LOW-INCOME POPULATION.

UPMC USED THE COMMUNITY INPUT TO DEVELOP STRATEGIC PLANS FOR EACH OF ITS LICENSED HOSPITALS TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS. IMPORTANTLY, THESE PLANS ADDRESS LOCAL COMMUNITY NEEDS NOT ONLY AT THE HOSPITAL LEVEL, BUT ALSO INCLUDE EFFORTS UNDERTAKEN IN PARTNERSHIP WITH OTHER UPMC HOSPITALS, EXTERNAL ORGANIZATIONS, AND THE LARGER UPMC SYSTEM. KEY THEMES THAT EMERGED AT UPMC HOSPITALS THROUGHOUT WESTERN PENNSYLVANIA CAN BE GROUPED INTO THREE BROAD CATEGORIES - CHRONIC DISEASE MANAGEMENT, WELLNESS AND DISEASE PREVENTION, AND NAVIGATING RESOURCES. THE 2016 CHNA REPORTS AND 2016-2019 STRATEGIC PLANS FOR EACH UPMC HOSPITAL CAN BE FOUND ON UPMC'S WEBSITE:

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

UPMC MADE MEASURABLE PROGRESS ON IMPROVING COMMUNITY HEALTH IN THE PERIOD FROM FISCAL YEAR 2014 THROUGH 2016. PROGRAMS AND INITIATIVES FOCUSED ON THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE JUNE 30, 2013 CHNA, WHICH INCLUDED: CANCER, DIABETES, HEART DISEASE, STROKE, OBESITY, BEHAVIORAL HEALTH, NUTRITION AND HEALTHY EATING, MATERNAL AND INFANT HEALTH, IMMUNIZATIONS AND VACCINATIONS, PREVENTIVE HEALTH AND WELLNESS, PREVENTIVE SCREENINGS, SENIOR HEALTH AND CARING FOR AN AGING POPULATION, CARE COORDINATION AND CONTINUITY, POST-DISCHARGE COORDINATION AND FOLLOW-UP, END-OF-LIFE CARE, PRIMARY CARE, ACCESS TO SPECIALISTS, AND MEDICATION MANAGEMENT AND COMPLIANCE. 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

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- 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.

PROGRESS OF THE COMMUNITY HEALTH IMPROVEMENT PLANS.

DURING FISCAL YEARS 2014 THROUGH 2016 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 THE

MOST. UPMC ALSO DEVELOPED NEW PROGRAMS AND INITIATIVES, WHICH REQUIRED

THE CREATION OF OPERATING INFRASTRUCTURE, AND ESTABLISHMENT OF GOALS AND

ASSOCIATED ASSESSMENT TOOLS. PARTNERSHIPS WITH OTHER COMMUNITY

ORGANIZATIONS WERE DEVELOPED AND ENHANCED TO BETTER COORDINATE RESOURCES.

EXAMPLES OF UPMC HOSPITALS' PROGRESS DURING FISCAL YEARS 2014, 2015, AND

2016 INCLUDE:

IMPLEMENTED HEALTHIER KIDS PROGRAMS - INCLUDING THE HEALTHY SCHOOLS

PROGRAM, WHICH WORKS WITH PITTSBURGH PUBLIC SCHOOLS TO SUPPORT HEALTHY

LIVING AMONG SCHOOL-AGED CHILDREN, THE SMARTER LUNCHROOM, WHICH

ENCOURAGES HEALTHIER FOOD CHOICES IN THE SCHOOL CAFETERIA, AND A

PARTNERSHIP WITH THE PITTSBURGH PARKS CONSERVANCY TO PROMOTE PHYSICAL

ACTIVITY OUTSIDE OF THE SCHOOL SETTING.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

HEALTH SCREENINGS AND WELLNESS FAIRS - AT WHICH 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 SUCH AS CHURCHES, FIRE DEPARTMENTS, AND SCHOOLS. EXAMPLES OF IMPACT INCLUDE, AN INCREASE OF IMMUNIZATIONS BY UPMC MCKEESPORT-FROM 5,000 IN 2013 TO 7,000 IN 2015 AND 17,000 INDIVIDUALS REACHED BY UPMC PRESBYTERIAN-SHADYSIDE THROUGH CANCER PREVENTION EDUCATION AND SCREENINGS.

HEALTH EDUCATION PROGRAMS TARGETING TRADITIONALLY UNDERSERVED POPULATIONS -THOUSANDS PARTICIPATED IN EDUCATION PROGRAMS ON TOPICS RANGING FROM MENTAL HEALTH AWARENESS TO OBESITY PREVENTION. PROGRAMS WERE PROVIDED THROUGHOUT THE COMMUNITY, IN LOCATIONS THAT INCLUDED SENIOR CENTERS, HOMELESS SHELTERS, COMMUNITY GARDENS, LOCAL LIBRARIES, NEIGHBORHOOD CENTERS, SCHOOLS, LOW-INCOME HEALTH CLINICS, AND SUBSTANCE ABUSE TREATMENT CENTERS. FOR EXAMPLE, WITH SUPPORT FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, UPMC WORKS TO ADDRESS THE BEHAVIORAL AND



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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SOCIAL NEEDS OF HOMELESS INDIVIDUALS. THROUGH THE HOMELESS CONTINUUM PROJECT, A TOTAL OF 265 HOUSING ARRANGEMENTS WERE MADE, AND A HIGH PERCENTAGE OF INDIVIDUALS PARTICIPATING IN THE PROGRAM REMAINED IN A HOME FOR A YEAR (97 PERCENT), EARNED INCOME (79 PERCENT), AND RECEIVED MENTAL HEALTH TREATMENT (95 PERCENT). TO ADDRESS IMMIGRANT AND REFUGEE HEALTH, EFFORTS HAVE BEEN MADE TO IMPROVE OUTREACH, INCLUDING DEVELOPING A CHILDBIRTH EDUCATION PROGRAM FOR NON-NATIVE ENGLISH SPEAKERS.

SENIOR SUPPORT PROGRAMS-EXPANDED THE LIVING-AT-HOME CARE COORDINATION PROGRAM TO NEW NEIGHBORHOODS WHICH ENABLES HUNDREDS OF LOW-INCOME SENIORS TO STAY IN THEIR HOMES LONGER BY LINKING THEM TO VITAL SOCIAL SUPPORT SERVICES.

FOR MORE DETAILED INFORMATION ON UPMC'S COMMUNITY BENEFITS EFFORT, SEE THE ORGANIZATION'S COMMUNITY BENEFITS REPORT, AVAILABLE AT:  
[HTTP://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/DEFAULT.ASPX.](http://www.upmc.com/about/community-commitment/pages/default.aspx)

**Part VI Supplemental Information**

Provide the following information.

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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**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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

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

| 1 (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) A GLIMMER OF HOPE INC<br>PO BOX 908 WEXFORD, PA 15090                                | 25-1627978 | 501(C)(3)                     | 21,350.                  |                                   |   |  | CHARITABLE DONATION                |
| (2) ALL AMERICAN BASEBALL CENTER<br>429 DUQUESNE AVE TRAFFORD, PA 15085                  | 20-3021912 |                               | 7,000.                   |                                   |   |  | COMMUNITY DEVEL                    |
| (3) ALLEGHENY CONF ON COMMUNITY DEVELOPMENT<br>11 STANWIX STREET PITTSBURGH, PA 15222    | 25-0965213 | 501(C)(3)                     | 288,500.                 |                                   |   |  | CHARITABLE DONATION                |
| (4) ALLEGHENY COUNTY<br>ONE SMITHFIELD STREET PITTSBURGH, PA 15222                       | 25-6001017 | GOVERNMENT                    | 15,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (5) ALLEGHENY COUNTY MEDICAL SOCIETY<br>713 RIDGE AVE PITTSBURGH, PA 15212               | 25-0939212 | 501(C)(3)                     | 10,240.                  |                                   |   |  | CHARITABLE DONATION                |
| (6) ALLEGHENY VALLEY TRAILS ASSOCIATION INC<br>PO BOX 264 FRANKLIN, PA 16323             | 25-1660872 | 501(C)(3)                     | 19,125.                  |                                   |   |  | CHARITABLE DONATION                |
| (7) ALS ASSOCIATION OF WESTERN PA<br>416 LINCOLN AVENUE PITTSBURGH, PA 15209             | 23-7123851 | 501(C)(3)                     | 20,000.                  |                                   |   |  | ALS RESEARCH                       |
| (8) ALTOONA SYMPHONY SOCIETY INC<br>PO BOX 483 ALTOONA, PA 16603                         | 23-1513718 | 501(C)(3)                     | 5,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (9) ALZHEIMERS DISEASE & RELATED DISORDERS ASN.<br>225 N. MICHIGAN AVE CHICAGO, IL 60601 | 13-3039601 | 501(C)(3)                     | 6,025.                   |                                   |   |  | ALZHEIMERS RESEARCH                |
| (10) AMER ASSOC OF PEOPLE WITH DISABILITIES<br>2013 H ST WASHINGTON, DC 20006            | 52-1930174 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (11) AMERICAN CANCER SOCIETY INC<br>250 WILLIAMS STREET ATLANTA, GA 30303                | 13-1788491 | 501(C)(3)                     | 126,100.                 |                                   |   |  | CANCER RESEARCH                    |
| (12) AMERICAN DIABETES ASSOCIATION<br>100 W STATION SQUARE DR PGH, PA 15219              | 04-6093069 | 501(C)(3)                     | 52,500.                  |                                   |   |  | DIABETES RESEARCH                  |

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

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| <b>(1)</b> AMERICAN HEART ASSOCIATION<br>444 LIBERTY AVENUE PITTSBURGH, PA 15222                   | 13-5613797 | 501(C)(3)                     | 308,079.                 |                                   |   |  | HEART DISEASE RESEAR               |
| <b>(2)</b> AMERICAN MIDDLE EAST INSTITUTE<br>5 VON LENT PL PITTSBURGH, PA 15232                    | 26-3562819 | 501(C)(3)                     | 6,000.                   |                                   |   |  | CHARITABLE DONATION                |
| <b>(3)</b> AMERICAN RED CROSS<br>PO BOX 185 PITTSBURGH, PA 15230                                   | 13-6080629 | 501(C)(3)                     | 15,019.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(4)</b> ANIMAL FRIENDS<br>562 CAMP HORNE ROAD PITTSBURGH, PA 15237                              | 25-0951565 | 501(C)(3)                     | 121,800.                 |                                   |   |  | CHARITABLE DONATION                |
| <b>(5)</b> ANIMAL RESCUE LEAGUE<br>6620 HAMILTON AVENUE PITTSBURGH, PA 15206                       | 25-0325750 | 501(C)(3)                     | 9,000.                   |                                   |   |  | CHARITABLE DONATION                |
| <b>(6)</b> ARTHRITIS FOUNDATION<br>790 HOLIDAY DRIVE PITTSBURGH, PA 15220                          | 25-0983073 | 501(C)(3)                     | 65,750.                  |                                   |   |  | ARTHRITIS RESEARCH                 |
| <b>(7)</b> ATTACK THEATRE INC<br>2425 LIBERTY AVE PITTSBURGH, PA 15222                             | 20-1909284 | 501(C)(3)                     | 10,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| <b>(8)</b> AUTISM SPEAKS<br>1 EAST 33RD ST NEW YORK, NY 10016                                      | 20-2329938 | 501(C)(3)                     | 10,000.                  |                                   |   |  | AUTISM RESEARCH                    |
| <b>(9)</b> BEAVER COUNTY EDUCATIONAL TRUST<br>P.O. BOX 216 BEAVER, PA 15009                        | 25-1381854 | 501(C)(3)                     | 10,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| <b>(10)</b> BIG BROTHERS BIG SISTERS OF GREATER PGH<br>5969 PENN CIRCLE SOUTH PITTSBURGH, PA 15206 | 25-6074707 | 501(C)(3)                     | 37,500.                  |                                   |   |  | COMMUNITY DEVEL                    |
| <b>(11)</b> BIRMINGHAM FOUNDATION<br>2005 SARAH STREET PITTSBURGH, PA 15203                        | 25-0965572 | 501(C)(3)                     | 24,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(12)</b> BLAIR COUNTY CHAMBER OF COMMERCE<br>3900 INDUSTRIAL PARK DR ALTOONA, PA 16602          | 23-0340330 | 501(C)(6)                     | 32,500.                  |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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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**

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) BLOOMFIELD LITTLE ITALY DAYS INC<br>2549 PENN AVE PITTSBURGH, PA 15222               | 46-0691769 |                               | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (2) BOB PERKS CANCER ASSISTANCE FUND<br>1290 DEERBROOK DRIVE PORT MATILDA, PA 16870      | 20-4220990 | 501(C)(3)                     | 13,500.                  |                                   |   |  | CANCER RESEARCH                    |
| (3) BOROUGH OF GREENVILLE<br>125 MAIN ST. GREENVILLE, PA 16125                           | 25-6000376 | GOVERNMENT                    | 35,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (4) BRENTWOOD BUSINESS OWNERS ASSOCIATION<br>3325 SAW MILL RUN BLVD PITTSBURGH, PA 15227 | 25-1884157 | 501(C)(6)                     | 6,000.                   |                                   |   |  | CHARITABLE DONATION                |
| (5) CANCER CARING CENTER<br>4117 LIBERTY AVE PITTSBURGH, PA 15224                        | 25-1547942 | 501(C)(3)                     | 12,750.                  |                                   |   |  | CANCER RESEARCH                    |
| (6) CARLOW UNIVERSITY<br>3333 FIFTH AVENUE PITTSBURGH, PA 15213                          | 25-0965438 | 501(C)(3)                     | 12,500.                  |                                   |   |  | EDUCATION                          |
| (7) CARNEGIE INSTITUTE<br>4400 FORBES AVE PITTSBURGH, PA 15213                           | 25-0965280 | 501(C)(3)                     | 15,000.                  |                                   |   |  | EDUCATION                          |
| (8) CATHOLIC CHARITIES OF THE DIOCESE OF PGH<br>212 NINTH STREET PITTSBURGH, PA 15222    | 25-1326213 | 501(C)(3)                     | 26,200.                  |                                   |   |  | CHARITABLE DONATION                |
| (9) CELEBRATE POSITIVE LLC<br>9055 FOREST PATH DR GAINESVILLE, GA 30506                  | 27-2198733 |                               | 6,000.                   |                                   |   |  | COMMUNITY DEVEL                    |
| (10) CENTER FOR VICTIMS<br>410 NINTH AVENUE MCKEESPORT, PA 15132                         | 25-1307309 | 501(C)(3)                     | 25,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (11) CENTRAL CATHOLIC HIGH SCHOOL<br>4720 5TH AVENUE PITTSBURGH, PA 15213                | 20-0478989 | 501(C)(3)                     | 5,550.                   |                                   |   |  | EDUCATION                          |
| (12) CENTRAL PA COMMUNITY FOUNDATION<br>1330 ELEVENTH AVE ALTOONA, PA 16602              | 25-1761379 | 501(C)(3)                     | 5,800.                   |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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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**

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) CHATHAM BAROQUE<br>100 43RD ST PITTSBURGH, PA 15201                            | 25-1650485 | 501(C)(3)                     | 7,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (2) CHILDRENS HOME OF PITTSBURGH<br>5324 PENN AVE PITTSBURGH, PA 15224             | 25-0965292 | 501(C)(3)                     | 6,250.                   |                                   |   |  | COMMUNITY DEVEL                    |
| (3) CHILDRENS HOSPITAL OF PGH FOUNDATION<br>4401 PENN AVENUE PITTSBURGH, PA 15224  | 25-1865744 | 501(C)(3)                     | 482,404.                 |                                   |   |  | HEALTHCARE SUPPORT                 |
| (4) CHILDRENS MUSEUM OF PITTSBURGH<br>10 CHILDREN'S WAY PITTSBURGH, PA 15212       | 25-1379704 | 501(C)(3)                     | 11,500.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (5) CHUCK COOPER FOUNDATION<br>801 N NEGLEY AVENUE #3 PITTSBURGH, PA 15206         | 27-4722527 | 501(C)(3)                     | 7,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (6) CITY OF FARRELL<br>500 ROEMER BLVD. FARRELL, PA 16121                          | 25-6000858 | GOVERNMENT                    | 35,300.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (7) CITY THEATRE<br>1300 BINGHAM ST PITTSBURGH, PA 15203                           | 25-1554580 | 501(C)(3)                     | 10,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (8) CIVIC LIGHT OPERA ASSOC OF GREATER PGH<br>719 LIBERTY AVE PITTSBURGH, PA 15222 | 25-6000890 | 501(C)(3)                     | 18,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (9) COMMUNITY HUMAN SERVICES CORP<br>374 LAWN ST PITTSBURGH, PA 15213              | 25-1219610 | 501(C)(3)                     | 21,674.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (10) COMMUNITY LIVER ALLIANCE<br>612 SHADY OAK CT MARS, PA 16046                   | 46-1909171 | 501(C)(3)                     | 60,000.                  |                                   |   |  | LIVER RESEARCH                     |
| (11) CONTACT ALTOONA<br>2729 8TH AVE ALTOONA ALTOONA, PA 16602                     | 25-1449123 | 501(C)(3)                     | 562,056.                 |                                   |   |  | CHARITABLE DONATION                |
| (12) CORO CENTER FOR CIVIC LEADERSHIP<br>33 TERMINAL WAY PITTSBURGH, PA 15219      | 31-1703402 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| <b>(1)</b> COUNTY OF YORK<br>100 W MARKET ST YORK, PA 17401                                       | 25-6001017 | GOVERNMENT                    | 6,000.                   |                                   |   |  | COMMUNITY DEVEL                    |
| <b>(2)</b> CRANBERRY TOWNSHIP COMMUNITY CHEST<br>2525 ROCHESTER RD CRANBERRY TWP, PA 16066        | 25-1484323 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(3)</b> CROHNS AND COLITIS FOUNDATION OF AMERICA<br>580 S AIKEN AVE PITTSBURGH, PA 15232       | 13-6193105 | 501(C)(3)                     | 14,139.                  |                                   |   |  | CROHNS & COLITIS RES               |
| <b>(4)</b> CYSTIC FIBROSIS FOUNDATION<br>6931 ARLINGTON ROAD BETHESDA, MD 20814                   | 25-1155227 | 501(C)(3)                     | 40,000.                  |                                   |   |  | CYSTIC FIBROSIS RES                |
| <b>(5)</b> DAPPER DAN CHARITIES<br>34 BLVD OF THE ALLIES PITTSBURGH, PA 15222                     | 23-7216540 | 501(C)(3)                     | 20,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(6)</b> DELTA FOUNDATION OF PITTSBURGH<br>911 GALVESTON AVE PITTSBURGH, PA 15233               | 23-2874576 | 501(C)(3)                     | 35,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(7)</b> DEPAUL SCHOOL FOR HEARING AND SPEECH<br>6202 ALDER ST PITTSBURGH, PA 15206             | 25-0965321 | 501(C)(3)                     | 6,500.                   |                                   |   |  | EDUCATION                          |
| <b>(8)</b> DOLLAR ENERGY FUND INC<br>PO BOX 42329 PITTSBURGH, PA 15203                            | 25-1442933 | 501(C)(3)                     | 12,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(9)</b> DUQUESNE UNIVERSITY OF THE HOLY SPIRIT<br>600 FORBES AVENUE PITTSBURGH, PA 15282       | 25-1865744 | 501(C)(3)                     | 301,000.                 |                                   |   |  | EDUCATION                          |
| <b>(10)</b> EAST LIBERTY FAMILY<br>6023 HARVARD ST PITTSBURGH, PA 15206                           | 25-1417228 | 501(C)(3)                     | 95,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(11)</b> EASTERN MINORITY SUPPLIER DEVELOP COUNCIL<br>611 WILLIAM PENN PL PITTSBURGH, PA 15219 | 25-1236796 | 501(C)(3)                     | 13,850.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(12)</b> ELLYROSE PRODUCTIONS LLC<br>929 OSAGE ROAD PITTSBURGH, PA 15243                       | 46-5281145 |                               | 10,500.                  |                                   |   |  | CHARITABLE DONATION                |

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) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) EMERGYCARE<br>1701 SASSAFFRAS ST ERIE, PA 16502                                  | 25-1430922 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (2) EPILEPSY FOUNDATION WESTERN CENTRAL PA<br>1501 REEDSDALE ST PITTSBURGH, PA 15233 | 23-7241930 | 501(C)(3)                     | 7,000.                   |                                   |   |  | EPILEPSY RESEARCH                  |
| (3) ERIE RUNNERS CLUB INC<br>PO BOX 6 ERIE, PA 16512                                 | 25-1731258 | 501(C)(4)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (4) FAMILY HOSPICE AND PALLIATIVE CARE<br>50 MOFFETT STREET PITTSBURGH, PA 15243     | 25-1529649 | 501(C)(3)                     | 10,200.                  |                                   |   |  | CHARITABLE DONATION                |
| (5) FAMILY HOUSE INC<br>233 MCKEE PLACE PITTSBURGH, PA 15213                         | 25-1519959 | 501(C)(3)                     | 130,500.                 |                                   |   |  | COMMUNITY DEVEL                    |
| (6) FAMILY SERVICES OF WPA<br>3230 WILLIAM PITT WAY PITTSBURGH, PA 15238             | 25-0965341 | 501(C)(3)                     | 20,166.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (7) FARRELL AREA SCHOOL DISTRICT<br>1600 ROEMER BLVD. FARRELL, PA 16121              | 76-4325097 | GOVERNMENT                    | 35,235.                  |                                   |   |  | EDUCATION                          |
| (8) FAYETTE EMERGENCY MEDICAL SERVICE<br>PO BOX 862 CONNELLSVILLE, PA 15425          | 25-1762416 | 501(C)(3)                     | 11,100.                  |                                   |   |  | HEALTHCARE SUPPORT                 |
| (9) FOUNDATION OF THE NATL STUDENT NURSE<br>45 MAIN ST BROOKLYN, NY 11201            | 13-3123125 | 501(C)(3)                     | 7,500.                   |                                   |   |  | COMMUNITY DEVEL                    |
| (10) GATEWAY MEDICAL SOCIETY<br>1835 CENTRE AVE PITTSBURGH, PA 15219                 | 02-0704699 | 501(C)(3)                     | 74,500.                  |                                   |   |  | CHARITABLE DONATION                |
| (11) GLOBAL LINKS<br>700 TRUMBULL DRIVE PITTSBURGH, PA 15205                         | 52-1629060 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (12) GLORIA GATES MEMORIAL FOUNDATION<br>PO BOX 89 ALTOONA, PA 16603                 | 25-1832472 | 501(C)(3)                     | 28,250.                  |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) GOODWILL OF SOUTHWESTERN PA INC<br>118 52ND STREET PITTSBURGH, PA 15201    | 25-1098928 | 501(C)(3)                     | 16,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (2) GREATER PGH COMMUNITY FOOD BANK<br>1601 BRIGHTON ROAD PITTSBURGH, PA 15212 | 52-1629060 | 501(C)(3)                     | 5,150.                   |                                   |   |  | COMMUNITY DEVEL                    |
| (3) GREENVILLE AREA SCHOOL DISTRICT<br>9 DONATION ROAD GREENVILLE, PA 16125    | 25-6011926 | GOVERNMENT                    | 35,150.                  |                                   |   |  | EDUCATION                          |
| (4) GWENS GIRLS<br>7230 MCPHERSON BLVD PITTSBURGH, PA 15208                    | 75-3114136 | 501(C)(3)                     | 7,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (5) HAIR PEACE CHARITIES<br>102 CLEVELAND AVENUE PITTSBURGH, PA 15202          | 56-2524841 | 501(C)(3)                     | 7,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (6) HAMOT HEALTH FOUNDATION<br>300 STATE ST ERIE, PA 16507                     | 25-1400999 | 501(C)(3)                     | 14,000.                  |                                   |   |  | HEALTHCARE SUPPORT                 |
| (7) HERITAGE COMMUNITY INITIATIVES INC<br>820 BRADDOCK AVE BRADDOCK, PA 15104  | 25-1442838 | 501(C)(3)                     | 60,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (8) HILLMAN CANCER CENTER<br>5115 CENTRE AVE PITTSBURGH, PA 15232              | 25-1899326 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (9) HISTORICAL SOC OF W PA<br>1810 FUNSTON AVE PITTSBURGH, PA 15235            | 25-6089948 | 501(C)(3)                     | 48,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (10) HOME NURSING AGENCY AND VNA<br>PO BOX 352 ALTOONA, PA 16603               | 25-1467014 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (11) IRETA<br>611 WILLIAM PENN PL PITTSBURGH, PA 15219                         | 25-1857820 | 501(C)(3)                     | 8,000.                   |                                   |   |  | EDUCATION                          |
| (12) JAMESON HEALTHCARE FOUNDATION<br>1211 WILMINGTON AVE NEW CASTLE, PA 16105 | 25-1536037 | 501(C)(3)                     | 14,250.                  |                                   |   |  | HEALTHCARE SUPPORT                 |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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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**

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

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| 1 (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) JEWISH COMMUNITY CENTER<br>5738 FORBES AVE PITTSBURGH, PA 15217                        | 25-1094514 | 501(C)(3)                     | 5,500.                   |                                   |   |  | COMMUNITY DEVEL                    |
| (2) JEWISH HEALTHCARE FOUNDATION PGH<br>650 SMITHFIELD ST PITTSBURGH, PA 15222             | 25-1624347 | 501(C)(3)                     | 200,000.                 |                                   |   |  | HEALTHCARE SUPPORT                 |
| (3) JUNIOR ACHIEVEMENT<br>ONE EDUCATION WAY COLORADO SPRINGS CO 80906                      | 25-0983059 | 501(C)(3)                     | 32,850.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (4) JUVENILE DIABETES RESEARCH FOUNDATION<br>960 PENN AVE PITTSBURGH, PA 15222             | 23-1907729 | 501(C)(3)                     | 60,000.                  |                                   |   |  | DIABETES RESEARCH                  |
| (5) KAPPA SCHOLARSHIP ENDOWMENT FUND OF W PA<br>1001 LIBERTY AVENUE PITTSBURGH, PA 15222   | 25-1672589 | 501(C)(3)                     | 15,000.                  |                                   |   |  | EDUCATION                          |
| (6) LAROCHE COLLEGE<br>9000 BARCOCK BLVD PITTSBURGH, PA 15237                              | 25-1125048 | 501(C)(3)                     | 12,904.                  |                                   |   |  | EDUCATION                          |
| (7) LAWRENCEVILLE CORP<br>100 43RD ST PITTSBURGH, PA 15201                                 | 25-0983059 | 501(C)(3)                     | 7,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (8) LEUKEMIA AND LYMPHOMA SOCIETY INC<br>33 TERMINAL WAY PITTSBURGH, PA 15219              | 13-3470494 | 501(C)(3)                     | 55,500.                  |                                   |   |  | LEUKEMIA & LYMPHOMA                |
| (9) LUMINARI INC<br>219 RICHLAND LN PITTSBURGH, PA 15208                                   | 26-4196781 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (10) MAGEE WOMEN'S RESEARCH INSTITUTE & FDN<br>3339 WARD ST PITTSBURGH, PA 15213           | 25-1462312 | 501(C)(3)                     | 178,861.                 |                                   |   |  | EDUCATION & RES                    |
| (11) MARCH OF DIMES BIRTH DEFECTS FOUNDATION<br>1275 MAMARONECK AVE WHITE PLAINS, NY 10605 | 13-1846366 | 501(C)(3)                     | 14,077.                  |                                   |   |  | CHARITABLE DONATION                |
| (12) MARIO LEMIEUX FOUNDATION<br>816 FIFTH AVENUE PITTSBURGH, PA 15219                     | 23-1708231 | 501(C)(3)                     | 24,100.                  |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) MATTRESS FACTORY LTD<br>500 SAMPSONIA WAY PITTSBURGH, PA 15212                  | 25-1338941 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (2) MCKEESPORT HOSPITAL FOUNDATION<br>1500 FIFTH AVENUE MCKEESPORT, PA 15132        | 25-1380418 | 501(C)(3)                     | 11,950.                  |                                   |   |  | HEALTHCARE SUPPORT                 |
| (3) MESSAGE CARRIERS OF PA INC<br>5907 PENN AVENUE PITTSBURGH, PA 15206             | 30-0539015 | 501(C)(3)                     | 5,100.                   |                                   |   |  | CHARITABLE DONATION                |
| (4) MIGHTY PENGUINS SLED HOCKEY INC<br>123 DUNEDIN DR CHESWICK, PA 15024            | 27-5095701 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (5) MONROEVILLE AREA CHAMBER OF COMMERCE<br>2790 MOSSIDE BLVD MONROEVILLE, PA 15146 | 25-1293687 | 501(C)(6)                     | 5,400.                   |                                   |   |  | CHARITABLE DONATION                |
| (6) MONTOUR TRAIL COUNCIL<br>304 HICKMAN ST. BRIDGEVILLE, PA 15017                  | 25-1634718 | 501(C)(3)                     | 6,000.                   |                                   |   |  | CHARITABLE DONATION                |
| (7) MT ARARAT COMMUNITY ACTIVITY CENTER<br>271 PAULSON AVENUE PITTSBURGH, PA 15206  | 25-1628168 | 501(C)(3)                     | 12,500.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (8) MUNICIPALITY OF MONROEVILLE<br>2700 MONROEVILLE BLVD MONROEVILLE, PA 15146      | 25-6004094 | GOVERNMENT                    | 10,500.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (9) MUSCULAR DYSTROPHY ASSOC<br>2810 W 21ST ST ERIE, PA 16506                       | 13-1665552 | 501(C)(3)                     | 5,500.                   |                                   |   |  | MUSCULAR DYST RES                  |
| (10) NAMI OF S. WESTERN PA<br>4721 MCKNIGHT ROAD PITTSBURGH, PA 15237               | 25-1477291 | 501(C)(3)                     | 12,800.                  |                                   |   |  | CHARITABLE DONATION                |
| (11) NATIONAL KIDNEY FOUNDATION INC<br>30 EAST 33RD STREET NEW YORK, NY 10016       | 13-1673104 | 501(C)(3)                     | 25,000.                  |                                   |   |  | KIDNEY RESEARCH                    |
| (12) NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>733 THIRD AVENUE NEW YORK, NY 10017     | 13-5661935 | 501(C)(3)                     | 12,700.                  |                                   |   |  | MS RESEARCH                        |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) NATL ASSOC ADVANCEMENT OF COLORED PEOPLE<br>2203 WYLIE AVE PITTSBURGH, PA 15219     | 25-6086867 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (2) NATL COUNCIL OF JEWISH WOMEN PGH SECTION<br>1620 MURRAY AVENUE PITTSBURGH, PA 15217 | 25-0965441 | 501(C)(3)                     | 10,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (3) NATL OVARIAN CANCER COALITION<br>6507 WILKINS AVENUE PITTSBURGH, PA 15217           | 65-0628064 | 501(C)(3)                     | 20,000.                  |                                   |   |  | OVARIAN CANCER RES                 |
| (4) NEGRO EDUCATIONAL EMERGENCY DRIVE<br>332 FIFTH AVENUE PITTSBURGH, PA 15222          | 25-6070821 | 501(C)(3)                     | 35,000.                  |                                   |   |  | EDUCATION                          |
| (5) NEW PITTSBURGH COURIER PUBLISHING CO INC<br>315 E CARSON ST PITTSBURGH, PA 15219    | 25-1181398 |                               | 13,233.                  |                                   |   |  | CHARITABLE DONATION                |
| (6) NORTHERN ALLEGH CNTY CHAMBER OF COMMERCE<br>5000 BROOKTREE ROAD WEXFORD, PA 15090   | 25-1374594 | 501(C)(6)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (7) OAKLAND BUSINESS IMPROVEMENT DISTRICT<br>235 ATWOOD ST PITTSBURGH, PA 15213         | 25-6000879 |                               | 77,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (8) OAKLAND PLANNING AND DEVELOPMENT CORP<br>235 ATWOOD ST PITTSBURGH, PA 15213         | 25-1382510 | 501(C)(3)                     | 6,000.                   |                                   |   |  | CHARITABLE DONATION                |
| (9) OMICELO DREAMON FESTIVAL LLC<br>135 CAPE MAY AVE PITTSBURGH, PA 15216               | 46-5014153 |                               | 12,500.                  |                                   |   |  | CHARITABLE DONATION                |
| (10) OREF<br>6300 N RIVER RD ROSEMONT, IL 60019   | 36-6009467 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (11) OUR CLUBHOUSE<br>2816 SMALLMAN STREET PITTSBURGH, PA 15222                         | 25-1845284 | 501(C)(3)                     | 12,650.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (12) OUR HEARTS TO YOUR SOLES<br>1704 CHESTNUT CT SEWICKLEY, PA 15143                   | 43-2063268 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)

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(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

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

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| 1 (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) PA BASEBALL AND SOFTBALL COACHES CLINIC<br>P.O. BOX 1752 MEDIA, PA 19063         | 23-1967414 | 501(C)(3)                     | 7,000.                   |                                   |   |  | COMMUNITY DEVEL                    |
| (2) PA GERIATRICS SOCIETY<br>713 RIDGE AVENUE PITTSBURGH, PA 15212                   | 25-1650976 | 501(C)(3)                     | 6,750.                   |                                   |   |  | CHARITABLE DONATION                |
| (3) PA MENTAL HEALTH CONSUMER ASSOCIATION<br>4105 DERRY ST HARRISBURG, PA 17111      | 23-2484283 | 501(C)(3)                     | 6,000.                   |                                   |   |  | CHARITABLE DONATION                |
| (4) PASSAVANT HOSPITAL FOUNDATION<br>9100 BABCOCK BLVD PITTSBURGH PA, PA 15237       | 23-1511600 | 501(C)(3)                     | 232,351.                 |                                   |   |  | HEALTHCARE SUPPORT                 |
| (5) PATRICK NARDUZZI FOOTBALL CAMPS, LLC<br>3450 SOUTH WATER ST PITTSBURGH, PA 15203 | 47-3308658 |                               | 7,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (6) PENN STATE UNIVERSITY<br>17 OLD MAIN UNIVERSITY PARK, PA 16802                   | 25-1500292 | 501(C)(3)                     | 12,000.                  |                                   |   |  | EDUCATION                          |
| (7) PENNSYLVANIA RESOURCE COUNCIL<br>64 S. 14TH STREET PITTSBURGH, PA 15203          | 23-6403971 | 501(C)(3)                     | 14,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (8) PENNSYLVANIA WOMEN WORK<br>411 SEVENTH AVE PITTSBURGH, PA 15219                  | 25-1705976 | 501(C)(3)                     | 7,500.                   |                                   |   |  | COMMUNITY DEVEL                    |
| (9) PEOPLES OAKLAND<br>3433 BATES ST PITTSBURGH, PA 15213                            | 23-7407933 | 501(C)(3)                     | 29,174.                  |                                   |   |  | CHARITABLE DONATION                |
| (10) PERSAD CENTER INC<br>5150 PENN AVE PITTSBURGH, PA 15224                         | 25-1234680 | 501(C)(3)                     | 45,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (11) THE FOUNDATION OF THE PA MEDICAL SOCIETY<br>777 E PARK DR HARRISBURG, PA 17105  | 37-1732501 | 501(C)(3)                     | 11,620.                  |                                   |   |  | CHARITABLE DONATION                |
| (12) PHYSIO-CONTROL INC<br>1811 WILLOWS ROAD NE REDMOND, WA 99052                    | 91-0697691 |                               | 8,136.                   |                                   |   |  | CHARITABLE DONATION                |

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) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| <b>(1)</b> PITTSBURGH ACTION AGAINST RAPE<br>81 S 19TH ST PITTSBURGH, PA 15203              | 25-1253675 | 501(C)(3)                     | 8,500.                   |                                   |   |  | CHARITABLE DONATION                |
| <b>(2)</b> PITTSBURGH ARTS AND LECTURES<br>301 S. CRAIG STREET PITTSBURGH, PA 15213         | 25-1657947 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(3)</b> PITTSBURGH BALLET THEATRE INC<br>2900 LIBERTY AVE PITTSBURGH, PA 15201           | 23-7101094 | 501(C)(3)                     | 22,500.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(4)</b> PITTSBURGH FILMMAKERS<br>477 MELWOOD AVE PITTSBURGH, PA 15213                    | 25-1229210 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(5)</b> PITTSBURGH LESBIAN AND GAY FILM SOCIETY<br>PO BOX 81237 PITTSBURGH, PA 15217     | 25-1600133 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(6)</b> PITTSBURGH OPERA<br>2425 LIBERTY AVE PITTSBURGH, PA 15222                        | 25-1073139 | 501(C)(3)                     | 14,000.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(7)</b> PITTSBURGH PENGUINS FOUNDATION<br>ONE CHATHAM CTR #480 PITTSBURGH, PA 15219      | 27-3431123 | 501(C)(3)                     | 8,500.                   |                                   |   |  | CHARITABLE DONATION                |
| <b>(8)</b> PITTSBURGH PUBLIC THEATER CORP<br>OREILLY THEATER PITTSBURGH, PA 15222           | 23-7398683 | 501(C)(3)                     | 12,500.                  |                                   |   |  | COMMUNITY DEVEL                    |
| <b>(9)</b> PITTSBURGH SOCIAL VENTURE PARTNERS<br>P.O. BOX 95 ALLISON PARK, PA 15101         | 25-1893152 | 501(C)(3)                     | 12,500.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(10)</b> PITTSBURGH SYMPHONY<br>600 PENN AVENUE PITTSBURGH, PA 15222                     | 25-0986052 | 501(C)(3)                     | 15,281.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(11)</b> PITTSBURGH TRUST FOR CULTURAL RESOURCES<br>803 LIBERTY AVE PITTSBURGH, PA 15222 | 25-1469002 | 501(C)(3)                     | 77,500.                  |                                   |   |  | CHARITABLE DONATION                |
| <b>(12)</b> PITTSBURGH URBAN MAGNET PROJECT<br>100 ROSS ST. PITTSBURGH, PA 15219            | 25-1800835 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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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
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| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) PITTSBURGH WINE FESTIVAL LLC<br>1 PNC CTR PITTSBURGH, PA 15222                           | 20-3730209 |                               | 50,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (2) PITTSBURGH ZOO & AQUARIUM<br>ONE WILD PLACE PITTSBURGH, PA 15206                         | 25-1418766 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (3) POISE FOUNDATION<br>2228 WYLIE AVE PITTSBURGH, PA 15219                                  | 25-1393426 | 501(C)(3)                     | 25,500.                  |                                   |   |  | CHARITABLE DONATION                |
| (4) POWER<br>7445 CHURCH ST PITTSBURGH, PA 15218   | 25-1643651 | 501(C)(3)                     | 20,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (5) PRESBYTERIAN SENIOR CARE<br>1215 HULTON RD OAKMONT, PA 15139                             | 25-1495780 | 501(C)(3)                     | 8,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (6) PRESQUE ISLE PARTNERSHIP<br>301 PENNINSULA DR ERIE, PA 16505                             | 25-1737521 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (7) REHABILITATION AND COMMUNITY PROV ASSOC<br>2101 N FRONT ST HARRISBURG, PA 17110          | 22-2839539 | 501(C)(3)                     | 45,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (8) RETREAT & REFRESH STROKE CAMP<br>2000 W PIONEER PKWY PEORIA, IL 61615                    | 64-0954851 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (9) RODMAN STREET MISSIONARY BAPTIST CHURCH<br>6111 RODMAN ST PITTSBURGH, PA 15206           | 25-1603559 | 501(C)(3)                     | 12,300.                  |                                   |   |  | CHARITABLE DONATION                |
| (10) ROMAN CATHOLIC DIOCESE OF PITTSBURGH FND<br>111 BLVD OF THE ALLIES PITTSBURGH, PA 15222 | 25-6275892 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (11) RONALD MCDONALD HOUSE CHARITIES PGH<br>451 44TH ST PITTSBURGH, PA 15201                 | 25-1320272 | 501(C)(3)                     | 10,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (12) SILK SCREEN ASIAN AMERICAN<br>424 SOUTH 27TH ST PITTSBURGH, PA 15203                    | 20-2602704 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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Department of the Treasury  
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Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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

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| 1 (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) SMALL SEEDS DEVELOPMENT INC<br>6033 BROAD ST PITTSBURGH, PA 15206                 | 25-1834826 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (2) SMART FUTURES<br>401 WOOD ST PITTSBURGH, PA 15222                                 | 30-0263715 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (3) SOUTH SIDE CHAMBER OF COMMERCE<br>1100 E CARSON STREET PITTSBURGH, PA 15203       | 25-1188530 | 501(C)(6)                     | 8,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (4) ST JOSEPHS HOSPITAL OF TAMPA FOUNDATION<br>3001 W DR MLK JR BLVD. TAMPA, FL 33607 | 59-1100828 | 501(C)(3)                     | 10,000.                  |                                   |   |  | HEALTHCARE SUPPORT                 |
| (5) ST LUCYS AUXILIARY TO THE BLIND<br>339 PARKWAY DR PITTSBURGH, PA 15228            | 25-6076729 | 501(C)(3)                     | 8,750.                   |                                   |   |  | CHARITABLE DONATION                |
| (6) ST MARGARET FOUNDATION<br>815 FREEPORT ROAD PITTSBURGH, PA 15215                  | 25-1520340 | 501(C)(3)                     | 7,500.                   |                                   |   |  | HEALTHCARE SUPPORT                 |
| (7) STEEL CITY DRAGON BOAT ASSOC INC<br>326 MARBERRY DRIVE PITTSBURGH, PA 15216       | 20-2353564 | 501(C)(3)                     | 9,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (8) T CONN SPORTS INC<br>528 SKYLINE DRIVE BELLE VERNON, PA 15012                     | 22-3902543 |                               | 15,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (9) THE AMERICAN IRELAND FUND<br>1133 PROSPECT ROAD PITTSBURGH, PA 15227              | 25-1306992 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (10) THE CENTER THAT CARES<br>2701 CENTRE AVENUE PITTSBURGH, PA 15219                 | 25-1823715 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (11) THE FIRST TEE OF PITTSBURGH<br>5370 SCHENLEY DRIVE PITTSBURGH, PA 15217          | 01-0867393 | 501(C)(3)                     | 42,500.                  |                                   |   |  | CHARITABLE DONATION                |
| (12) THE MIRACLE LEAGUE OF SOUTHWESTERN PA<br>310 DEEMERS DR CRANBERRY TWP, PA 16066  | 26-1774863 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CHARITABLE DONATION                |

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Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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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**

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) THE NATIONAL PANCREAS FOUNDATION<br>3 BETHESDA METRO CENTER BETHESDA, MD 20814     | 23-2935929 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (2) THE PITTSBURGH PROJECT<br>2801 NORTH CHARLES ST PITTSBURGH, PA 15214               | 25-1594578 | 501(C)(3)                     | 15,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (3) THE UNITED WAY<br>1250 PENN AVENUE PITTSBURGH, PA 15230                            | 25-1043578 | 501(C)(3)                     | 485,160.                 |                                   |   |  | CHARITABLE DONATION                |
| (4) THE WOMEN GIRLS FND OF SOUTHWESTERN PA<br>100 W STATION SQ DR PITTSBURGH, PA 15219 | 74-3055311 | 501(C)(3)                     | 25,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (5) THELMA LOVETE YMCA<br>2114 CENTRE AVENUE PITTSBURGH, PA 15219                      | 27-2990653 | 501(C)(3)                     | 10,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (6) THREE RIVERS ROWING ASSOC<br>300 WATERFRONT DR PITTSBURGH, PA 15222                | 25-1544798 | 501(C)(3)                     | 20,500.                  |                                   |   |  | CHARITABLE DONATION                |
| (7) TURTLE CREEK VALLEY<br>723 BRADDOCK AVENUE BRADDOCK, PA 15104                      | 25-1250510 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (8) UNIVERSITY OF PITTSBURGH<br>4200 FIFTH AVENUE PITTSBURGH, PA 15260                 | 25-0965591 | 501(C)(3)                     | 5,378,976.               |                                   |   |  | EDUCATION                          |
| (9) UPMC HAMOT AID SOCIETY<br>201 STATE STREET ERIE, PA 16550                          | 25-6039041 | 501(C)(3)                     | 59,222.                  |                                   |   |  | HEALTHCARE SUPPORT                 |
| (10) UPMC HORIZON FOUNDATION<br>600 GRANT ST PITTSBURGH, PA 15219                      | 25-0523970 | 501(C)(3)                     | 65,210.                  |                                   |   |  | HEALTHCARE SUPPORT                 |
| (11) UPTOWN PARTNERS OF PITTSBURGH<br>PO BOX 53074 PITTSBURGH, PA 15219                | 54-0560925 | 501(C)(3)                     | 20,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (12) URBAN LEAGUE OF GREATER PGH<br>610 WOOD STREET PITTSBURGH, PA 15222               | 25-0965592 | 501(C)(3)                     | 30,000.                  |                                   |   |  | COMMUNITY DEVEL                    |

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury  
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Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) VOLUNTEERS OF AMERICA<br>1650 MAIN STREET PITTSBURGH, PA 15215                 | 23-1932916 | 501(C)(3)                     | 10,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (2) WESLEY SPECTRUM SERVICES<br>221 PENN AVE PITTSBURGH, PA 15221                  | 25-1686715 | 501(C)(3)                     | 7,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (3) WESTERN PENNSYLVANIA CONSERVANCY<br>800 WATERFRONT DR PITTSBURGH, PA 15222     | 25-1053485 | 501(C)(3)                     | 47,500.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (4) WESTERN PSYCHIATRIC INST & CLINIC OF UPMC<br>600 GRANT ST PITTSBURGH, PA 15219 | 25-1804746 | 501(C)(3)                     | 151,332.                 |                                   |   |  | HEALTHCARE SUPPORT                 |
| (5) WESTERN REGIONAL EMS<br>1002 CHURCH HILL RD PITTSBURGH, PA 15205               | 20-1233020 | 501(C)(3)                     | 6,400.                   |                                   |   |  | CHARITABLE DONATION                |
| (6) WESTMORELAND CHAMBER OF COMMERCE<br>241 TOLLGATE HILL RD GREENSBURG, PA 15601  | 25-0523468 | 501(C)(6)                     | 5,750.                   |                                   |   |  | CHARITABLE DONATION                |
| (7) WHC GLOBAL HEALTH INC<br>72 FAIR OAKS DR PITTSBURGH, PA 15238                  | 46-4792408 | 501(C)(3)                     | 40,000.                  |                                   |   |  | CHARITABLE DONATION                |
| (8) WOMEN FOR A HEALTHY ENVIRONMENT<br>5877 COMMERCE ST PITTSBURGH, PA 15206       | 47-2651553 | 501(C)(3)                     | 11,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (9) WOODLANDS FOUNDATION<br>134 SHENOT ROAD WEXFORD, PA 15090                      | 25-1818538 | 501(C)(3)                     | 6,500.                   |                                   |   |  | CHARITABLE DONATION                |
| (10) WORLD SERIES TOURNAMENTS INC<br>12 N JEFFERSON AVE CANONSBURG, PA 15317       | 30-0061092 | 501(C)(3)                     | 7,000.                   |                                   |   |  | CHARITABLE DONATION                |
| (11) WORLD VISION INC<br>210 OVERLOOK DRIVE SEWICKLEY, PA 15143                    | 95-1922279 | 501(C)(3)                     | 9,990.                   |                                   |   |  | CHARITABLE DONATION                |
| (12) YMCA OF GREATER PITTSBURGH<br>420 FT. DUQUESNE BLVD. PITTSBURGH, PA 15222     | 25-0969497 | 501(C)(3)                     | 25,500.                  |                                   |   |  | COMMUNITY DEVEL                    |

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**Grants and Other Assistance to Organizations,  
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Name of the organization

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

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

| 1 (a) Name and address of organization or government                           | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) YOUTH LEADERSHIP INSTITUTE OF ERIE<br>1246 EAST 27TH STREET ERIE, PA 16504 | 27-3972170 | 501(C)(3)                     | 5,250.                   |                                   |   |  | CHARITABLE DONATION                |
| (2) YWCA OF GREATER PITTSBURGH<br>305 WOOD STREET PITTSBURGH, PA 15222         | 25-0965639 | 501(C)(3)                     | 10,000.                  |                                   |   |  | COMMUNITY DEVEL                    |
| (3) NAMI<br>3803 N. FAIRFAX DR. ARLINGTON, VA 22203                            | 43-1201653 | 501(C)(3)                     | 6,000.                   |                                   |   |  | CHARITABLE DONATION                |
| (4)  |            |                               |                          |                                   |   |  |                                    |
| (5)  |            |                               |                          |                                   |   |  |                                    |
| (6)  |            |                               |                          |                                   |   |  |                                    |
| (7)  |            |                               |                          |                                   |   |  |                                    |
| (8)  |            |                               |                          |                                   |   |  |                                    |
| (9)  |            |                               |                          |                                   |   |  |                                    |
| (10)   |            |                               |                          |                                   |   |  |                                    |
| (11)   |            |                               |                          |                                   |   |  |                                    |
| (12)   |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 170.

3 Enter total number of other organizations listed in the line 1 table ▶ 25.

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

Schedule I (Form 990) (2015)

**Part III Grants and Other Assistance to Individuals in the United States.** 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.** Complete this part to 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, 2016 INCLUSIVE OF AMOUNTS REPORTED ABOVE AND INCLUSIVE OF AMOUNTS PAID BY ALL UPMC ENTITIES IS IN EXCESS OF \$229M.

**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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**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 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 (e.g., maid, chauffeur, chef)          |

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

**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 in line 1a?

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

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

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

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

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

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

- a** The organization?
  - b** Any related organization?
- If "Yes" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b | X   |    |
| 2  | X   |    |
| 3  |     |    |
| 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) 2015

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

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

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

| (A) Name and Title                                    |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 DAN SWAYZE<br>BOARD SECRETARY                       | (i)  | 163,009.   | 14,000.                             | 481.                                | 12,470.  | 13,867.                 | 203,827.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 DONALD GOODMAN<br>TREASURER AND CFO                 | (i)  | 159,113.   | 57,500.                             | 778.                                | 15,617.  | 21,619.                 | 254,627.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 DOUGLAS GARRETSON<br>PRESIDENT                      | (i)  | 196,191.   | 110,000.                            | 2,843.                              | 20,745.  | 22,570.                 | 352,349.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 ANDREW NOWALK<br>BOARD MEMBER                       | (i)  | 73,398.  | 27,582.                             | 44,400.                             | 7,211.   | 2,680.                  | 155,271.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 CHRISTOPHER A GESSNER<br>PRESIDENT                  | (i)  | 446,292.   | 325,000.                            | 23,873.                             | 74,028.  | 18,995.                 | 888,188.                        | 18,000.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 NICHOLAS BARCELLONA<br>TREASURER AND CFO            | (i)  | 133,105.   | 112,500.                            | 246.                                | 11,688.  | 18,007.                 | 275,546.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 JAMES GAVIN<br>PRESIDENT                            | (i)  | 293,761.   | 272,100.                            | 44,720.                             | 56,704.  | 19,227.                 | 686,512.                        | 34,548.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 JAMES GIAMMARCO<br>CHIEF FINANCIAL OFFICER          | (i)  | 156,320.   | 94,000.                             | 1,190.                              | 16,560.  | 9,109.                  | 277,179.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 BRYANT WESLEY ESQ<br>SECRETARY                      | (i)  | 145,952.   | 79,000.                             | 455.                                | 12,157.  | 5,783.                  | 243,347.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 WILLIAM A NIGRO<br>BOARD MEMBER, TREAS AND CFO     | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 134,464.   | 19,000.                             | 147.                                | 10,863.  | 6,802.                  | 171,276.                        | 0.  |
| 11 BRYAN DONOHUE MD<br>BOARD MEMBER AND PRESIDENT     | (i)  | 647,928.   | 32,564.                             | 11,745.                             | 21,200.  | 24,157.                 | 737,594.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 12 PHILIP M CACCHIONE MD<br>BOARD CHAIR AND PRESIDENT | (i)  | 423,039.   | 4,000.                              | 95,543.                             | 21,200.  | 16,324.                 | 560,106.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 13 GREGG LAVERICK<br>FORMER CHIEF FINANCIAL OFFICER   | (i)  | 200,690.   | 34,402.                             | 441.                                | 28,500.  | 377.                    | 264,410.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 14 ROBERT PACKER<br>FORMER PRESIDENT                  | (i)  | 196,563.   | 0.                                  | 120,827.                            | 0.   | 26.                     | 317,416.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 15 AMY SWINDELL, DO<br>BOARD MEMBER                   | (i)  | 203,650.   | 0.                                  | 402.                                | 12,219.  | 1,088.                  | 217,359.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 16 DIANA WOY<br>BOARD MEMBER                          | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 142,855.   | 2,986.                              | 228.                                | 35,346.  | 6,464.                  | 187,879.                        | 0.  |

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

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

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

| (A) Name and Title                            |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 PHILIP FREEMAN<br>PRESIDENT                 | (i)  | 189,689.   | 50,000.                             | 930.                                | 14,734.  | 16,019.                 | 271,372.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 NANCI CASE<br>BOARD MEMBER                  | (i)  | 29,589.  | 0.                                  | 265.                                | 0.   | 349.                    | 30,203.                         | 0.  |
|   | (ii) | 147,947.   | 71,400.                             | 1,324.                              | 14,307.  | 1,747.                  | 236,725.                        | 0.  |
| 3 CAREY ANDREW-JAJA MD<br>BOARD MEMBER        | (i)  | 359,234.   | 0.                                  | 9,449.                              | 21,200.  | 18,948.                 | 408,831.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 DENNIS ENGLISH MD<br>BOARD MEMBER           | (i)  | 146,245.   | 60,000.                             | 23,029.                             | 18,197.  | 12,256.                 | 259,727.                        | 8,000.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 RICHARD BEIGI MD<br>BOARD MEMBER            | (i)  | 140,729.   | 40,650.                             | 661.                                | 13,346.  | 2,411.                  | 197,797.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 ROBERT P EDWARDS MD<br>BOARD MEMBER         | (i)  | 319,500.   | 145,000.                            | 7,713.                              | 21,200.  | 5,037.                  | 498,450.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 AJAIPAL KANG MD<br>BOARD MEMBER             | (i)  | 851,248.   | 881,379.                            | 1,873.                              | 18,550.  | 25,871.                 | 1,778,921.                      | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 DENNIS SCULLY MD<br>BOARD MEMBER            | (i)  | 199,888.   | 76,776.                             | 5,425.                              | 19,250.  | 15,124.                 | 316,463.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 LYNN RUPP<br>PRESIDENT                      | (i)  | 190,224.   | 75,500.                             | 601.                                | 15,020.  | 11,355.                 | 292,700.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 MBEMBO BONGUTU MD<br>BOARD MEMBER          | (i)  | 303,696.   | 12,384.                             | 1,104.                              | 18,550.  | 15,461.                 | 351,195.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11 NATHAN MOORE MD<br>BOARD MEMBER            | (i)  | 233,283.   | 111,969.                            | 10,128.                             | 18,550.  | 24,548.                 | 398,478.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 12 DANIEL GRANT<br>BOARD MEMBER               | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 170,092.   | 71,000.                             | 1,553.                              | 16,142.  | 16,954.                 | 275,741.                        | 0.  |
| 13 MARK BONDI<br>PRESIDENT                    | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 159,103.   | 64,000.                             | 8,165.                              | 15,760.  | 18,474.                 | 265,502.                        | 0.  |
| 14 RICHARD BONDI<br>TREASURER AND CFO         | (i)  | 166,768.   | 87,975.                             | 705.                                | 14,934.  | 16,057.                 | 286,439.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 15 STANLEY MARKS MD<br>BOARD CHAIR            | (i)  | 1,172,661.   | 144,000.                            | 106,931.                            | 164,870.                                       | 19,148.                 | 1,607,610.                      | 83,239.   |
|   | (ii) | 848,577.   | 0.                                  | 0.                                  | 19,132.  | 0.                      | 867,709.                        | 0.  |
| 16 MARLENE R COOPER<br>FORMER BOARD SECRETARY | (i)  | 111,106.   | 10,000.                             | 531.                                | 10,074.  | 16,509.                 | 148,220.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

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

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

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

| (A) Name and Title |  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |         |
|--------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|---------|
|                    |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |         |
| 1                  | ANN EVANS<br>CHIEF FINANCIAL OFFICER                   | (i)  | 294,628.                            | 306,000.                            | 86,355.  | 44,784.                 | 19,519.                         | 751,286.  | 85,443. |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 2                  | CHRISTOPHER SCHMIDT MD<br>ORTHOPAEDIC SURGEON          | (i)  | 1,324,520.                          | 278,944.                            | 5,410.   | 18,550.                 | 15,318.                         | 1,642,742.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 3                  | DAVID A LEWIS MD<br>BOARD MEMBER AND DEPT CHAIR        | (i)  | 316,183.                            | 230,504.                            | 26,621.  | 20,389.                 | 3,681.                          | 597,378.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 4                  | DAVID HIRSCH PERLMUTTER<br>BOARD MEMBER AND DEPT CHAIR | (i)  | 316,213.                            | 150,000.                            | 23,901.  | 20,831.                 | 5,226.                          | 516,171.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 5                  | DEREK ANGUS MD<br>BOARD MEMBER AND DEPT CHAIR          | (i)  | 365,000.                            | 184,782.                            | 2,923.   | 21,200.                 | 3,801.                          | 577,706.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 6                  | FREDDIE H FU MD<br>BOARD MEMBER AND DEPT CHAIR         | (i)  | 1,361,120.                          | 144,580.                            | 48,632.  | 19,998.                 | 5,676.                          | 1,580,006.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 7                  | GEORGE K MICHALOPOULOS<br>BOARD MEMBER AND DEPT CHAIR  | (i)  | 323,178.                            | 175,955.                            | 15,606.  | 21,359.                 | 3,723.                          | 539,821.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 8                  | GEORGE MAZARIEGOS MD<br>BOARD MEMBER                   | (i)  | 361,656.                            | 30,000.                             | 2,109.   | 21,200.                 | 3,516.                          | 418,481.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 9                  | GHASSAN BEJJANI MD<br>NEUROSURGEON                     | (i)  | 1,794,272.                          | 347,663.                            | 3,528.   | 18,550.                 | 23,344.                         | 2,187,357.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 10                 | GREGORY BUMP MD<br>BOARD MEMBER                        | (i)  | 127,369.                            | 50,594.                             | 53,221.  | 12,554.                 | 2,395.                          | 246,133.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 11                 | HYAGRIV SIMHAN MD<br>BOARD MEMBER                      | (i)  | 197,333.                            | 51,990.                             | 637.   | 18,164.                 | 3,030.                          | 271,154.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 12                 | JAMES D LUKETICH MD<br>BOARD MEMBER AND DEPT CHAIR     | (i)  | 2,160,004.                          | 250,000.                            | 33,915.  | 20,050.                 | 5,676.                          | 2,469,645.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 13                 | JEANNETTE SOUTH-PAUL MD<br>BOARD MEMBER AND DEPT CHAIR | (i)  | 129,641.                            | 99,328.                             | 3,920.   | 20,907.                 | 1,457.                          | 255,253.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 14                 | JOEL B NELSON MD<br>BOARD MEMBER AND DEPT CHAIR        | (i)  | 633,200.                            | 314,036.                            | 27,629.  | 19,925.                 | 5,449.                          | 1,000,239.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 15                 | JOEL S GREENBERGER MD<br>BOARD MEMBER AND DEPT CHAIR   | (i)  | 272,000.                            | 214,000.                            | 33,316.  | 21,053.                 | 3,612.                          | 543,981.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |
| 16                 | JOEL S SCHUMAN MD<br>BOARD MEMBER AND DEPT CHAIR       | (i)  | 380,488.                            | 225,000.                            | 32,041.  | 10,873.                 | 5,773.                          | 654,175.  | 0.      |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0.      |



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| (A) Name and Title  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 JONAS T JOHNSON MD<br>BOARD MEMBER/DEPT CHAIR/TREAS       | (i) 525,000.                                       | 327,288.                            | 25,146.                             | 21,200.  | 5,251.                  | 903,885.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 JOON SUP LEE MD<br>BOARD MEMBER AND DEPT CHAIR            | (i) 863,656.                                       | 125,000.                            | 57,435.                             | 21,202.  | 6,906.                  | 1,074,199.                      | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 JOSHUA T RUBIN MD<br>BOARD MEMBER                         | (i) 173,056.                                       | 34,011.                             | 59,199.                             | 16,237.  | 2,524.                  | 285,027.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 JULES SUMKIN<br>BOARD MEMBER AND DEPT CHAIR               | (i) 518,668.                                       | 142,584.                            | 137,230.                            | 21,200.  | 5,443.                  | 825,125.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 LAWRENCE WECHSLER MD<br>BOARD MEMBER AND DEPT CHAIR       | (i) 395,000.                                       | 145,000.                            | 155,812.                            | 20,032.  | 3,752.                  | 719,596.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 LOUIS ALARCON MD<br>BOARD MEMBER AND MEDICAL DIREC        | (i) 263,656.                                       | 226,730.                            | 55,465.                             | 21,200.  | 4,551.                  | 571,602.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 LOUIS D FALO JR MD<br>BOARD MEMBER AND DEPT CHAIR         | (i) 221,874.                                       | 226,000.                            | 22,881.                             | 23,853.  | 3,536.                  | 498,144.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 MARK GLADWIN<br>BOARD MEMBER AND DEPT CHAIR               | (i) 227,842.                                       | 50,000.                             | 863.                                | 18,550.  | 2,732.                  | 299,987.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 MARK LOWE MD<br>BOARD MEMBER AND DEPT CHAIR               | (i) 146,795.                                       | 7,854.                              | 3,077.                              | 13,199.  | 3,178.                  | 174,103.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 MICHAEL BONINGER MD<br>BOARD MEMBER AND DEPT CHAIR       | (i) 204,312.                                       | 125,000.                            | 19,898.                             | 25,821.  | 3,305.                  | 378,336.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11 ROBERT M FRIEDLANDER MD<br>BOARD MEMBER AND DEPT CHAIR   | (i) 1,226,513.                                     | 189,950.                            | 23,548.                             | 22,265.  | 7,169.                  | 1,469,445.                      | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 12 STEPHANIE NICHOLAS<br>BOARD MEMBER                       | (i) 349,815.                                       | 51,975.                             | 2,121.                              | 21,200.  | 24,493.                 | 449,604.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 13 THOMAS GLEASON MD<br>CARDIOTHORACIAC SURGEON             | (i) 1,418,768.                                     | 20,000.                             | 58,739.                             | 18,550.  | 6,907.                  | 1,522,964.                      | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 14 TIMOTHY ROBERT BILLIAR<br>BOARD SECRETARY AND DEPT CHAIR | (i) 447,053.                                       | 334,018.                            | 26,163.                             | 14,697.  | 6,567.                  | 828,498.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 15 VICTOR MORELL MD<br>BOARD MEMBER                         | (i) 1,737,960.                                     | 165,013.                            | 56,562.                             | 18,550.  | 7,716.                  | 1,985,801.                      | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 16 VINAY BADHWAR MD<br>CARDIOTHORACIAC SURGEON              | (i) 1,418,656.                                     | 20,000.                             | 56,424.                             | 18,550.  | 7,020.                  | 1,520,650.                      | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

Schedule J (Form 990) 2015

Page 2

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| (A) Name and Title                                      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 ARTHUR S LEVINE MD<br>BOARD MEMBER                    | (i)  | 27,654.                             | 0.                                  | 0.   | 0.                      | 27,654.                         | 0.  |
|   | (ii)   | 1,043,513.                          | 186,000.                            | 74,981.  | 31,800.                 | 1,351,358.                      | 0.  |
| 2 C TALBOT HEPPENSTALL JR<br>EVP AND TREASURER          | (i)  | 457,050.                            | 677,075.                            | 51,933.  | 152,528.                | 1,365,260.                      | 46,991.   |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 CHARLES BOGOSTA<br>EXEC VP                            | (i)  | 444,150.                            | 801,786.                            | 695,194.                                       | 262,025.                | 2,232,659.                      | 688,705.  |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 DANIEL DRAWBAUGH<br>FORMER EVP AND CIO                | (i)  | 680,389.                            | 0.                                  | 487,288.                                       | -479.                   | 1,168,164.                      | 299,361.  |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 DAVID FARNER<br>EVP AND CHIEF OF STAFF                | (i)  | 555,114.                            | 1,051,997.                          | 131,370.                                       | 330,821.                | 2,098,426.                      | 127,379.  |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 DIANE HOLDER<br>EXEC VP, PRES UPMC HEALTH PLAN        | (i)  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii)   | 644,807.                            | 1,275,267.                          | 34,535.  | 421,475.                | 2,389,780.                      | 18,000.   |
| 7 ELIZABETH CONCORDIA<br>FORMER EXECUTIVE VP UPMC       | (i)  | 5,000.                              | 66,435.                             | 966,130.                                       | 34,998.                 | 1,078,130.                      | 966,130.  |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 GREGORY K PEASLEE<br>EVP CHIEF HR AND ADM SRV OFF     | (i)  | 454,532.                            | 908,046.                            | 118,730.                                       | 113,625.                | 1,624,124.                      | 101,199.  |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 JEFFREY A ROMOFF<br>PRESIDENT AND CEO                 | (i)  | 961,433.                            | 3,213,800.                          | 1,967,386.                                     | 827,330.                | 6,990,839.                      | 394,014.  |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 LESLIE DAVIS<br>SR VP AND COO                        | (i)  | 495,538.                            | 767,786.                            | 65,919.  | 223,820.                | 1,573,148.                      | 60,433.   |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11 MARK A NORDENBERG<br>BOARD MEMBER                    | (i)  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii)   | 516,232.                            | 0.                                  | 329,516.                                       | 71,622.                 | 932,840.                        | 0.  |
| 12 MARSHALL WEBSTER MD<br>SENIOR VICE PRESIDENT         | (i)  | 303,683.                            | 723,650.                            | 267,688.                                       | 178,872.                | 1,480,719.                      | 237,994.  |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 13 MICHELE P JEGASOTHY ESQ<br>SECRETARY                 | (i)  | 126,494.                            | 81,000.                             | 262.   | 12,214.                 | 242,304.                        | 0.  |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 14 PATRICK GALLAGHER<br>BOARD MEMBER                    | (i)  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii)   | 519,130.                            | 0.                                  | 8,765.   | 121,200.                | 741,485.                        | 0.  |
| 15 ROBERT A DEMICHIEI<br>EVP AND CFO                    | (i)  | 455,126.                            | 801,786.                            | 25,406.  | 181,534.                | 1,492,449.                      | 18,000.   |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 16 STEVEN D SHAPIRO MD<br>EVP AND CHIEF MED AND SCI OFF | (i)  | 413,000.                            | 1,150,000.                          | 71,521.  | 703,955.                | 2,345,692.                      | 63,980.   |
|   | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

Schedule J (Form 990) 2015

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|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 W THOMAS MCGOUGH ESQ<br>VP AND CHIEF LEGAL OFFICER | (i)  | 595,380.   | 890,500.                            | 87,457.                             | 269,754.                                       | 19,986.                 | 1,863,077.                      | 73,820.   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 JAMES BRADLEY MD<br>ORTHOPAEDIC SURGEON            | (i)  | 1,359,272.   | 103,784.                            | 15,523.                             | 21,200.  | 20,839.                 | 1,520,618.                      | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 DAVID RUSSELL<br>BOARD MEMBER                      | (i)  | 217,000.   | 146,960.                            | 2,573.                              | 33,978.  | 4,569.                  | 405,080.                        | 1,926.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 GERALD MURRAY<br>PRESIDENT                         | (i)  | 455,284.   | 264,000.                            | 29,495.                             | 66,313.  | 20,703.                 | 835,795.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 MARIO WILFONG<br>TREASURER AND CFO                 | (i)  | 121,455.   | 38,000.                             | 374.                                | 9,733.   | 18,852.                 | 188,414.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 RONALD J. MCCONNELL<br>VICE PRESIDENT              | (i)  | 324,900.   | 128,003.                            | 19,899.                             | 36,040.  | 17,057.                 | 525,899.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 JOSEPH ANTONOWICZ MD<br>BOARD MEMBER               | (i)  | 289,091.   | 0.                                  | 2,590.                              | 37,100.  | 16,623.                 | 345,404.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 TIMOTHY BALCONI<br>PRESIDENT                       | (i)  | 181,008.   | 45,000.                             | 671.                                | 15,126.  | 18,520.                 | 260,325.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 CHRISTOPHER SAMUEL MD<br>BOARD MEMBER              | (i)  | 345,341.   | 81,500.                             | 2,409.                              | 18,550.  | 16,622.                 | 464,422.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 DAVID BAER MD<br>BOARD MEMBER                     | (i)  | 220,292.   | 57,168.                             | 3,833.                              | 21,200.  | 19,075.                 | 321,568.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11 NICOLE DEBOLT, DO<br>BOARD MEMBER                 | (i)  | 322,144.   | 0.                                  | 696.                                | 7,950.   | 16,735.                 | 347,525.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 12 RALPH ALDINGER, DO<br>BOARD MEMBER                | (i)  | 301,781.   | 17,970.                             | 10,028.                             | 13,250.  | 17,308.                 | 360,337.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 13 ROGER P WINN<br>FORMER PRESIDENT                  | (i)  | 124,409.   | 0.                                  | 27,541.                             | -6,337.  | 1,280.                  | 146,893.                        | 18,939.   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 14 CANDI CASTLEBERRY-SINGL<br>BOARD VICE CHAIR       | (i)  | 211,993.   | 125,000.                            | 81,808.                             | 12,899.  | 20,832.                 | 452,532.                        | 3,415.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 15 MARK O'HERN<br>BOARD SECRETARY                    | (i)  | 150,192.   | 56,083.                             | 253.                                | 12,745.  | 21,085.                 | 240,358.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 16 ANITA CICERO<br>BOARD MEMBER, SEC AND TREAS       | (i)  | 325,944.   | 0.                                  | 1,675.                              | 18,550.  | 3,574.                  | 349,743.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

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|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 THOMAS INGLESBY MD<br>BOARD CHAIR AND PRES           | (i) 359,288.                                       | 0.                                  | 0.                                  | 0.   | 92,860.                 | 452,148.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 FRANCIS SOLANO MD<br>BOARD MEMBER AND PRESIDENT      | (i) 545,305.                                       | 330,946.                            | 27,672.                             | 45,539.  | 20,457.                 | 969,919.                        | 24,700.   |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 ROBERT BLOSAT<br>BOARD MEMBER, VP AND COO            | (i) 393,028.                                       | 200,000.                            | 127,116.                            | 64,127.  | 21,793.                 | 806,064.                        | 121,375.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 ROBERT DEVLIN ESQ<br>BOARD SECRETARY                 | (i) 168,870.                                       | 84,000.                             | 2,581.                              | 17,760.  | 25,293.                 | 298,504.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 DEBORAH S BRODINE<br>BOARD MEMBER AND PRESIDENT      | (i) 285,110.                                       | 275,000.                            | 21,722.                             | 55,833.  | 18,550.                 | 656,215.                        | 20,275.   |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 JEROME SHAFFER<br>BOARD MEMBER TREASURER AND CFO     | (i) 187,122.                                       | 112,000.                            | 1,449.                              | 19,760.  | 15,534.                 | 335,865.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 STEPHEN NIMMO ESQ<br>BOARD MEMBER AND SECRETARY      | (i) 272,099.                                       | 231,000.                            | 79,512.                             | 43,521.  | 21,912.                 | 648,044.                        | 29,293.   |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 BRIAN FRITZ<br>FORMER BOARD TREASURER/ CFO           | (i) 135,724.                                       | 56,000.                             | 244.                                | 10,360.  | 17,516.                 | 219,844.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 KOTAYYA KONDAVEETI MD<br>BOARD MEMBER                | (i) 450,000.                                       | 50,000.                             | 0.                                  | 0.   | 0.                      | 500,000.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 MARK SEVCO<br>PRESIDENT                             | (i) 292,234.                                       | 225,000.                            | 37,320.                             | 45,466.  | 24,132.                 | 624,152.                        | 17,900.   |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11 RAJESH SEHGAL MD<br>BOARD MEMBER                    | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) 485,808.                                      | 0.                                  | 443.                                | 7,950.   | 16,630.                 | 510,831.                        | 0.  |
| 12 ROBERT VOINCHET<br>BOARD MEMBER                     | (i) 239,706.                                       | 200,000.                            | 16,882.                             | 38,052.  | 26,378.                 | 521,018.                        | 14,813.   |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 13 TAMRA MINTON<br>BOARD SECRETARY                     | (i) 162,437.                                       | 50,000.                             | 9,762.                              | 11,225.  | 7,009.                  | 240,433.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 14 COLLEEN BRENNAN<br>TREASURER AND CFO                | (i) 177,868.                                       | 61,000.                             | 1,517.                              | 15,813.  | 19,647.                 | 275,845.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 15 DONALD M YEALY MD<br>BOARD MEMBER AND VICE PRESIDEN | (i) 365,033.                                       | 111,000.                            | 23,010.                             | 6,566.   | 3,528.                  | 509,137.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 16 RICHARD WADAS MD<br>BOARD MEMBER AND PRESIDENT      | (i) 445,750.                                       | 130,075.                            | 4,400.                              | 10,600.  | 20,568.                 | 611,393.                        | 0.  |
|  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

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| (A) Name and Title                                | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 TERRENCE LEWIS ESQ<br>SECRETARY                 | (i) 143,996.                                       | 47,000.                             | 431.                                | 11,604.  | 8,845.                  | 211,876.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 JOHN LOVELACE<br>BOARD MEMBER AND PRESIDENT     | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 345,165.                                      | 326,000.                            | 29,917.                             | 68,054.  | 12,397.                 | 781,533.                        | 18,000.   |
| 3 SCOTT LAMMIE<br>BOARD MEMBER, TREAS, AND CFO    | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 408,175.                                      | 420,000.                            | 25,249.                             | 92,783.  | 28,500.                 | 974,707.                        | 18,000.   |
| 4 SHERYL KASHUBA ESQ<br>BOARD MEMBER SEC, AND CLO | (i) 221,989.                                       | 159,000.                            | 18,683.                             | 36,390.  | 9,214.                  | 445,276.                        | 17,044.   |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 STEPHEN PERKINS MD<br>BOARD MEMBER              | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 309,647.                                      | 192,500.                            | 22,773.                             | 48,939.  | 24,217.                 | 598,076.                        | 10,500.   |
| 6 STEPHEN DANCH<br>TREASURER AND CFO              | (i) 286,170.                                       | 97,250.                             | 22,182.                             | 25,624.  | 15,085.                 | 446,311.                        | 6,093.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 V. JAMES FIORENZO<br>PRESIDENT                  | (i) 371,496.                                       | 240,000.                            | 49,701.                             | 64,457.  | 17,442.                 | 743,096.                        | 41,339.   |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 DONALD OWREY<br>PRESIDENT                       | (i) 234,371.                                       | 162,000.                            | 19,050.                             | 36,520.  | 19,308.                 | 471,249.                        | 2,800.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 ROY J SARTORI DO<br>BOARD MEMBER                | (i) 270,117.                                       | 24,264.                             | 1,750.                              | 13,250.  | 15,524.                 | 324,905.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 TULLIO ESTRADA MD<br>BOARD MEMBER              | (i) 521,772.                                       | 0.                                  | 11,263.                             | 18,550.  | 19,014.                 | 570,599.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11 THOMAS BURICH<br>PRESIDENT                     | (i) 149,354.                                       | 11,178.                             | 26,111.                             | 15,493.  | 6,079.                  | 208,215.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 12 EDWARD MARINZEL<br>BOARD MEMBER                | (i) 211,950.                                       | 90,000.                             | 21,888.                             | 33,471.  | 21,601.                 | 378,910.                        | 12,063.   |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 13 CHRISTOPHER STOCKHAUSEN<br>TREASURER AND CFO   | (i) 130,219.                                       | 69,000.                             | 596.                                | 11,664.  | 7,452.                  | 218,931.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 14 CYNTHIA DORUNDO<br>FORMER PRESIDENT            | (i) 125,000.                                       | 0.                                  | 7,308.                              | 0.   | 14.                     | 132,322.                        | 7,308.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 15 MERLE TAYLOR<br>FORMER BOARD SECRETARY         | (i) 152,917.                                       | 63,931.                             | 318.                                | 7,926.   | 16,862.                 | 241,954.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 16 MOHAMMAD IDREES, MD<br>BOARD MEMBER            | (i) 108,683.                                       | 30,000.                             | 2,855.                              | 9,429.   | 6,348.                  | 157,315.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

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| (A) Name and Title                                |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 SANDY RADER<br>BOARD MEMBER                     | (i)  | 235,560.   | 137,000.                            | 3,448.                              | 21,771.  | 17,421.                 | 415,200.                        | 548.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 SUSAN MAMMARELLA<br>FORMER OFFICER              | (i)  | 129,182.   | 57,000.                             | 668.                                | 13,520.  | 25,861.                 | 226,231.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 JOHN MCKEATING MD<br>BOARD MEMBER               | (i)  | 354,604.   | 13,720.                             | 9,488.                              | 13,250.  | 19,403.                 | 410,465.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 KIMBERLY MOSES ESQ<br>BOARD SECRETARY           | (i)  | 126,345.   | 42,000.                             | 379.                                | 7,132.   | 4,147.                  | 180,003.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 MICHAEL GRACE<br>BOARD MEMBER AND PRESIDENT     | (i)  | 269,398.   | 156,250.                            | 2,144.                              | 42,753.  | 18,038.                 | 488,583.                        | 1,540.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 WILLIAM COOK<br>BOARD MEMBER AND PRESIDENT      | (i)  | 361,267.   | 0.                                  | 18,901.                             | 18,605.  | 19,757.                 | 418,530.                        | 18,000.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 BRAD DINGER<br>CFO AND TREASURER                | (i)  | 152,601.   | 17,000.                             | 265.                                | 9,991.   | 14,631.                 | 194,488.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 DAVID GIBBONS<br>BOARD MEMBER AND PRESIDENT     | (i)  | 329,496.   | 215,000.                            | 64,526.                             | 52,324.  | 7,392.                  | 668,738.                        | 62,611.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 DAVID MCCANDLESS MD<br>BOARD MEMBER             | (i)  | 252,445.   | 53,806.                             | 3,912.                              | 19,250.  | 14,518.                 | 343,931.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 RANDALL BOGGESS<br>BOARD MEMBER                | (i)  | 392,833.   | 21,932.                             | 2,885.                              | 17,602.  | 17,808.                 | 453,060.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11 TAMRA MINNIER<br>BOARD MEMBER                  | (i)  | 322,099.   | 325,000.                            | 44,081.                             | 59,999.  | 15,207.                 | 766,386.                        | 40,408.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 12 WILLIAM SHAFFNER ESQ<br>BOARD MEMBER           | (i)  | 184,682.   | 89,000.                             | 21,876.                             | 19,248.  | 18,727.                 | 333,533.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 13 JOHN KUZMISHIN<br>TREAS, SEC, AND CFO          | (i)  | 382,496.   | 323,400.                            | 19,474.                             | 64,488.  | 5,375.                  | 795,233.                        | 17,282.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 14 DANIEL R SULLIVAN MD<br>BOARD FIRST VICE CHAIR | (i)  | 290,000.   | 66,500.                             | 59,489.                             | 21,200.  | 1,809.                  | 438,998.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 15 DAVID T MARTIN<br>PRESIDENT/ BOARD MEMBER      | (i)  | 442,415.   | 425,000.                            | 70,780.                             | 75,857.  | 25,079.                 | 1,039,131.                      | 63,700.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 16 ERIC CARTWRIGHT<br>BOARD MEMBER                | (i)  | 273,175.   | 190,000.                            | 31,387.                             | 43,632.  | 27,517.                 | 565,711.                        | 25,838.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

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|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 JAMES W BOYLE MD<br>BOARD MEMBER                  | (i)  | 344,772.   | 56,434.                             | 3,607.                              | 18,550.  | 19,298.                 | 442,661.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 THOMAS NEWMAN<br>CHIEF FINANCIAL OFFICER          | (i)  | 169,429.   | 122,287.                            | 1,050.                              | 18,950.  | 22,237.                 | 333,953.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 DANIEL PETRO MD<br>BOARD MEMBER                   | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 1,256,618.   | 0.                                  | 769.                                | 10,600.  | 18,660.                 | 1,286,647.                      | 0.  |
| 4 EDWARD T KARLOVICH<br>CFO ACADEMIC COMM HOSPITALS | (i)  | 392,405.   | 650,000.                            | 94,992.                             | 83,653.  | 20,448.                 | 1,241,498.                      | 65,975.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 EILEEN SIMMONS<br>CHIEF FINANCIAL OFFICER         | (i)  | 219,750.   | 175,000.                            | 4,272.                              | 24,287.  | 11,920.                 | 435,229.                        | 3,168.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 JOHN INNOCENTI<br>PRESIDENT                       | (i)  | 465,850.   | 565,000.                            | 85,486.                             | 66,523.  | 26,195.                 | 1,209,054.                      | 74,425.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 ALEXANDER J CIOCCA ESQ<br>BOARD SECRETARY         | (i)  | 182,248.   | 134,000.                            | 15,669.                             | 32,857.  | 20,436.                 | 385,210.                        | 12,850.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 DAVID PATTON<br>PRESIDENT                         | (i)  | 227,293.   | 142,000.                            | 13,531.                             | 35,936.  | 17,161.                 | 435,921.                        | 12,913.   |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 EDWARD J DONNELLY III M<br>BOARD MEMBER           | (i)  | 254,945.   | 43,338.                             | 7,330.                              | 21,200.  | 14,482.                 | 341,295.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 JOHN R CARROLL<br>FORMER ASST SEC AND VP ADMIN   | (i)  | 112,465.   | 30,796.                             | 60,846.                             | 18,539.  | 20,724.                 | 243,370.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11 SANDRA MCANALLEN<br>BOARD MEMBER                 | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 367,329.   | 326,000.                            | 26,118.                             | 69,155.  | 10,753.                 | 799,355.                        | 18,000.   |
| 12 VALERIE C TROTT WILLIA<br>BOARD MEMBER           | (i)  | 214,305.   | 151,000.                            | 10,157.                             | 31,772.  | 2,902.                  | 410,136.                        | 9,070.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 13 PENNY MILANOVICH<br>PRESIDENT                    | (i)  | 193,067.   | 66,979.                             | 4,902.                              | 16,965.  | 6,220.                  | 288,133.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 14 ROBERT GRIFFITH<br>CHIEF FINANCIAL OFFICER       | (i)  | 147,798.   | 20,000.                             | 100.                                | 6,758.   | 6,245.                  | 180,901.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 15 JOSE CABALLE MD<br>FORMER BOARD MEMBER           | (i)  | 314,472.   | 55,842.                             | 9,670.                              | 13,250.  | 2,530.                  | 395,764.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 16 ELEANOR MEDVED<br>FORMER BOARD MEMBER            | (i)  | 97,864.  | 48,000.                             | 63,543.                             | 8,120.   | 15,193.                 | 232,720.                        | 0.  |
|   | (ii) | 6,328.   | 0.                                  | 0.                                  | 0.   | -1,267.                 | 5,061.                          | 0.  |

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|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 CHRISTINA MIKOLAY<br>FORMER BOARD MEMBER | (i)  | 36,761.  | 0.                                  | 0.                                  | 903.   | 6,770.                  | 44,434.                         | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 TIMOTHY GAUL<br>FORMER BOARD MEMBER      | (i)  | 301,700.   | 28,106.                             | 2,966.                              | 21,200.  | 24,367.                 | 378,339.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 BETH CLARK<br>FORMER BOARD MEMBER        | (i)  | 138,728.   | 60,926.                             | 317.                                | 8,037.   | 6,722.                  | 214,730.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III Supplemental Information**

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

## SCHEDULE J

PART 1 QUESTION 1: UPMC MAY PROVIDE THE FOLLOWING BENEFITS TO CERTAIN EXECUTIVES WHEN THEY ARE NECESSARY TO ACHIEVE UPMC'S CHARITABLE MISSION OBJECTIVES: FIRST-CLASS OR CHARTER TRAVEL; 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 AND IS SUBJECT TO REVIEW AND APPROVAL PROCESSES.

QUESTION 4A: CERTAIN PERSONS AS DISCLOSED WERE PROVIDED SEVERANCE OR SEPARATION PAYMENTS AS CONTRACTUALLY PROVIDED FOR OR AS PER UPMC COMPENSATION POLICY.

QUESTION 4B: ALL PERSONS PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ARE DISCLOSED IN SCHEDULE J WITH CORRESPONDING AMOUNTS DISCLOSED WITHIN THE TOTAL AMOUNT IN SCHEDULE J COLUMN C "RETIREMENT AND 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

**Part III Supplemental Information**

Complete this part to 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 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, THIS BENEFIT, WHICH HAS BEEN EARNED OVER HER OR HIS ENTIRE CAREER, HAS NOT AND WILL NOT BE DISTRIBUTED UNTIL THE OFFICER OR KEY EMPLOYEE RETIRES OR SEPARATES FROM SERVICE FROM UPMC. THE SUPPLEMENTAL RETIREMENT PROGRAM PROVIDES FOR THE CURRENT DISTRIBUTION OF ONLY THE AMOUNT NECESSARY TO SATISFY ANY INCOME TAX 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.

**Part III Supplemental Information**

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

QUESTION 8 & 9: CERTAIN EMPLOYMENT CONTRACTS MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION UNDER IRC REGULATION 53.4958-4(A)(3). IF SO QUALIFIED THE REBUTTABLE PRESUMPTION PROCEDURES DESCRIBED IN IRC REGULATION 53.4958-6(C) WERE FOLLOWED.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

**Part I Bond Issues**

|   | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|---|-----------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|   |                 |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| A |                 |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| B |                 |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| C |                 |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| D |                 |                |             |                 |                 |                            |              |    |                         |    |                      |    |

**Part II Proceeds**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
| 1 Amount of bonds retired . . . . .   |     |    |     |    |     |    |     |    |
| 2 Amount of bonds legally defeased . . . . .  |     |    |     |    |     |    |     |    |
| 3 Total proceeds of issue . . . . .   |     |    |     |    |     |    |     |    |
| 4 Gross proceeds in reserve funds . . . . .   |     |    |     |    |     |    |     |    |
| 5 Capitalized interest from proceeds . . . . .  |     |    |     |    |     |    |     |    |
| 6 Proceeds in refunding escrows . . . . .   |     |    |     |    |     |    |     |    |
| 7 Issuance costs from proceeds . . . . .  |     |    |     |    |     |    |     |    |
| 8 Credit enhancement from proceeds . . . . .  |     |    |     |    |     |    |     |    |
| 9 Working capital expenditures from proceeds . . . . .  |     |    |     |    |     |    |     |    |
| 10 Capital expenditures from proceeds . . . . .   |     |    |     |    |     |    |     |    |
| 11 Other spent proceeds . . . . .   |     |    |     |    |     |    |     |    |
| 12 Other unspent proceeds . . . . .   |     |    |     |    |     |    |     |    |
| 13 Year of substantial completion . . . . .   |     |    |     |    |     |    |     |    |
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? . . . . .  |     |    |     |    |     |    |     |    |
| 15 Were the bonds issued as part of an advance refunding issue? . . . . .   |     |    |     |    |     |    |     |    |
| 16 Has the final allocation of proceeds been made? . . . . .  |     |    |     |    |     |    |     |    |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . |     |    |     |    |     |    |     |    |

**Part III Private Business Use**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     |    |     |    |     |    |     |    |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     |    |     |    |     |    |     |    |

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

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

**Part I Bond Issues**

| (a) Issuer name                         | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose        | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|---|----------------|-------------|-----------------|-----------------|-----------------------------------|--------------|----|-------------------------|----|----------------------|----|
|   |                |             |                 |                 |                                   | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b>                                |                |             |                 |                 |                                   |              |    |                         |    |                      |    |
| <b>B</b> ERIE COUNTY HOSPITAL AUTHORITY | 23-2302072     | 295200TC3   | 07/31/2007      | 30,141,552.     | HAMOT SERIES 2007 SEE SCHEDULE O  |              | X  |                         | X  |                      | X  |
| <b>C</b> ERIE COUNTY HOSPITAL AUTHORITY | 23-2302072     |             | 05/06/2010      | 35,000,000.     | HAMOT SERIES 2010ABC SEE SCHEDULE |              | X  |                         | X  |                      | X  |
| <b>D</b>                                |                |             |                 |                 |                                   |              |    |                         |    |                      |    |

**Part II Proceeds**

|  | A   |    | B           |             | C           |             | D   |    |
|--|-----|----|-------------|-------------|-------------|-------------|-----|----|
| <b>1</b> Amount of bonds retired . . . . .   |     |    |             |             |             | 19,335,000. |     |    |
| <b>2</b> Amount of bonds legally defeased . . . . .  |     |    |             |             |             |             |     |    |
| <b>3</b> Total proceeds of issue . . . . .   |     |    | 31,252,910. |             | 35,000,000. |             |     |    |
| <b>4</b> Gross proceeds in reserve funds . . . . .   |     |    |             |             |             |             |     |    |
| <b>5</b> Capitalized interest from proceeds . . . . .  |     |    |             |             |             |             |     |    |
| <b>6</b> Proceeds in refunding escrows . . . . .   |     |    |             |             |             |             |     |    |
| <b>7</b> Issuance costs from proceeds . . . . .  |     |    |             | 328,700.    |             | 522,137.    |     |    |
| <b>8</b> Credit enhancement from proceeds . . . . .  |     |    |             | 500,770.    |             |             |     |    |
| <b>9</b> Working capital expenditures from proceeds . . . . .  |     |    |             |             |             |             |     |    |
| <b>10</b> Capital expenditures from proceeds . . . . .   |     |    |             | 30,423,440. |             | 10,527,255. |     |    |
| <b>11</b> Other spent proceeds . . . . .   |     |    |             |             |             | 23,950,608. |     |    |
| <b>12</b> Other unspent proceeds . . . . .   |     |    |             |             |             |             |     |    |
| <b>13</b> Year of substantial completion . . . . .   |     |    |             | 2010        |             | 2010        |     |    |
|  | Yes | No | Yes         | No          | Yes         | No          | Yes | No |
| <b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .  |     |    |             | X           | X           |             |     |    |
| <b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .   |     |    |             | X           | X           |             |     |    |
| <b>16</b> Has the final allocation of proceeds been made? . . . . .  |     |    | X           |             | X           |             |     |    |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . |     |    | X           |             | X           |             |     |    |

**Part III Private Business Use**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     |    |     | X  |     | X  |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     |    |     | X  | X   |    |     |    |

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

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

**Part I Bond Issues**

| (a) Issuer name                  | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|----------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|                                  |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| A                                |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| B                                |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| C BLAIR COUNTY GENERAL AUTHORITY | 25-3700143     |             | 05/03/2012      | 2,200,000       | HNA SERIES 2012            |              | X  |                         | X  |                      | X  |
| D                                |                |             |                 |                 |                            |              |    |                         |    |                      |    |

**Part II Proceeds**

|   | A   |    | B   |    | C   |           | D   |    |
|---|-----|----|-----|----|-----|-----------|-----|----|
| 1 Amount of bonds retired   |     |    |     |    |     | 332,243   |     |    |
| 2 Amount of bonds legally defeased  |     |    |     |    |     |           |     |    |
| 3 Total proceeds of issue   |     |    |     |    |     | 2,200,000 |     |    |
| 4 Gross proceeds in reserve funds   |     |    |     |    |     |           |     |    |
| 5 Capitalized interest from proceeds  |     |    |     |    |     |           |     |    |
| 6 Proceeds in refunding escrows   |     |    |     |    |     |           |     |    |
| 7 Issuance costs from proceeds  |     |    |     |    |     | 40,007    |     |    |
| 8 Credit enhancement from proceeds  |     |    |     |    |     |           |     |    |
| 9 Working capital expenditures from proceeds  |     |    |     |    |     |           |     |    |
| 10 Capital expenditures from proceeds   |     |    |     |    |     | 2,159,993 |     |    |
| 11 Other spent proceeds   |     |    |     |    |     |           |     |    |
| 12 Other unspent proceeds   |     |    |     |    |     |           |     |    |
| 13 Year of substantial completion   |     |    |     |    |     | 2011      |     |    |
|   | Yes | No | Yes | No | Yes | No        | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue?  |     |    |     |    |     | X         |     |    |
| 15 Were the bonds issued as part of an advance refunding issue?   |     |    |     |    |     | X         |     |    |
| 16 Has the final allocation of proceeds been made?  |     |    |     |    | X   |           |     |    |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? |     |    |     |    | X   |           |     |    |

**Part III Private Business Use**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     |    |     |    |     | X  |     |    |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property?                        |     |    |     |    |     | X  |     |    |

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

Part III Private Business Use (Continued)

ALLEGHENY COUNTY HOSPITAL DEVELOP. AUTHORITY

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and hedges.

**Part III Private Business Use (Continued)**

ERIE COUNTY HOSPITAL AUTHORITY

|  | A   |    | B   |    | C     |    | D   |    |
|--|-----|----|-----|----|-------|----|-----|----|
|  | Yes | No | Yes | No | Yes   | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     |    |     | X  |       | X  |     |    |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .   |     |    |     |    |       |    |     |    |
| c Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     |    |     | X  |       | X  |     |    |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .   |     |    |     |    |       |    |     |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶  |     | %  |     | %  | .1000 | %  |     | %  |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶ |     | %  |     | %  |       | %  |     | %  |
| 6 Total of lines 4 and 5 . . . . .   |     | %  |     | %  | .1000 | %  |     | %  |
| 7 Does the bond issue meet the private security or payment test? . . . . .   |     |    |     | X  |       | X  |     |    |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .  |     |    |     | X  |       | X  |     |    |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .  |     | %  |     | %  |       | %  |     | %  |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |     |    |     |    |       |    |     |    |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                             |     |    | X   |    | X     |    |     |    |

**Part IV Arbitrage**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .    |     |    |     | X  |     | X  |     |    |
| 2 If "No" to line 1, did the following apply? . . . . .   |     |    |     |    |     |    |     |    |
| a Rebate not due yet? . . . . .   |     |    |     | X  |     | X  |     |    |
| b Exception to rebate? . . . . .  |     |    |     | X  | X   |    |     |    |
| c No rebate due? . . . . .  |     |    | X   |    |     | X  |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. . . . .                              |     |    |     |    |     |    |     |    |
| 3 Is the bond issue a variable rate issue? . . . . .  |     |    |     | X  |     | X  |     |    |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . . |     |    |     | X  |     | X  |     |    |
| b Name of provider . . . . .  |     |    |     |    |     |    |     |    |
| c Term of hedge . . . . .   |     |    |     |    |     |    |     |    |
| d Was the hedge superintegrated? . . . . .  |     |    |     |    |     |    |     |    |
| e Was the hedge terminated? . . . . .   |     |    |     |    |     |    |     |    |



Part III Private Business Use (Continued)

ERIE COUNTY HOSPITAL AUTHORITY

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and bond-financed property use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and bond issue characteristics.

**Part IV** Arbitrage (Continued)

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .                        |     |    |     |    |     |    |     |    |
| b Name of provider . . . . .  |     |    |     |    |     |    |     |    |
| c Term of GIC . . . . .   |     |    |     |    |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .     |     |    |     |    |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period? . . . . .                          |     |    |     |    |     |    |     |    |
| 7 Has the organization established written procedures to monitor the requirements of section 148? . . . . . |     |    |     |    |     |    |     |    |

**Part V** Procedures To Undertake Corrective Action

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |     |    |     |    |     |    |     |    |

**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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**Part IV Arbitrage (Continued)**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .                        |     |    |     | X  |     | X  |     |    |
| b Name of provider . . . . .  |     |    |     |    |     |    |     |    |
| c Term of GIC . . . . .   |     |    |     |    |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .     |     |    |     |    |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period? . . . . .                          |     |    |     | X  |     | X  |     |    |
| 7 Has the organization established written procedures to monitor the requirements of section 148? . . . . . |     |    | X   |    | X   |    |     |    |

**Part V Procedures To Undertake Corrective Action**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |     |    | X   |    | X   |    |     |    |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

DESCRIPTION OF PURPOSE

SCHEDULE K PART I, DESCRIPTION OF PURPOSE, COLUMN (F)

SERIES 2007 - CONSTRUCTION AND EQUIPPING OF A NEW HOSPITAL AND HEALTH CENTER FOCUSED ON WOMEN'S AND BABIES' HEALTH CARE NEEDS.

SERIES 2010ABC - REFUNDED ERIE COUNTY HOSPITAL AUTHORITY'S REVENUE SERIES 1998A BONDS ISSUED 6/30/1998; ADVANCE REFUNDED ERIE COUNTY HOSPITAL AUTHORITY'S REVENUE SERIES 2002 BONDS ISSUED 12/5/2002; CONSTRUCT, RENOVATE, EQUIP INPATIENT AND OUTPATIENT HOSPITAL AND HEALTH CARE FACILITIES TO BE OWNED AND OPERATED BY THE MEDICAL CENTER, INCLUDING THE HAMOT WOMEN'S HOSPITAL.

SERIES 2012 - FINANCE ACQUISITION, DEVELOPMENT, REFURBISHMENT AND EQUIPPING OF A FACILITY TO HOUSE THE ADMINISTRATIVE OFFICES OF THE HOME NURSING AGENCY AFFILIATES.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

HAMOT SERIES 2007

\$1,111,358.09 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND  
SPENT ACCORDING TO THE PURPOSE OF THE BONDS. REBATE COMPUTATION  
PERFORMED ON JULY 20, 2010.

HAMOT SERIES 2010ABC SCHEDULE O

N/A

HAMOT 7/16/2009 FINANCING

HNA SERIES 2012

N/A

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| 1                        | (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)                     |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . ▶ |                               |                                    |                     |                                       |      |                               | \$              |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2015

**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 78,319

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON VICKI WERTZ

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION  
 FAMILY MEMBER OF UPMC ALTOONA BOARD  
 MEMBER ROBERT E. WERTZ, M.D.

C AMOUNT OF TRANSACTION 146,589

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1)                           |   |                           |                                |   |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

A NAME OF INTERESTED PERSON RICHARD WERTZ, M.D.

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION  
 FAMILY MEMBER OF UPMC ALTOONA BOARD  
 MEMBER ROBERT E WERTZ, M.D

C AMOUNT OF TRANSACTION 666,280

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON EDITH TZENG MD

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION  
 FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH  
 PHYSICIAN BOARD  
 MEMBER TIMOTHY BILLIAR M.D.

C AMOUNT OF TRANSACTION 156,468

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1)                           |   |                           |                                |   |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

A NAME OF INTERESTED PERSON ANNA ROMAN PHD

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION  
 FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH  
 PHYSICIAN BOARD  
 MEMBER GEORGE MICHALOPULOS M.D.

C AMOUNT OF TRANSACTION 421,590

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   | X                             | 1.   | 450.   | FAIR MARKET VALUE  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   | X                             |  | 18,595.  | FAIR MARKET VALUE  |
| 5 Clothing and household<br>goods . . . . .                                  | X                             |  | 42,987.  | FAIR MARKET VALUE  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     |                               |  |  |  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  | X                             | 6.   | 29,800.  | FAIR MARKET VALUE  |
| 19 Food inventory . . . . .  | X                             | 4.   | 16,047.  | FAIR MARKET VALUE  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ (ATCH 1)  |                               | 525.   | 1,031,328.   |  |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

|    |  |
|----|--|
| 29 |  |
|----|--|

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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) (2015)

**Part II** **Supplemental Information.** Complete this part to 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.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|--------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| BABY FORMULA       | X                | 1.                                 | 488,056.                     | FAIR MARKET VALUE                |
| ENTERTAINMENT      | X                | 7.                                 | 7,389.                       | FAIR MARKET VALUE                |
| ADMISSION TICKETS  | X                | 90.                                | 26,126.                      | FAIR MARKET VALUE                |
| CONDO              | X                | 2.                                 | 11,500.                      | FAIR MARKET VALUE                |
| GIFT CERTIFICATES  | X                | 182.                               | 34,684.                      | FAIR MARKET VALUE                |
| SPORT EVENTS       | X                | 3.                                 | 10,363.                      | FAIR MARKET VALUE                |
| FOOTBALL EVENT     | X                | 3.                                 | 32,800.                      | FAIR MARKET VALUE                |
| MISCELLANEOUS      | X                | 195.                               | 175,306.                     | FAIR MARKET VALUE                |
| TOYS               | X                | 5.                                 | 236,759.                     | FAIR MARKET VALUE                |
| GIFT BASKETS       | X                | 37.                                | 8,345.                       | FAIR MARKET VALUE                |
| TOTALS             |                  | <u>525.</u>                        | <u>1,031,328.</u>            |                                  |

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

20-8295721

PART 1 SUMMARY

PART 1, LINE 5 AND PART V LINE 2A

THE TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2015 OF 59,761 IS REPRESENTATIVE OF THE SUM OF ALL INDIVIDUALS EMPLOYED BY EACH OF THE 47 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

UPMC GROUP REFLECTS THE COMPOSITE INFORMATION AND OPERATIONS OF FORTY SEVEN (47) TAX EXEMPT ENTITIES, INCLUDING 13 HOSPITAL ENTITIES, 11 PHYSICIAN SERVICE ENTITIES, 3 SKILLED NURSING FACILITIES, AND 20 OTHER ANCILLARY SERVICE AND SUPPORT ENTITIES FROM WITHIN THE UPMC (UNIVERSITY OF PITTSBURGH MEDICAL CENTER) INTEGRATED HEALTHCARE DELIVERY SYSTEM (IHDS). THIS DELIVERY SYSTEM IS COMPRISED OF PREMIER HEALTHCARE

|  |  |
|--|--|
| Name of the organization<br>UPMC GROUP | Employer identification number<br>20-8295721 |
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PROVIDERS SUCH AS ACUTE INPATIENT HOSPITALS, CANCER TREATMENT FACILITIES, PHYSICIAN GROUPS, SKILLED NURSING FACILITIES AND OTHER ORGANIZATIONS PROVIDING HEALTHCARE SUPPORT SERVICES THAT PATIENTS MAY NEED.

DURING THE FISCAL YEAR ENDED JUNE 30, 2016, THE ENTITIES WITHIN UPMC GROUP ADMITTED 204,080 INPATIENTS, RECORDED 1,170,246 INPATIENT DAYS, 709,984 EMERGENCY ROOM VISITS, 178,925 SURGERIES, AND 663 TRANSPLANTS. THEY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT COST, OF OVER \$615,000,000. UPMC GROUP MEMBERS PROVIDED SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED PROGRAMS, OUTREACH PROGRAMS, HEALTH SCREENINGS, EDUCATIONAL CLASSES, AND VOLUNTEER SERVICES AT A COST OF OVER \$194,000,000. UPMC GROUP ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN EXCESS OF \$378,000,000.

THE THIRTEEN HOSPITALS THAT ARE PART OF UPMC GROUP ARE UPMC PRESBYTERIAN SHADYSIDE, CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC, MAGEE-WOMENS HOSPITAL OF UPMC, UPMC MERCY, UPMC ST. MARGARET, UPMC PASSAVANT, UPMC HORIZON, UPMC NORTHWEST, UPMC MCKEESPORT, UPMC BEDFORD, UPMC EAST, UPMC HAMOT, AND UPMC ALTOONA.

UPMC PRESBYTERIAN SHADYSIDE IS THE ACADEMIC HUB OF UPMC'S INPATIENT PROVIDER SERVICES, AND IS THE 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

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| Name of the organization<br>UPMC GROUP | Employer identification number<br>20-8295721 |
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RESEARCH, AND TEACHING THAT WILL CONTRIBUTE TO THE PREVENTION, DIAGNOSIS, AND TREATMENT OF HUMAN DISEASE AND DISABILITY, REGARDLESS OF PATIENTS' ABILITY TO PAY. THE FACILITIES THAT ARE A PART OF THE UPMC PRESBYTERIAN SHADYSIDE CAMPUSES ARE UPMC PRESBYTERIAN, UPMC SHADYSIDE, WESTERN PSYCHIATRIC INSTITUTE AND CLINIC (WPIC), UPMC MONTEFIORE, AND EYE AND EAR INSTITUTE. UPMC PRESBYTERIAN SHADYSIDE HAS LEADING PROGRAMS IN ORGAN TRANSPLANTATION, ONCOLOGY, CARDIOLOGY AND CARDIOTHORACIC SURGERY, CRITICAL CARE MEDICINE AND TRAUMA SERVICES, NEUROSURGERY, ORTHOPEDICS, OPHTHALMOLOGY, AND BEHAVIORAL HEALTH, AS WELL AS OTHER MEDICAL SPECIALTIES. UPMC PRESBYTERIAN (INCLUDING UPMC MONTEFIORE) IS A 789-BED TEACHING HOSPITAL THAT HAS BEEN PROVIDING HEALTH CARE SINCE 1893. UPMC SHADYSIDE IS A 520-BED TERTIARY HOSPITAL THAT HAS BEEN SERVING THE RESIDENTS OF PITTSBURGH AND THE TRI-STATE AREA SINCE 1866 AND IS A MAGNET™ DESIGNATED HOSPITAL. MAGNET STATUS IS ONE OF THE HIGHEST ACHIEVEMENTS A HOSPITAL CAN OBTAIN IN PROFESSIONAL NURSING, AND DEMONSTRATES NURSING EXCELLENCE, A COMMITMENT TO QUALITY PATIENT CARE, AND A HEALTHY WORK ENVIRONMENT. WESTERN PSYCHIATRIC INSTITUTE AND CLINIC IS A 304-INPATIENT-BED FACILITY THAT IS A NATIONAL LEADER IN THE TREATMENT OF MENTAL HEALTH AND ADDICTIVE DISORDERS.

UPMC PRESBYTERIAN SHADYSIDE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$246,000,000. UPMC PRESBYTERIAN SHADYSIDE IS ACTIVELY INVOLVED IN SPONSORING MANY PROGRAMS FOR PATIENTS, CHILDREN, TEENS, SENIORS, AND THE COMMUNITY AS A WHOLE AND PROVIDES THE SERVICES TO THE



|  |  |
|--|--|
| Name of the organization<br>UPMC GROUP | Employer identification number<br>20-8295721 |
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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 \$46,000,000. UPMC PRESBYTERIAN SHADYSIDE ALSO FUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$153,000,000.

UPMC PRESBYTERIAN SHADYSIDE REACHED THE COMMUNITY THROUGH MANY EDUCATIONAL PRESENTATIONS, HEALTH FAIRS AT SCHOOLS AND NEIGHBORHOOD CENTERS, FREE HEALTH SCREENINGS, AND SUPPORT GROUPS. OTHER COMMUNITY PROGRAMS THAT BENEFITED PATIENTS AND GUESTS WERE DISCOUNTED OR FREE PARKING AND USE OF THE BLUE SHUTTLE, WHICH PROVIDES FREE TRANSPORTATION FROM FAMILY HOUSE TO THE HOSPITAL. UPMC PRESBYTERIAN SHADYSIDE PROVIDED MEDICATIONS TO PATIENTS BEING DISCHARGED WHO COULD NOT AFFORD THE COST OF PRESCRIPTIONS. ASSISTANCE WITH GUARDIANSHIP SERVICES WAS PROVIDED TO PATIENTS WITH FINANCIAL DIFFICULTY, AND HOUSING ASSISTANCE WAS PROVIDED TO PATIENTS' FAMILIES WHO EXPERIENCED FINANCIAL DIFFICULTY. BUS, WHEELCHAIR VAN, AND AMBULANCE TRANSPORTATION WAS PROVIDED FOR PATIENTS IN NEED, AND FREE PARKING WAS PROVIDED TO MANY ORGANIZATIONS THAT HELD EVENTS FURTHERING UPMC PRESBYTERIAN SHADYSIDE'S MISSION. FINALLY, STAFF ATTENDED NUMEROUS HEALTH FAIRS IN THE AREA. SUBJECTS COVERED INCLUDED INJURY PREVENTION, CANCER PREVENTION AND EARLY DETECTION, NUTRITION, AND MANY OTHER MEDICAL ISSUES AS WELL AS CPR INSTRUCTION. DONATIONS OF CLOTHING, TOILETRIES, GIFT CARDS, BOARD GAMES, AND USED EQUIPMENT WERE DISTRIBUTED TO VARIOUS ORGANIZATIONS SUCH AS FAMILY HOUSE,

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ALIQUIPPA POLICE DEPARTMENT, PITTSBURGH ZOO AND AQUARIUM, ACADEMY SCHOOLS AND THE GREATER PITTSBURGH COMMUNITY FOOD BANK. SCHOOL SUPPLIES AND CHRISTMAS GIFTS WERE ALSO COLLECTED FOR CHILDREN IN NEED.

RENOWNED FOR ITS OUTSTANDING CLINICAL SERVICES, RESEARCH PROGRAMS AND MEDICAL EDUCATION, CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC (CHILDREN'S) HAS HELPED TO ESTABLISH THE STANDARDS OF EXCELLENCE IN PEDIATRIC CARE. FROM AMBULATORY CARE TO TRANSPLANTATION AND CARDIAC CARE, TALENTED AND COMMITTED PEDIATRIC EXPERTS CARE FOR INFANTS, CHILDREN AND ADOLESCENTS WHO MAKE MORE THAN 1,000,000 VISITS TO CHILDREN'S AND ITS SATELLITE LOCATIONS EACH YEAR. THE PRIMARY MISSION OF CHILDREN'S HOSPITAL OF PITTSBURGH IS TO SERVE AS A COMMUNITY RESOURCE DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF CHILDREN OF ALL AGES, THROUGH EXCELLENCE IN PATIENT CARE, TEACHING, AND RESEARCH, REGARDLESS OF THE PATIENTS' ABILITY TO PAY.

CHILDREN'S LEADS THE WAY IN ADVANCED TECHNOLOGY APPLICATION WITH RESPECT TO ITS USE OF ELECTRONIC MEDICAL RECORDS, AND HAS BEEN RECOGNIZED BY AN INDEPENDENT HEALTH CARE RESEARCH ORGANIZATION AS THE NUMBER ONE PEDIATRIC HOSPITAL IN ITS USE OF HEALTH CARE INFORMATION TECHNOLOGY. DURING FISCAL YEAR 2016, CHILDREN'S WAS NAMED THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) ENTERPRISE DAVIES AWARD RECIPIENT FOR ITS USE OF HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT OUTCOMES.

CHILDREN'S PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING

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MEDICARE AND MEDICAID SHORTFALLS, AT A COST OF OVER \$16,000,000. SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH CHARITABLE CONTRIBUTIONS, OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES AND MENTORSHIPS WHICH ARE TARGETED AT PATIENTS, PATIENTS' FAMILIES AND THE COMMUNITY AT LARGE, AT A COST OF \$10,000,000. CHILDREN'S SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$45,000,000 DURING FISCAL YEAR 2016.

ONE OF THE COMMUNITY PROGRAMS OFFERED BY CHILDREN'S IS THE FAMILY CARE CONNECTION (FCC), WITH THE GOAL OF IMPROVING THE HEALTH OF CHILDREN AND FAMILIES IN AREAS WITH HIGH RATES OF CHILD ABUSE, INFANT MORTALITY, AND POVERTY. THE FCC OFFERS A VARIETY OF FAMILY SUPPORT PROGRAMS THAT ENHANCE RELATIONSHIPS BETWEEN PARENTS AND CHILDREN, IMPROVE MATERNAL AND CHILD HEALTH, ADDRESS SCHOOL READINESS THROUGH CHILD DEVELOPMENT ACTIVITIES, AND ASSESS AND EDUCATE 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, AND CHILD DEVELOPMENT, PARENTING, EDUCATIONAL AND COMMUNITY-BUILDING ACTIVITIES. CHILDREN'S HOSPITAL OF PITTSBURGH'S RONALD MCDONALD HOUSE CHARITIES MOBILE HEALTH CARE UNIT, IN PARTNERSHIP WITH OTHER COMMUNITY RESOURCES, IS FOCUSED ON IMPROVING HEALTH OUTCOMES, PROMOTING WELL-BEING, AND PROVIDING CONTINUITY OF CARE FOR CHILDREN WHO ARE MEDICALLY UNDERSERVED.

STAFF ATTENDED HEALTH FAIRS IN AREA COMMUNITIES AND SCHOOLS, PROMOTING

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PEDIATRIC AND FAMILY HEALTH THROUGH EDUCATIONAL GAMES, DEMONSTRATIONS, AND DISPLAYS. CHILDREN'S PROVIDED FREE ORTHODONTIC CARE TO THOSE WHO ARE UNINSURED OR UNDERINSURED AND WOULD NOT HAVE THIS CARE AVAILABLE TO THEM.

THE HOSPITAL PARTICIPATED IN DIABETES AND ORGAN TRANSPLANT CAMPS. THESE CAMPS PROVIDED CHILDREN WITH MEDICAL CONDITIONS THE OPPORTUNITY TO PARTICIPATE IN VARIOUS ACTIVITIES AND TO CONNECT WITH CHILDREN WITH SIMILAR CONDITIONS. CHILDREN'S ALSO OFFERS A FREE PROGRAM TO ENSURE THAT CHILDREN HOSPITALIZED FOR EXTENDED PERIODS OF TIME DON'T FALL BEHIND IN SCHOOL. PATIENTS ARE ABLE TO LEARN WHILE IN THE HOSPITAL, EVEN AT THEIR BEDSIDES. THE HOSPITAL OBTAINS THE CURRICULUM FROM PATIENTS' RESPECTIVE SCHOOL DISTRICTS AND PAIRS THE PATIENTS WITH CERTIFIED TEACHERS.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

MAGEE-WOMENS HOSPITAL OF UPMC (MAGEE) ENHANCES THE HEALTH CARE AND WELL-BEING OF WOMEN, MEN, INFANTS, AND THEIR FAMILIES. IT IS A FULL-SERVICE ACUTE CARE, RESEARCH AND TEACHING CENTER FOR WOMEN, MEN, AND NEWBORNS. AS A NATIONAL CENTER OF EXCELLENCE IN WOMEN'S HEALTH, MAGEE IS CONSISTENTLY RECOGNIZED FOR MEDICAL EXCELLENCE AND INNOVATION, OUTSTANDING PATIENT CARE, EDUCATION, RESEARCH, STANDARDS DEVELOPMENT, AND ADVOCACY. MAGEE IS COMMITTED TO PROVIDING SUPERIOR CARE TO AREA FAMILIES, REGARDLESS OF THEIR ABILITY TO PAY. MAGEE PROVIDES AN EXPANDED RANGE OF SERVICES TO BOTH MEN AND WOMEN INCLUDING THE FOLLOWING: DIAGNOSTIC IMAGING, INCLUDING CT AND MRI, A HEART CENTER, BARIATRIC SURGERY, ORTHOPAEDICS, DIGESTIVE DISORDER TREATMENT, PULMONOLOGY, THORACIC SURGERY, PLASTIC SURGERY, VASCULAR SURGERY, CANCER TREATMENT,

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NEUROLOGY, AND UROLOGY. RECOGNIZED AS A NATIONAL CENTER OF EXCELLENCE IN WOMEN'S HEALTH BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, MAGEE SERVES AS THE TEACHING FACILITY FOR OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, AND NEONATOLOGY FOR THE UNIVERSITY OF PITTSBURGH (THE UNIVERSITY). MEMBERS OF THE MEDICAL STAFF HOLD ACADEMIC APPOINTMENTS AT THE UNIVERSITY AND ARE ACTIVELY INVOLVED IN EDUCATION AND RESEARCH, AS WELL AS PATIENT CARE. NEARLY 11,000 BIRTHS OCCUR AT MAGEE EACH YEAR. MAGEE IS ALSO THE REGIONAL REFERRAL CENTER FOR HIGH-RISK MATERNAL CARE. THE HOSPITAL'S NEONATAL INTENSIVE CARE UNIT IS THE LARGEST IN PENNSYLVANIA, TREATING MORE THAN 2,000 SERIOUSLY OR CRITICALLY ILL INFANTS ANNUALLY.

MAGEE OFFERS THE MYMAGEEPREGNANCY APP THAT IS AVAILABLE VIA THEIR SOCIAL MEDIA PAGE. THE APP INCLUDES HEALTH INFORMATION AND HEALTHY BEHAVIORS FOR PREGNANT WOMEN SUCH AS PRENATAL TESTING, BREASTFEEDING, EXERCISE AND VITAMINS. THE INFORMATION CAN BE SHARED ON SOCIAL MEDIA, ALLOWING EXPECTANT PARENTS TO KEEP FAMILY AND FRIENDS UPDATED. NURSE EDUCATORS RESPOND TO VARIOUS HEALTH CONCERNS OF WOMEN IN THE COMMUNITY WHO CALL MAGEE AND ARE DIRECTED TO THE DEPARTMENT OF EDUCATION FOR PHONE CONSULTATION. THESE CALLS ARE OFTEN FROM THE GENERAL PUBLIC RATHER THAN FROM MAGEE PATIENTS. THE PRENATAL EMAIL PROGRAM PROVIDES WEEKLY EMAILS, AT NO COST, TO PREGNANT WOMEN AND THEIR FAMILIES. THESE EMAILS INCLUDE INFORMATION ON THE GROWING BABY, CURRENT RESEARCH FINDINGS ON NEWBORN HEALTH, AND HEALTHY BEHAVIORS FOR PREGNANT WOMEN.

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MAGEE IS ACTIVELY INVOLVED IN THE COMMUNITY, SERVING INFANTS, TEENS, WOMEN, MEN, AND THEIR FAMILIES. DURING THE FISCAL YEAR ENDED JUNE 30, 2016, MAGEE PROVIDED CHARITABLE CONTRIBUTIONS AND COMMUNITY SERVICE PROGRAMS AND SIMILAR FUNDING OF APPROXIMATELY \$10,000,000. MAGEE PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF OVER \$20,000,000. MAGEE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$90,000,000 FOR THE FISCAL YEAR ENDED JUNE 30, 2016.

HILLMAN CANCER CENTER (THE CENTER) IS THE FLAGSHIP TREATMENT AND RESEARCH FACILITY OF UPMC. HOME TO THE STATE-OF-THE-ART CLINICAL SERVICES OF UPMC AND THE NATIONALLY AND INTERNATIONALLY RECOGNIZED RESEARCH OF THE UPCI, HILLMAN CANCER CENTER PROVIDES SPECIALIZED DIAGNOSIS, TREATMENT, PREVENTION, AND CARE FOR PATIENTS AND THEIR FAMILIES.

HILLMAN CANCER CENTER IS HOME TO INTERNATIONALLY REGARDED SURGICAL, MEDICAL, AND RADIATION ONCOLOGY SPECIALISTS, WHO PERFORM TREATMENT PROCEDURES UNAVAILABLE ELSEWHERE IN THE REGION. THE CENTER ALSO HAS THE REGION'S MOST ADVANCED IMAGING TECHNOLOGIES TO DETECT CANCER AND MONITOR TREATMENT. HILLMAN CANCER CENTER IS HOME TO A COMPONENT OF THE NATIONAL INSTITUTES OF HEALTH-FUNDED GENERAL CLINICAL RESEARCH CENTER, WHICH PROVIDES SUPPORT FOR THE CONDUCTING OF CLINICAL TRIALS.

BEYOND CLINICAL CARE, HILLMAN CANCER CENTER ALSO HAS A FULL RANGE OF SERVICES TO HELP PATIENTS BETTER COPE WITH CANCER. PATIENTS AND THEIR

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FAMILIES HAVE ACCESS TO A WIDE ARRAY OF EDUCATIONAL, COUNSELING, NUTRITIONAL AND GENETIC RESOURCES.

UPMC MERCY, ESTABLISHED IN 1847 BY THE SISTERS OF MERCY, WAS THE FIRST HOSPITAL IN PITTSBURGH AND THE FIRST MERCY HOSPITAL IN THE U.S. UPMC MERCY OFFERS A BROAD RANGE OF SERVICES AND PROVIDES COMPASSIONATE CARE IN THE CATHOLIC TRADITION. THE SOCIAL RESPONSIBILITY OF CATHOLIC HEALTH CARE IS GUIDED BY FIVE ESSENTIAL PRINCIPLES: TO PROMOTE HUMAN DIGNITY, TO CARE FOR THE POOR, TO CONTRIBUTE TO THE COMMON GOOD, TO EXERCISE RESPONSIBLE STEWARDSHIP, AND ADHERENCE TO THE MORAL TEACHINGS OF THE CHURCH.

UPMC MERCY IS PITTSBURGH'S ONLY CATHOLIC HOSPITAL WITH SPECIALIZED SERVICES, INCLUDING THE NEUROSCIENCES, LEVEL 1 TRAUMA AND BURN SERVICES, WOMEN'S HEALTH, ORTHOPAEDICS, AND PHYSICAL MEDICINE AND REHABILITATION. CARE IS PROVIDED TO ALL IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. UPMC MERCY CARRIES OUT ITS MISSION THROUGH ITS CORE VALUES AND WITH A COMMITMENT TO BEING A TRANSFORMING, HEALING PRESENCE WITHIN THE COMMUNITIES IT SERVES.

UPMC MERCY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$28,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2016. UPMC MERCY ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH VARIOUS OUTREACH AND OTHER COMMUNITY SERVICES PROGRAMS AT A COST OF \$4,000,000, WHICH WAS BORNE BY THE

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HOSPITAL, AND PROVIDED FUNDING OF OVER \$17,000,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION.

STAFF FROM UPMC MERCY PARTICIPATED IN MANY COMMUNITY HEALTH FAIRS. THEY PROVIDED EDUCATIONAL INFORMATION IN THE AREAS OF REHABILITATION, STROKE, CANCER, DIABETES, SCREENINGS, AND COUNSELING. IN ADDITION, SUPPORT GROUPS FOR STROKE, NEW RN'S, GRIEF, AND AMPUTEES ARE OFFERED BY UPMC MERCY. UPMC MERCY ALSO PROVIDED SPIRITUAL CARE AND HEALTH CARE TO THE HOMELESS. PROGRAMS FOR FAMILIES INCLUDED BABY CARE BASIC TRAINING, INFANT AND CHILD CPR AND FIRST AID, CHILDBIRTH PREPARATION, AND A SIBLING PROGRAM. UPMC MERCY PROVIDED CAB VOUCHERS AND BUS TICKETS TO PATIENTS IN NEED, AND ALSO MADE CONTRIBUTIONS TO SUPPORT SEVERAL AREA PROGRAMS AND CHARITIES. UPMC MERCY CONDUCTED ITS FIRST 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 MEAL TICKETS TO FAMILIES, CLERGY, AND OTHERS. LEFTOVER FOOD WAS PACKAGED AND LABELED FOR DONATION TO THE FOOD BANK.

UPMC MERCY PROVIDES JOB SHADOWING AND MENTORING EXPERIENCES FOR NURSING STUDENTS AND MENTORS OTHER STUDENTS FROM VARIOUS DISCIPLINES.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED  
UPMC ST. MARGARET IS A 248-BED ACUTE-CARE AND TEACHING HOSPITAL SERVING PRIMARILY THE MORE THAN 250,000 RESIDENTS OF PITTSBURGH'S NORTHERN AND EASTERN SUBURBS AND IS A MAGNET™ DESIGNATED HOSPITAL. MAGNET STATUS IS



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THE HIGHEST INTERNATIONAL RECOGNITION FOR NURSING EXCELLENCE AND LEADERSHIP. FOUNDED IN 1898, UPMC ST. MARGARET IS HOME TO ONE OF THE OLDEST AND LARGEST FAMILY PRACTICE RESIDENCY PROGRAMS IN PENNSYLVANIA.

UPMC ST. MARGARET IS COMMITTED TO ITS MISSION OF PROVIDING QUALITY HEALTH CARE TO ALL IN NEED AND HAS PUT IN PLACE POLICIES TO ASSURE ACCESS TO ITS SERVICES, REGARDLESS OF ABILITY TO PAY. IT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$22,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2016. UPMC ST. MARGARET ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH FREE OR LOW-COST OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY. ALL OF THESE PROGRAMS HAVE ASSISTED THOUSANDS OF PEOPLE IN THE COMMUNITY WITH THE COST OF OVER \$2,800,000 BORNE BY THE HOSPITAL IN THE FISCAL YEAR ENDED JUNE 30, 2016. UPMC ST. MARGARET ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF OVER \$8,500,000 IN FISCAL YEAR 2016.

UPMC ST. MARGARET'S PARAMEDIC RESPONSE TEAM PROVIDES ADVANCED LIFE SUPPORT TO PATIENTS AND ASSISTANCE TO LOCAL AMBULANCE SERVICES. THE UNIT IS STAFFED WITH A STAFF PARAMEDIC WHO RESPONDS TO ASSIST WHEN DISPATCHED BY COUNTY 911 OPERATORS.

PATIENTS, FAMILY MEMBERS AND MEMBERS OF THE COMMUNITY HAVE ACCESS TO THE MEDICAL LIBRARY AT UPMC ST. MARGARET. THE LIBRARY PROVIDES HEALTH AND

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DISEASE-SPECIFIC RESEARCH, INTERNET, EMAIL ACCESS, AND RECREATIONAL READING MATERIALS. THE COMMUNITY, INCLUDING STUDENTS, PATIENTS, NURSES, AND PHYSICIANS, ROUTINELY ACCESSES THE LIBRARY'S EXTENSIVE COLLECTION OF BOOKS AND PERIODICALS AS A PART OF INFORMATION GATHERING.

FREE OR DISCOUNTED PARKING WAS PROVIDED TO ALL PATIENTS WHO CAME TO THE HOSPITAL FOR OUTPATIENT SERVICES. FINANCIAL ASSISTANCE WAS PROVIDED TO COVER THE COST OF CAB RIDES FOR INPATIENTS BEING DISCHARGED TO THEIR HOMES AND TO OUTPATIENTS FOLLOWING SERVICES AT THE HOSPITAL. FREE MEDICATIONS ARE DISTRIBUTED BY UPMC ST. MARGARET THROUGH THE FAMILY HEALTH CENTER PHARMACISTS AND PHYSICIANS TO SUPPLY INDIGENT PATIENTS WITH MAINTENANCE MEDICATIONS. UPMC ST. MARGARET OFFERED FREE FLU SHOTS AND CHOLESTEROL AND GLUCOSE SCREENINGS TO AREA RESIDENTS AGE 65 AND OLDER AND TO INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS.

FOUNDED IN 1849, UPMC PASSAVANT IS A PROVIDER OF QUALITY HEALTH CARE SERVICES TO PATIENTS IN THE AREAS OF ACUTE CARE, EMERGENCY CARE, INPATIENT CARE, OUTPATIENT CARE, AND COMMUNITY OUTREACH. IT PROVIDES THESE SERVICES TO PATIENTS IN THE NORTHERN METROPOLITAN REGION OF PITTSBURGH AND ALLEGHENY COUNTY AND SOUTHERN BUTLER COUNTY, REGARDLESS OF THEIR ABILITY TO PAY. AS UPMC'S TERTIARY CARE CENTER NORTH OF PITTSBURGH, THIS STATE-OF-THE-ART HOSPITAL OFFERS UPMC'S BRAND OF WORLD-CLASS MEDICAL CARE AT TWO CAMPUSES TO SERVE COMMUNITIES NORTH OF THE CITY.

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THROUGH UPMC PASSAVANT, HIGH-QUALITY CARE AND ALL OF THE RESOURCES OF AN ACADEMIC MEDICAL CENTER ARE NOW MORE READILY AVAILABLE TO RESIDENTS NORTH OF PITTSBURGH. WITH STRONG SPECIALTY PROGRAMS IN HEART CARE, CANCER CARE, ORTHOPAEDICS, AND SPINE SURGERY AT THE MCCANDLESS CAMPUS; A COMPREHENSIVE BREAST CENTER AND STATE-OF-THE-ART IMAGING CENTER AT THE CRANBERRY CAMPUS; A TRULY PATIENT-AND-FAMILY-CENTERED ATMOSPHERE; AND EXPANSION PROJECTS UNDER WAY AT BOTH HOSPITAL CAMPUSES, UPMC PASSAVANT IS DEMONSTRATING ITS COMMITMENT TO EXCELLENCE IN PATIENT CARE.

DURING THE FISCAL YEAR ENDED JUNE 30, 2016, UPMC PASSAVANT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$43,500,000.

UPMC PASSAVANT PROVIDED MANY COMMUNITY OUTREACH AND SUPPORT PROGRAMS IN FISCAL YEAR 2016 THAT INCLUDED HEALTH FAIRS, HEALTH SCREENINGS, EDUCATIONAL/COUNSELING PROGRAMS, IMMUNIZATIONS, SUPPORT GROUPS, AND OTHER PROGRAMS THAT BENEFITED THE GENERAL POPULATION OF THE COMMUNITY. THESE SERVICES HELPED THOUSANDS OF COMMUNITY MEMBERS UNDERSTAND AND MANAGE A WIDE ARRAY OF HEALTH CARE ISSUES AND CONDITIONS. THE VALUE OF THESE PROGRAMS AND OTHER FUNDING TO THE COMMUNITY WAS APPROXIMATELY \$7,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2016. UPMC PASSAVANT ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2016 AT A COST OF OVER \$4,800,000.

THE COMMUNITY BENEFITED FROM MANY HEALTH FAIRS IN WHICH UPMC PASSAVANT PARTICIPATED. INFORMATION WAS OFFERED ON DIABETES, CARDIAC CARE, CANCER,

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NUTRITION, AND WOUND CARE. ALSO, SCREENINGS FOR DIABETES, OSTEOPOROSIS, AND HIGH BLOOD PRESSURE WERE PROVIDED AND PULMONARY FUNCTION TESTING WAS MADE AVAILABLE. UPMC PASSAVANT PROVIDED FLU SHOTS FOR SENIORS. MANY OF THESE ARE DONE AT NO COST.

FOUNDED IN 1906, UPMC HORIZON STRIVES TO BE THE PREMIER HEALTH CARE DELIVERY SYSTEM IN MERCER COUNTY. 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, REGARDLESS OF A PATIENT'S ABILITY TO PAY. UPMC HORIZON, WITH CAMPUSES IN GREENVILLE AND SHENANGO VALLEY, OFFERS CLINICAL EXPERTISE IN PRIMARY CARE MEDICINE, CARDIOLOGY, ONCOLOGY, DIGESTIVE DISORDERS, BARIATRIC SURGERY, WOMEN'S HEALTH, RADIOLOGY/IMAGING SERVICES, AND PAIN MANAGEMENT.

DURING THE FISCAL YEAR ENDED JUNE 30, 2016, UPMC HORIZON PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$22,000,000. THE COMMUNITIES SERVED BY UPMC HORIZON ARE LOCATED IN AN ECONOMICALLY DISTRESSED AND MEDICALLY UNDERSERVED AREA. IN THE YEAR ENDED JUNE 30, 2016, UPMC HORIZON PROVIDED COMMUNITY SERVICE PROGRAMS AND OTHER FUNDING AT A COST OF OVER \$2,600,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY \$1,600,000.

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MANY GROUPS WITHIN THE COMMUNITY BENEFITED FROM UPMC HORIZON'S DIABETES INITIATIVE THROUGH WHICH BLOOD SUGAR SCREENINGS AND EDUCATIONAL PRESENTATIONS WERE GIVEN TO DIABETES SUPPORT GROUPS TO RAISE PUBLIC AWARENESS OF THE DISEASE. UPMC HORIZON PROVIDED MEETING SPACE TO AREA SUPPORT GROUPS SUCH AS MERCER COUNTY DIABETES AND PULMONARY HYPERTENSION.

THE HOSPITAL ALSO PROVIDED FREE CHOLESTEROL SCREENINGS, FREE HEEL SCREENINGS, BODY MASS INDEX SCREENINGS, AND ATHLETIC TRAINING SERVICES. UPMC HORIZON PROMOTES THE MEDICAL EQUIPMENT RECYCLING PROGRAM AND AVAILABILITY OF DURABLE MEDICAL EQUIPMENT FOR THE COMMUNITY. THE HOSPITAL PROVIDES STAFFING AND SPACE TO UPMC HORIZON COMMUNITY HEALTH FOUNDATION FOR FUNDRAISING ACTIVITIES AND OPERATIONS. UPMC HORIZON DONATED AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) TO AREA BUSINESSES AND ORGANIZATIONS, AND DONATED EPI-PENS TO FIRST RESPONDERS.

UPMC NORTHWEST, ESTABLISHED IN 1899, SERVES THE RESIDENTS OF THE FRANKLIN, OIL CITY AND SURROUNDING COMMUNITIES. UPMC NORTHWEST IS A STATE-OF-THE-ART MEDICAL FACILITY PROVIDING ACUTE INPATIENT, OUTPATIENT, BEHAVIORAL HEALTH, REHABILITATION, SKILLED NURSING, AND SUPPORT AND EDUCATION SERVICES. THE HOSPITAL PROVIDES SERVICES TO ALL PERSONS, REGARDLESS OF ABILITY TO PAY. GREATER THAN 68% OF UPMC NORTHWEST'S FISCAL YEAR 2016 PATIENTS WERE MEDICARE OR STATE MEDICAID PATIENTS.

DURING THE FISCAL YEAR ENDED JUNE 30, 2016, UPMC NORTHWEST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$12,000,000. THE HOSPITAL

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PROVIDED FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF \$3,800,000 THROUGH COMMUNITY OUTREACH PROGRAMS TARGETED AT PATIENTS, THEIR FAMILIES, AND THE COMMUNITY, AS WELL AS DONATIONS, VOLUNTEER SERVICES, AND RESEARCH AND EDUCATION PROGRAMS.

FAMILIES BENEFITED FROM UPMC NORTHWEST'S PREPARED CHILDBIRTH CLASSES, WHICH READIED PARTICIPANTS FOR THEIR CHILDBIRTH EXPERIENCE. UPMC NORTHWEST ALSO OFFERED INFANT CARE CLASSES WHICH PROVIDED INFORMATION TO PARENTS ON HOW TO CARE FOR NEWBORNS, AND SIBLING CLASSES WHICH PREPARED CHILDREN TO BECOME BIG BROTHERS OR BIG SISTERS.

UPMC NORTHWEST'S ESPECIALLY FOR WOMEN PROGRAM PROVIDED INFORMATION AND SCREENINGS FOR WOMEN'S HEALTH, AND THEIR ESPECIALLY FOR MEN PROGRAM EDUCATED MEN ON THE MOST COMMON HEALTH CONCERNS AFFECTING THEM. THROUGH HEALTH FAIRS AND EDUCATIONAL PROGRAMS, THE ORGANIZATION PROVIDED BLOOD PRESSURE SCREENINGS, CPR/FIRST AID, SMOKING CESSATION INFORMATION, NUTRITION INFORMATION, STROKE SCREENINGS, STROKE EDUCATION, HEART SCREENINGS, PROSTATE SCREENINGS, AND DIABETES EDUCATION. UPMC NORTHWEST PROVIDED TRANSPORTATION TO PATIENTS WHO WERE IN NEED UPON DISCHARGE FROM THE HOSPITAL AND ALSO PROVIDED COMPLEMENTARY ROOM USAGE TO VARIOUS COMMUNITY ORGANIZATIONS.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED  
FOUNDED IN 1894, UPMC MCKEESPORT IS A NONPROFIT ACUTE CARE COMMUNITY HOSPITAL THAT PRIMARILY SERVES THE RESIDENTS OF MCKEESPORT AND THE

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SURROUNDING AREA. UPMC MCKEESPORT IS A TEACHING HOSPITAL, WITH RESIDENCY PROGRAMS IN BOTH FAMILY PRACTICE AND INTERNAL MEDICINE.

UPMC MCKEESPORT PROVIDES A WIDE RANGE OF QUALITY HEALTH CARE SERVICES, REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IT IS LOCATED IN A GEOGRAPHIC AREA OF ECONOMIC DISTRESS, AND MUCH OF THE SURROUNDING COMMUNITY IS RECOGNIZED AS MEDICALLY UNDERSERVED, WITH A POPULATION THAT IS ELDERLY AND ECONOMICALLY DISADVANTAGED. THE HOSPITAL'S MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTH CARE EDUCATION TO ALL PERSONS. THEREFORE, IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, THE FOLLOWING WERE PROVIDED REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY: FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY.

DURING THE FISCAL YEAR ENDED JUNE 30, 2016, UPMC MCKEESPORT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$12,800,000. THE HOSPITAL ALSO PROVIDES SERVICES TO THE COMMUNITY THROUGH OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES, AND FUNDING OF SCHOOLS FOR HEALTH PROFESSIONS, WHICH ARE TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY. THE ESTIMATED COSTS OF PROVIDING THESE SERVICES, AS WELL AS FUNDING EDUCATION AND RESEARCH SUPPORT, IN FISCAL

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YEAR 2016 WERE APPROXIMATELY \$3,000,000 AND \$6,300,000 RESPECTIVELY.

FAMILY MEDICINE FACULTY VOLUNTEERED AT A FREE CLINIC ON A WEEKLY BASIS, PROVIDING MEDICAL CARE AND PHARMACY SERVICES TO THE UNINSURED AND HOMELESS RESIDENTS OF MCKEESPORT AND SURROUNDING AREAS. THE HOSPITAL PROVIDED FREE PARKING FOR CLIENTS, COMMUNITY PROGRAMMING, AND NON-EMPLOYEE INITIATIVES. UPMC MCKEESPORT ALSO PROVIDED TRANSPORTATION IN THE FORM OF GERIATRIC VAN SERVICES AND UNCOMPENSATED RIDES THROUGH MANY LOCAL VENDORS FOR THE MCKEESPORT COMMUNITY.

UPMC MCKEESPORT HAS A LEADERSHIP ROLE IN THE MON RIVER FLEET COMMUNITY PARTNERSHIP, WHICH PROVIDED FREE INFLUENZA IMMUNIZATIONS TO COMMUNITY RESIDENTS. THE HOSPITAL OFFERED SPACE AT REDUCED RATES TO VARIOUS CHARITABLE/COMMUNITY ORGANIZATIONS AND ENHANCED THE QUALITY OF LIFE FOR AREA SENIORS BY OFFERING SCREENINGS, SOCIALIZATION OPPORTUNITIES, AND HEALTH EDUCATION. UPMC MCKEESPORT PROVIDED FOOD AND SNACKS FOR VARIOUS ORGANIZATIONS' MEETINGS, AND STAFF PACKED BAGS OF FOOD FOR THE YMCA SCHOOL PROGRAM SO CHILDREN IN THE COMMUNITY DID NOT GO HUNGRY ON THE WEEKENDS.

UPMC BEDFORD IS AN ACUTE CARE GENERAL HOSPITAL, LOCATED IN EVERETT, PENNSYLVANIA, WITH UNITS FOR MEDICAL CARE, SURGICAL CARE, OBSTETRICAL CARE, INTENSIVE CARE, AND TELEMETRY SERVICES. IT OFFERS A VARIETY OF DIAGNOSTIC CAPABILITIES, INCLUDING CT SCAN AND MRI. THE HOSPITAL OPERATES A CARDIAC-PULMONARY REHABILITATION PROGRAM, AN OUTPATIENT



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PROCEDURE UNIT, AND AN AMBULATORY SURGICAL UNIT. THE EMERGENCY FACILITIES INCLUDE 24-HOUR IN-HOUSE COVERAGE, A LICENSED HELIPORT FOR EMERGENCY TRANSPORT, AND TRAUMA CENTER AFFILIATION.

UPMC BEDFORD IS COMMITTED TO PROVIDING SERVICES TO ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2016, UPMC BEDFORD PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$7,800,000. THE HOSPITAL ALSO PROVIDED SERVICES, WITH AN AGGREGATE VALUE OF OVER \$2,000,000 TO THE GENERAL POPULATION THROUGH OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

FAMILIES BENEFITED FROM THE UPMC BEDFORD'S PREPARED CHILDBIRTH CLASSES, WHICH DISCUSSED THE BASICS OF LABOR AND DELIVERY. CHILDREN PARTICIPATED IN THE HOSPITAL'S SIBLING CLASSES WHERE THEY LEARNED HOW TO HOLD A BABY AND CHANGE A DIAPER. THE HOSPITAL HELD BABYSITTING CLASSES TO PROVIDE EDUCATION FOR STUDENTS WISHING TO LEARN BABYSITTING PROCEDURES AND TECHNIQUES. UPMC BEDFORD CONTRIBUTES SPACE FOR SEVERAL AREA CHARITABLE/COMMUNITY GROUPS, INCLUDING THE TOPS BEDFORD, OVEREATERS ANONYMOUS SUPPORT GROUP, AND OSTOMY SUPPORT GROUP. STAFF PARTICIPATED IN MANY HEALTH FAIRS TO PROVIDE EDUCATION AND SCREENINGS SUCH AS BLOOD PRESSURE, DIABETES, AND BONE DENSITY.

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UPMC EAST IS A FULL-SERVICE COMMUNITY HOSPITAL THAT PROVIDES PATIENT-CENTERED CARE. LOCATED IN MONROEVILLE, UPMC EAST SERVES PATIENTS USING ADVANCED TECHNOLOGIES AND WAS BUILT USING ENVIRONMENTALLY EFFICIENT CONSTRUCTION PRACTICES.

THE HOSPITAL IS COMMITTED TO PROVIDING SERVICES TO ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2016, UPMC EAST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$14,000,000. THE HOSPITAL ALSO PROVIDED SERVICES WITH AN AGGREGATE VALUE OF APPROXIMATELY \$880,000 FOR OUTREACH PROGRAMS, DONATIONS, AND RESEARCH AND EDUCATION.

UPMC EAST STAFF ATTENDED VARIOUS AREA HEALTH FAIRS AND PRESENTED EDUCATIONAL TALKS TO THE COMMUNITY. TOPICS COVERED INCLUDED CANCER, DIABETES, HEART DISEASE, STROKE, BLOOD PRESSURE, AND ARTHRITIS. THE HOSPITAL DONATED FIRST AID KITS FOR A GOLF OUTING, SCHOOL SUPPLIES FOR CHILDREN IN NEED, AND TOTE BAGS TO AN AREA EMS. STAFF ALSO ASSISTED IN PACKING BOXES OF FOOD FOR DISTRIBUTION BY THE GREATER PITTSBURGH COMMUNITY FOOD BANK.

UPMC HAMOT (HAMOT) IS A 433 BED TERTIARY MEDICAL CENTER WITH SPECIALTIES THAT INCLUDE CARDIOLOGY, NEUROSCIENCE, CRITICAL CARE, ORTHOPEDICS, AND WOMEN'S HEALTH SERVICES. THE MEDICAL CENTER REACHES OUT TO MORE THAN 1

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MILLION PEOPLE IN NORTHWESTERN PENNSYLVANIA, WESTERN NEW YORK, AND EASTERN OHIO. THE MISSION IS TO SERVE PATIENTS, COMMUNITIES AND ONE ANOTHER IN THE HAMOT TRADITION OF QUALITY, HEALTH, HEALING, AND EDUCATION. IN PARTNERSHIP WITH ITS PHYSICIANS, PAYERS, AND OTHER STAKEHOLDERS, HAMOT WILL CONTINUE TO ADVANCE THE HEALTH AND WELLNESS OF THE COMMUNITIES IT SERVES, REGARDLESS OF PATIENTS' ABILITY TO PAY, BY ACHIEVING CLINICAL QUALITY OF THE HIGHEST NATIONAL STANDARDS AND MAXIMIZING OPERATIONAL EFFICIENCIES. HAMOT FULFILLS ITS MISSION THROUGH COMMITMENT TO THESE CORE VALUES: QUALITY, COMPASSION, SERVICE, RESPECT, INTEGRITY, AND COOPERATION.

HAMOT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$15,100,000.

SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH DONATIONS, OUTREACH PROGRAMS, SCREENINGS, AND EDUCATIONAL CLASSES AT A COST OF \$5,700,000. HAMOT SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$4,500,000 DURING FISCAL YEAR 2016.

HAMOT BECAME A MAGNET™ DESIGNATED HOSPITAL DURING THE FISCAL YEAR ENDED JUNE 30, 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.

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HAMOT REACHED THE COMMUNITY THROUGH TELEVISION HEALTH SEGMENTS AS WELL AS THROUGH PRINT MEDIA. OTHER PROGRAMS AND PRESENTATIONS INCLUDED CAR SEAT CHECKS, SMOKING CESSATION, MOTORCYCLE SAFETY, SUICIDE PREVENTION, CONSEQUENCES OF DRIVING UNDER THE INFLUENCE AND DISTRACTED DRIVING, COPD EDUCATION, DRUG OVERDOSES, NUTRITION, ARTHRITIS AND AGING, FINDING BALANCE IN ONE'S LIFE, PREVENTING INJURIES, GUN VIOLENCE PREVENTION, AND BASIC LIFE SUPPORT. SCREENINGS WERE OFFERED FOR BLOOD PRESSURE, VASCULAR ISSUES, AND BONE DENSITY.

UPMC ALTOONA IS A 375-BED HOSPITAL SERVING PRIMARILY THE MORE THAN 20 COUNTIES THROUGHOUT CENTRAL PENNSYLVANIA. IT MAINTAINS A LEVEL II ADULT TRAUMA CENTER, PROVIDING COMPREHENSIVE CARE FOR THE MOST SEVERELY INJURED. UPMC ALTOONA CARES FOR THE BEHAVIORAL HEALTH OF THE REGION THROUGH A 34-BED INPATIENT FACILITY AND OFFERS OUTPATIENT THERAPY, INCLUDING A 24-HOUR CRISIS CENTER, SCHOOL PROGRAMS, AND FAMILY-BASED DRUG AND ALCOHOL TREATMENT. UPMC ALTOONA'S STATION MEDICAL CENTER BRINGS OUTPATIENT SERVICES CLOSER TO PATIENTS BY PROVIDING MANY STATE-OF-THE-ART DIAGNOSTIC SERVICES. THESE SERVICES INCLUDE NEUROLOGY TESTING, SLEEP STUDIES, FULL SERVICE MEDICAL IMAGING, LABORATORY SERVICES, OCCUPATIONAL MEDICINE, A BREAST CENTER, CARDIAC REHABILITATION, AND PHYSICAL AND OCCUPATIONAL THERAPY.

UPMC ALTOONA IS COMMITTED TO ITS MISSION OF PROVIDING EXCEPTIONAL HEALTH CARE TO ALL IN NEED, REGARDLESS OF ABILITY TO PAY. IT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE

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SHORTFALLS, AT A COST OF OVER \$31,500,000 IN THE FISCAL YEAR ENDED JUNE 30, 2016. UPMC ALTOONA ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH FREE OR LOW-COST OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY. ALL OF THESE PROGRAMS AND SUPPORT, INCLUDING DIRECT DONATIONS, HAVE ASSISTED THOUSANDS OF PEOPLE IN THE COMMUNITY WITH THE COST OF OVER \$16,000,000 BORNE BY THE HOSPITAL IN THE FISCAL YEAR ENDED JUNE 30, 2016. UPMC ALTOONA ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF \$2,300,000 IN FISCAL YEAR 2016.

UPMC ALTOONA PROVIDES MEETING SPACE TO VARIOUS GROUPS INCLUDING THE ALZHEIMER'S SUPPORT GROUP, SUICIDE LOSS SUPPORT GROUP, PARKINSON'S SUPPORT GROUP, BARIATRIC SUPPORT GROUP, DEPRESSION AND BIPOLAR SUPPORT GROUP, SLEEP APNEA SUPPORT GROUP, AND THE CAREGIVER'S SUPPORT GROUP. THE HOSPITAL SUPPORTS LET'S MOVE BLAIR COUNTY, WHICH PROMOTES OBESITY PREVENTION IN CHILDREN AND FAMILIES, AND HELPS PROMOTE EMPLOYEE HEALTH AT AREA BUSINESSES BY PERFORMING SCREENINGS AND PROVIDING INFORMATION AT THEIR HEALTH AND WELLNESS FAIRS.

FREE MEDICATIONS ARE DISTRIBUTED BY UPMC ALTOONA TO PATIENTS UPON DISCHARGE WHO LACK THE RESOURCES OR INSURANCE COVERAGE TO COVER THE COSTS OF MEDICATIONS OR COPAYS. UPMC ALTOONA PROVIDED FREE CAB RIDES TO OUTPATIENTS FROM THE COMMUNITY CRISIS CENTER AND INPATIENT BEHAVIORAL HEALTH UNIT TO THE PATIENTS' HOMES OR RESIDENTIAL FACILITIES, AS WELL AS TRANSPORT FOR UNINSURED OR UNDERINSURED PATIENTS WHO REQUIRE A HIGHER

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LEVEL OF CARE.

THERE ARE ELEVEN 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., AND BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC. THESE PHYSICIAN SERVICE ENTITIES INCLUDE OVER 4,700 PHYSICIANS AND PHYSICIAN EXTENDERS.

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES (UPMC CANCER CENTERS) PROVIDES THE HIGHEST LEVEL OF ONCOLOGY SERVICES TO PATIENTS THROUGHOUT THE TRI-STATE REGION. WORKING IN TANDEM WITH THE UNIVERSITY OF PITTSBURGH CANCER INSTITUTE (UPCI), WHICH COMPRISES THE ACADEMIC AND RESEARCH ACTIVITIES FOR ONCOLOGY AT THE UNIVERSITY OF PITTSBURGH AND UPMC, UPMC CANCER CENTERS OFFERS PATIENTS THE LATEST ADVANCES IN CANCER PREVENTION, DETECTION, DIAGNOSIS, AND TREATMENT.

THE MISSION OF UPMC CANCER CENTERS REFLECTS THE OVERALL MISSION OF UPCI AS A PREMIER NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER TO PROVIDE THE HIGHEST LEVEL OF CLINICAL CARE TO THE 77,000 PATIENTS TREATED AT ITS FACILITIES EACH YEAR WHILE PERFORMING CUTTING-EDGE CANCER RESEARCH. AT UPMC CANCER CENTERS, 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

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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.

## PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

THE MEDICAL PROFESSIONALS AT UPMC CANCER CENTERS ENCOMPASS 14 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, LEUKEMIAS AND LYMPHOMAS, 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.

UPMC CANCER CENTERS IS ONE OF THE LARGEST INTEGRATED COMMUNITY NETWORKS OF CANCER PHYSICIANS AND HEALTH CARE SPECIALISTS IN THE COUNTRY, AND HAS NOW EXPANDED INTERNATIONALLY. THE DOMESTIC NETWORK COVERS A GEOGRAPHIC AREA OF MORE THAN 200 MILES AROUND GREATER PITTSBURGH AND IS COMPRISED OF 164 AFFILIATED ONCOLOGISTS AT MORE THAN 40 LOCATIONS THROUGHOUT WESTERN PENNSYLVANIA. THESE NETWORK LOCATIONS WERE SELECTED TO MAKE IT POSSIBLE FOR ANY PATIENT IN THE REGION TO ACCESS A UPMC CANCER CENTERS LOCATION WITHIN 20 MINUTES. THESE NETWORK LOCATIONS ARE CLOSELY TIED TO THE HILLMAN CANCER CENTER THROUGH PERSONNEL AND TECHNOLOGY LINKAGES.

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IN ADDITION TO THE MANY SERVICES OFFERED BY UPMC CANCER CENTERS, IT IS ALSO SIGNIFICANTLY INVOLVED IN THE COMMUNITY. DURING FISCAL YEAR 2016, UPMC CANCER CENTERS FUNDED MANY COMMUNITY BENEFIT PROGRAMS, CHARITABLE DONATIONS, AND EDUCATION AND RESEARCH COSTING OVER \$16,000,000.

THE UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP) IS A MULTI-SPECIALTY FACULTY/PHYSICIAN PRACTICE PLAN WHOSE MISSION IS TO SUPPORT THE CLINICAL AND ACADEMIC MISSIONS OF UPMC, SUPPORT UPMC'S HEALTH CARE SERVICES SUBSIDIARIES AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE (SCHOOL OF MEDICINE), AND PROVIDE HIGHLY ACCESSIBLE, HIGH-QUALITY PATIENT CARE THROUGH A WIDE ARRAY OF PHYSICIAN/MEDICAL SPECIALTIES AT UPMC AND ITS AFFILIATED HOSPITALS AND HEALTH CARE ENTITIES.

UPP INCLUDES 3,448 ACADEMIC PHYSICIANS AND ALLIED HEALTH CARE PROVIDERS. THE PHYSICIANS' SPECIALTIES INCLUDE: ANESTHESIOLOGY, CRITICAL CARE MEDICINE, CARDIOVASCULAR SERVICES, UROLOGY, PHYSICAL MEDICINE AND REHABILITATION, EMERGENCY MEDICINE, FAMILY MEDICINE, PATHOLOGY, PSYCHIATRY, RADIOLOGY, RADIATION ONCOLOGY, INTERNAL MEDICINE, ORTHOPAEDICS, NEUROLOGY, NEUROSURGERY, PEDIATRICS, OBSTETRICS AND GYNECOLOGY, SURGERY, DERMATOLOGY, OPHTHALMOLOGY, OTOLARYNGOLOGY, AND HEART, LUNG AND ESOPHAGEAL SURGERY, AS WELL AS SUB SPECIALTIES WITHIN EACH OF THESE BROAD CATEGORIES. UPP PHYSICIANS ARE ALSO MEMBERS OF THE FACULTY OF THE UNIVERSITY OF PITTSBURGH'S SCHOOL OF MEDICINE. AS FACULTY, THEY EDUCATE MEDICAL STUDENTS AND DOCTORS IN TRAINING. IN



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ADDITION TO CLINICAL PATIENT CARE AND RESIDENT EDUCATION, MANY UPP PHYSICIANS ARE INVOLVED IN CUTTING-EDGE MEDICAL RESEARCH.

ONE OF THE PRIMARY EXEMPT PURPOSES AND MISSIONS OF UPP IS TO PROVIDE QUALITY AND ACCESSIBLE MEDICAL CARE TO THE PUBLIC, WITHOUT REGARD FOR A PATIENT'S ABILITY TO PAY. THIS COMMITMENT IS EVIDENCED BY THE FACT THAT UPP PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, AT A COST OF OVER \$27,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2016. UPP SERVES TO ENHANCE THE QUALITY HEALTH CARE SERVICES OF ALL OF 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, NUTRITION, CANCER, 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, AND BEHAVIORAL HEALTH SERVICES, AS WELL AS FREE PHARMACEUTICALS/PHARMACEUTICAL ASSISTANCE PROGRAMS AND HEALTH EDUCATION. THESE CLINICS ARE STAFFED BY VOLUNTEER PHYSICIANS AND PHARMACISTS.

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IN TOTAL, UPP PROVIDED COMMUNITY SERVICE PROGRAMS AND DONATIONS OF \$2,100,000 AND FUNDED APPROXIMATELY \$97,700,000 IN MEDICAL EDUCATION AND RESEARCH IN THE FISCAL YEAR ENDED JUNE 30, 2016.

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 OVER 600 PHYSICIANS AND PHYSICIAN EXTENDERS.

THE CREATION OF CMI AS A MULTI-SPECIALTY PHYSICIAN/PRACTICE PLAN HAS MADE OBTAINING MEDICAL CARE EASIER, MORE EFFICIENT, AND MORE EFFECTIVE FOR PATIENTS. THE VAST ARRAY OF MEDICAL PHYSICIANS AND SPECIALISTS ARE EASILY AND READILY ACCESSIBLE TO VIRTUALLY ALL PATIENTS WITHIN CMI'S SERVICE AREAS WHICH INCLUDE WESTERN PENNSYLVANIA AND THE TRI-STATE AREA. THE PHYSICIANS' SPECIALTIES AVAILABLE WITHIN CMI INCLUDE: FAMILY MEDICINE, INTERNAL MEDICINE, GERIATRICS, ORTHOPAEDICS, NEUROSURGERY, PEDIATRICS, OBSTETRICS/GYNECOLOGY, SURGERY, OPHTHALMOLOGY, NEUROLOGY, RHEUMATOLOGY, ENDOCRINOLOGY, AND PULMONOLOGY.

ONE OF THE PRIMARY MISSIONS OF CMI IS TO PROVIDE ACCESSIBLE, QUALITY MEDICAL CARE TO THE PUBLIC, WITHOUT REGARD FOR A PATIENT'S ABILITY TO PAY. THIS COMMITMENT IS EVIDENCED BY THE FACT THAT CMI PROVIDED CHARITY CARE OR OTHER UNCOMPENSATED CARE AND COMMUNITY SERVICES, AT A COST OF

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\$5,200,000 IN THE FISCAL YEAR ENDED JUNE 30, 2016. CMI ALSO SERVES TO ENHANCE THE QUALITY OF HEALTH CARE SERVICES PROVIDED BY THE HOSPITALS AND OTHER HEALTHCARE SUBSIDIARIES AND AFFILIATES OF UPMC. CMI PROVIDES CHARITABLE CONTRIBUTIONS AND SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY AT A COST OF OVER \$62,000,000.

AS A PART OF ITS MISSION, CMI PHYSICIANS AND STAFF PROVIDE SERVICES TO THE COMMUNITY THROUGH VARIOUS PROGRAMS WHICH ARE TARGETED TO PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY AT LARGE IN AN EFFORT TO EDUCATE AND PROMOTE GOOD HEALTH. ON A ROUTINE BASIS AND IN CONJUNCTION WITH OTHER UPMC ENTITIES AND COMMUNITY RESOURCES, CMI PHYSICIANS AND STAFF 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 THE PREVIOUSLY MENTIONED MEDICAL CONDITIONS AND A VARIETY OF OTHER MEDICAL TOPICS WHICH ARE DESIGNED TO IMPROVE THE QUALITY OF PATIENT CARE AND PATIENT OUTCOMES.

CMI PROVIDES PHYSICIAN AND MEDICAL SERVICES THROUGHOUT WESTERN PENNSYLVANIA AND THE TRI-STATE AREA IN BOTH URBAN AND RURAL SETTINGS, INCLUDING MANY UNDERSERVED AREAS. SOME OF THESE AREAS WOULD HAVE NO OTHER PHYSICIAN PRESENCE OTHERWISE.

REGIONAL HEALTH SERVICES, INC. (RHS) OFFERS PHYSICIAN SERVICES. ITS

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MISSION IS TO SERVE PATIENTS AND THE COMMUNITY THROUGH CLINICAL EXCELLENCE, ALIGNMENT OF PHYSICIANS, AND OUTPATIENT SERVICES. RHS IS COMPRISED OF NETWORKS OF PHYSICIANS OFFERING SPECIALTY SERVICES, PRIMARY CARE SERVICES, AND SPORTS MEDICINE. THE PHYSICIANS PRACTICE IN MULTIPLE LOCATIONS AND PROVIDE SERVICES THAT INCLUDE PLASTIC SURGERY, EMERGENCY ROOM, INTENSIVISTS, HOSPITALISTS, GENERAL SURGERY, RADIOLOGY, NEUROSURGERY, PAIN MEDICINE, PULMONOLOGY, BARIATRIC SURGERY, UROLOGY, ORTHOPEDIC SURGERY, ENDOCRINOLOGY, AND INFECTIOUS DISEASE SERVICES. RHS PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, AT A COST OF APPROXIMATELY \$3,500,000 IN THE FISCAL YEAR ENDED JUNE 30, 2016, AS WELL AS \$4,800,000 IN SUBSIDIZED HEALTH SERVICES.

UPMC EMERGENCY MEDICINE, INC. (EM) PROVIDES EMERGENCY MEDICAL CARE AND SERVICES TO INDIVIDUALS IN NEED OF IMMEDIATE MEDICAL TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY. EM PHYSICIANS PROVIDE SERVICES TO OPERATING EMERGENCY DEPARTMENTS OF TAX-EXEMPT COMMUNITY HOSPITALS THAT CANNOT ADEQUATELY STAFF THEIR OWN EMERGENCY DEPARTMENTS. AS AN EMERGENCY MEDICAL CARE PROVIDER, EM PROMOTES BETTER COORDINATION OF PATIENT CARE AND CREATES EFFICIENCIES BY PROVIDING EACH HOSPITAL'S EMERGENCY DEPARTMENT WITH A CONSISTENT CORE TEAM OF EM PHYSICIANS AND A MEDICAL DIRECTOR. IN ADDITION, EM ENHANCES THE TRANSITION OF CARE FROM PRE-HOSPITAL PROVIDERS, SUCH AS EMERGENCY MEDICAL TECHNICIANS (EMTS) TO EACH HOSPITAL'S EMERGENCY DEPARTMENT BY COLLABORATING THROUGH ITS CORE TEAM OF EM PHYSICIANS WITH AMBULANCE SERVICES AND EMTS SERVING THE RESPECTIVE HOSPITAL. EM PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED

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CARE, AT A COST OF OVER \$4,300,000 IN THE FISCAL YEAR ENDED JUNE 30, 2016.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED  
 BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC. (F/K/A UPMC MULTISPECIALTY GROUP) PROVIDES A BROAD SPECTRUM OF MUSCULOSKELETAL CARE TO THE COMMUNITIES IT SERVES. APPROXIMATELY 170 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 \$400,000 WAS PROVIDED FOR CHARITY CARE AND UNCOMPENSATED CARE IN THE FISCAL YEAR ENDED JUNE 30, 2016.

PHYSICIANS AND ADVANCED PRACTICE PROVIDERS PROVIDED SPORTS PHYSICALS AND CONCUSSION SCREENINGS. THEY ALSO REGULARLY VOLUNTEER THEIR TIME TO PARTICIPATE IN FREE COMMUNITY HEALTH EVENTS AND SERVE AS SPEAKERS AT NO-COST HEALTH EDUCATION PROGRAMS.

UNIVERSITY HEALTH CENTER OF PITTSBURGH'S (UHCP) PRIMARY PURPOSE IS TO PROVIDE LEADERSHIP AND MANAGEMENT TO UPMC'S GRADUATE MEDICAL EDUCATION PROGRAMS. UHCP'S ACTIVITIES CONSIST OF IMPLEMENTING, WITH NON-PROFIT BOARD DIRECTION AND APPROVAL, POLICIES AND PROCEDURES FOR THE COMMON BENEFIT OF ITS MEMBER HOSPITALS. THESE POLICIES AND PROCEDURES PROMOTE THE OPERATION OF UHCP AS AN EFFICIENT, WELL-ROUNDED, AND EFFECTIVE COMMUNITY AND REGIONAL HEALTH RESOURCE.

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UHCP ALSO DEVELOPS, FOCUSES, FACILITATES, AND IMPLEMENTS, WITH THE APPROVAL OF ITS MEMBERS, THE RELATIONSHIPS WITH THE UNIVERSITY OF PITTSBURGH AND MORE PARTICULARLY WITH THE SCHOOLS OF MEDICINE AND HEALTH SCIENCES. UHCP COORDINATES GRADUATE MEDICAL EDUCATION PROGRAMS ON BEHALF OF THE MEMBERS AND COORDINATES AFFILIATIONS WITH HEALTH CARE PROVIDERS CONSISTENT WITH ITS MISSION AS A REGIONAL HEALTH RESOURCE.

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

SUGARCREEK STATION IS A LICENSED, 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, 2016, SUGARCREEK STATION PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF OVER \$2,600,000.

CRANBERRY PLACE IS LICENSED AS A CONTINUING CARE RETIREMENT COMMUNITY (CCRC). AS SUCH, CRANBERRY PLACE OPERATES THE ENTIRE CONTINUUM OF SENIOR CARE, INDEPENDENT LIVING, PERSONAL CARE, AND SKILLED NURSING FACILITIES.

CRANBERRY PLACE'S SKILLED NURSING FACILITY IS A 150-BED RESIDENCE THAT OFFERS SKILLED NURSING SERVICES, REHABILITATIVE SERVICES, COMPREHENSIVE 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

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MEDICAID. SPACIOUS GROUNDS, COURTYARDS, AND SINGLE LEVEL DESIGN ALLOWS FOR SAFE MOVEMENT THROUGHOUT THE RESIDENCE. THE CRANBERRY PLACE SKILLED NURSING SITE IS LOCATED ON THE CAMPUS OF UPMC PASSAVANT-CRANBERRY HOSPITAL OF CRANBERRY TOWNSHIP.

CRANBERRY PLACE PROVIDES THE HIGHEST LEVEL OF SKILLED CARE, REGARDLESS OF A PATIENT'S ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2016, CRANBERRY PLACE PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY \$2,700,000.

THE HERITAGE SHADYSIDE IS A 145-BED CONTINUING CARE 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, 2016, THE HERITAGE SHADYSIDE PROVIDED FREE OR UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY \$3,000,000.

UPMC HORIZON COMMUNITY HEALTH FOUNDATION (THE FOUNDATION) PROVIDES A VOLUNTEER NETWORK OF COMMUNITY MEMBERS TO INCREASE PHILANTHROPIC SUPPORT FOR UPMC HORIZON. THE FOUNDATION RAISES AND DISTRIBUTES MONEY IN SUPPORT OF PROGRAMS AND SERVICES THAT CONTRIBUTE TO GOOD HEALTH AND IMPROVED

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QUALITY OF LIFE FOR RESIDENTS IN THE UPMC HORIZON SERVICE AREA. THEY PROVIDED ASSISTANCE TO COMMUNITY BENEFIT PROGRAMS AND DONATIONS FOR THE COMMUNITY AT A COST OF OVER \$980,000.

UPMC VISITING NURSES ASSOCIATION (VNA) IS RANKED BY THE NATIONAL ASSOCIATION OF HOME CARE PROVIDERS AS THE LARGEST PENNSYLVANIA HOME HEALTH PROVIDER AND FOURTEENTH LARGEST NATIONALLY. THE ORGANIZATION PROVIDES COMPLETE HOME HEALTH NURSING SERVICES, INCLUDING BEHAVIORAL HEALTH, IV THERAPY, MEDICAL-SURGICAL, OBSTETRICS, PEDIATRICS, AND REHABILITATION, REGARDLESS OF A PATIENT'S ABILITY TO PAY. VNA PROVIDED UNCOMPENSATED CARE AND COMMUNITY PROGRAMS OF OVER \$900,000 DURING THE FISCAL YEAR.

HOME NURSING AGENCY AFFILIATES PROVIDES FACILITIES MANAGEMENT AND ADMINISTRATIVE SUPPORT FOR OWNED AND RENTED BUILDINGS OCCUPIED BY HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION, HOME NURSING AGENCY FOUNDATION, AND HOME NURSING AGENCY COMMUNITY SERVICES OPERATIONS.

HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION PROVIDES HOME HEALTH SERVICES TO CLIENTS FROM CENTRAL OFFICES IN THE PENNSYLVANIA COUNTIES OF BLAIR, BEDFORD, CAMBRIA, CENTRE, CLEARFIELD, INDIANA, HUNTINGDON, JUNIATA, MIFFLIN, AND SOMERSET. FOR THE FISCAL YEAR ENDED JUNE 30, 2016, HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION PROVIDED \$506,000 OF UNCOMPENSATED CARE AND VOLUNTEER TIME TO ITS HOME HEALTH CLIENTS.



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HOME NURSING AGENCY FOUNDATION BENEFITS AND SUPPORTS THE HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION AND HOME NURSING AGENCY COMMUNITY SERVICES. THE FOUNDATION CONTRIBUTED TO THE VISITING NURSE ASSOCIATION TO SUPPORT VARIOUS HOME HEALTH AND HOSPICE CHARITABLE NEEDS AND PROVIDED GRANTS AND CONTRIBUTIONS TO THE HOME NURSING AGENCY COMMUNITY SERVICES TO FUND CLIENT SERVICES AND MUCH NEEDED PROGRAM SUPPLIES FOR VARIOUS BEHAVIORAL HEALTH AND DAY SUPPORT PROGRAMS.

HOME NURSING AGENCY COMMUNITY SERVICES PROVIDED BEHAVIORAL HEALTH, COMMUNITY HEALTH, AND WELLNESS SERVICES TO CLIENTS IN THEIR SOUTHERN CENTRAL PENNSYLVANIA MARKET AREA. THEY PROVIDE ADULT DAY CARE SERVICES TO CLIENTS IN CAMBRIA AND BEDFORD COUNTIES WITH SUPPORTIVE DAY CARE. THE AGENCY ALSO PROVIDED PRIVATE DUTY SERVICES, INCLUDING LIVING ASSISTANCE AND SUPPORTIVE SERVICES. FOR THE FISCAL YEAR ENDED JUNE 30, 2016, HOME NURSING AGENCY COMMUNITY SERVICES PROVIDED \$116,000 IN UNCOMPENSATED CARE.

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY ENHANCES THE MEDICAL AND DENTAL HEALTH OF INDIVIDUALS IN BLAIR COUNTY AND ITS SURROUNDING AREAS THROUGH PARTNERING FOR HEALTH, A FREE MEDICAL CLINIC, AND THE JAMES BARNER COMMUNITY DENTAL CLINICS, WHICH PROVIDE DENTAL CARE. THE ORGANIZATION SPONSORS OTHER COMMUNITY EFFORTS TARGETED AT IMPROVING THE HEALTH STATUS OF THE COMMUNITY.

UPMC ALTOONA FOUNDATION PROVIDES A COMPREHENSIVE FUND AND GRANT

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DEVELOPMENT PROGRAM TO SUPPORT THE EXEMPT MISSION OF UPMC ALTOONA, THE REGIONAL HEALTHCARE PROVIDER.

THE CENTRAL PENNSYLVANIA MEDICAL FOUNDATION GENERATES FUNDS IN SUPPORT OF UPMC ALTOONA AND ITS EXEMPT SUBSIDIARIES TO AID IN PROVIDING COST EFFECTIVE HEALTHCARE AND SUPPORT SERVICES AND PROGRAMS TO THE RESIDENTS OF CENTRAL PENNSYLVANIA.

UPMC COMMUNITY PROVIDER SERVICES' PROGRAMS INCLUDE LIVING-AT-HOME, STAYING-AT-HOME, THE INSTITUTE FOR REHABILITATION AND RESEARCH, AND THE INSTITUTE ON AGING. LIVING-AT-HOME AND STAYING-AT-HOME ARE COMMUNITY OUTREACH PROGRAMS THAT PROVIDE ONGOING CASE MANAGEMENT SERVICES TO SENIOR CITIZENS. THE INSTITUTE FOR REHABILITATION AND RESEARCH AND THE INSTITUTE ON AGING ARE BOTH COLLABORATIVE PROGRAMS THAT ARE DESIGNED TO IMPROVE CLINICAL AND RESEARCH CAPABILITIES TO IMPROVE QUALITY OF CARE AND OUTCOMES FOR SPECIFIC POPULATIONS WITHIN WESTERN PENNSYLVANIA AND THE NATION. THE AGING INSTITUTE'S INFORMATION AND REFERRAL LINE PROVIDES ACCESS TO INFORMATION, SERVICES, AND RESOURCES FOR OLDER ADULTS, CAREGIVERS, RESEARCHERS, EDUCATORS AND PROFESSIONALS THROUGH ADVOCACY SERVICES FOCUSED ON GUIDANCE AND SUPPORT. EACH CALL IS HANDLED BY A SOCIAL WORKER WHO PROVIDES APPROPRIATE COUNSELING AND SUPPORT BASED ON A THOROUGH NEEDS ASSESSMENT. THE SOCIAL WORKER ALSO PROVIDES OUTREACH AND EDUCATION. THE LIVING-AT-HOME PROGRAM PROVIDES CHRONIC CARE MANAGEMENT TO HELP MAINTAIN INDEPENDENCE AND FUNCTION OF THE ELDERLY BY COORDINATING THEIR CARE, PROVIDING EDUCATION ABOUT THEIR CONDITIONS, AND ASSISTING

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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 \$4,800,000 IN SUPPORT FOR COMMUNITY BENEFIT PROGRAMS IN THE FISCAL YEAR ENDED JUNE 30, 2016.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED  
COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION (COMMUNITY CARE) IS A BEHAVIORAL HEALTH MANAGED CARE ORGANIZATION (BH-MCO) WHICH MANAGES BEHAVIORAL HEALTH SERVICES FOR APPROXIMATELY 1.7 MILLION MEMBERS WHOSE HEALTH COVERAGE IS SPONSORED THROUGH MEDICAID, MEDICARE OR COMMERCIAL PLANS. COMMUNITY CARE'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH THE DELIVERY OF CLINICALLY EFFECTIVE, COST-EFFICIENT, AND ACCESSIBLE BEHAVIORAL HEALTH SERVICES. IT SEEKS TO IMPROVE THE QUALITY OF SERVICES FOR MEMBERS THROUGH A STAKEHOLDER PARTNERSHIP FOCUSED ON OUTCOMES. COMMUNITY CARE BELIEVES THAT QUALITY IS MEASURED BY THE IMPROVED HEALTH OF ITS MEMBERS, WHICH TRANSLATES TO HIGHER FUNCTIONING IN THE COMMUNITY.

COMMUNITY CARE BELIEVES THAT THE HIGHEST QUALITY SERVICES ARE BEST PROVIDED THROUGH A NOT-FOR-PROFIT PARTNERSHIP WITH PUBLIC AGENCIES, EXPERIENCED LOCAL PROVIDERS, AND INVOLVED MEMBERS AND FAMILIES. COMMUNITY CARE'S PRIMARY OPERATIONS CONSIST OF ASSUMING RISK AND/OR MANAGING BEHAVIORAL HEALTH SERVICES, AS WELL AS TREATMENT FOR DRUG AND

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ALCOHOL ABUSE TO MEDICAL ASSISTANCE ENROLLEES UNDER CONTRACTS WITH 16 PENNSYLVANIA COUNTIES AND WITH THE COMMONWEALTH OF PENNSYLVANIA FOR AN ADDITIONAL 23 PENNSYLVANIA COUNTIES PURSUANT TO THE HEALTHCHOICES MANAGED CARE PROGRAM ESTABLISHED THROUGH THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, FORMERLY THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE. INDIVIDUALS ELIGIBLE FOR THE MEDICAL ASSISTANCE PROGRAM ARE LOW-INCOME OR INDIGENT MEMBERS OF THE COMMUNITY WHO OTHERWISE WOULD NOT BE ABLE TO AFFORD MENTAL HEALTH THERAPY AND TREATMENT AND/OR TREATMENT FOR ALCOHOL OR DRUG ADDICTION OR DEPENDENCY. AT YEAR-END 2016, THERE WERE APPROXIMATELY 960,000 HEALTHCHOICES MEMBERS.

WITH A NETWORK OF APPROXIMATELY 2,000 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 TO 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 ASO CONTRACT ARRANGEMENT WITH UPMC HEALTH PLAN TO MANAGE THE BEHAVIORAL HEALTH FOR THEIR COMMERCIAL MEMBERS. AT YEAR-END 2016, THERE WERE APPROXIMATELY 750,000 COMMERCIAL AND MEDICARE MEMBERS.

EFFECTIVE JANUARY 1, 2016, COMMUNITY CARE CONTRACTED WITH CAPITAL

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DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP) IN THE STATE OF NEW YORK TO PROVIDE BEHAVIORAL HEALTH CARE MANAGEMENT SERVICES TO CDPHP'S HARP MEMBERS, AS WELL AS EDUCATION FOR STAFF AND PROVIDERS. HARPS (HEALTH AND RECOVERY PLANS) ARE A SEPARATE PRODUCT LINE DESIGNED TO MEET THE COMPLEX NEEDS OF INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS ACROSS BEHAVIORAL HEALTH, PHYSICAL HEALTH, AND PSYCHOSOCIAL ENVIRONMENTS. THE ESTIMATED HARP MEMBERSHIP FOR CDPHP IS APPROXIMATELY 2,500 FOR ANNUAL REVENUE OF \$2.5 MILLION.

UPMC OVERSEAS SUPPORTS THE INTERNATIONAL ORGAN TRANSPLANTATION PROGRAM OF UPMC PRESBYTERIAN SHADYSIDE BY COORDINATING THE MANAGEMENT AND PROFESSIONAL SERVICES FOR THE ISTITUTO, AN ITALIAN TRANSPLANT FACILITY OPERATED AS A JOINT VENTURE BETWEEN SEVERAL ITALIAN GOVERNMENTAL HOSPITALS AND UPMC.

THE UPMC CENTER FOR HEALTH SECURITY (THE CENTER) WAS ORGANIZED TO CONDUCT SCIENTIFIC RESEARCH AND EDUCATION: (A) TO PREVENT THE DEVELOPMENT AND USE OF BIOLOGICAL WEAPONS; (B) TO CATALYZE ADVANCES IN SCIENCE AND GOVERNANCE THAT DIMINISH THE POWER OF BIOLOGICAL WEAPONS AS AGENTS OF MASS LETHALITY; AND (C) TO LESSEN THE HUMAN SUFFERING THAT WOULD RESULT IF PREVENTION EFFORTS FAIL.

MODERN SOCIETIES ARE HIGHLY VULNERABLE TO BIOATTACKS BECAUSE GLOBAL TRAVEL ENABLES RAPID SPREAD OF CONTAGIOUS DISEASES. ADEQUATE RESPONSE IS

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NOT DEPENDENT ON MILITARY STRENGTH, BUT ON MEDICAL AND PUBLIC HEALTH SYSTEMS AND THE AVAILABILITY OF EFFECTIVE DRUGS AND VACCINES. TO COUNTER THE THREAT OF BIOTERRORISM, THE UNITED STATES IS DEVELOPING A NEW PARADIGM FOR DEFENSE, AND REALIGNING ITS NATIONAL SECURITY PRIORITIES AND INVESTMENTS ACCORDINGLY. HOSPITAL PERSONNEL, CLINICIANS, PUBLIC HEALTH OFFICIALS AND BIOSCIENTISTS ARE THE FRONTLINE DEFENDERS IN THIS NEW SECURITY ERA.

AN EFFECTIVE DEFENSE AGAINST BIOATTACKS MUST INCLUDE THE DESIGN AND CONSTRUCTION OF NEW OPERATIONAL SYSTEMS THAT CAN DELIVER EMERGENCY MEDICAL CARE TO A LARGE NUMBER OF CRITICALLY ILL INDIVIDUALS. TO ACCOMPLISH THIS, THE TIME TO DEVELOP NEW VACCINES AND CREATE NEW DRUGS MUST BE DRAMATICALLY REDUCED IN ORDER TO RESPOND TO UNANTICIPATED EVENTS AND BIOENGINEERED WEAPONS.

THE WORK OF THE CENTER IS INTENDED TO BENEFIT THE SECURITY OF NATIONS AGAINST BIOLOGICAL WEAPONS. THE FACULTY OF THE CENTER GIVES PRESENTATIONS AT MEDICAL, PUBLIC HEALTH, AND SCIENCE MEETINGS AROUND THE WORLD ON ISSUES RELATED TO BIODEFENSE.

THE FACULTY OF THE CENTER SERVES ON NUMEROUS TASK FORCES AND COMMITTEES THAT SERVE LOCAL, STATE, AND INTERNATIONAL GOVERNMENTS, AND THE FACULTY OFTEN TESTIFY BEFORE THE UNITED STATES CONGRESS.

UPMC FOR YOU IS A MANAGED CARE ORGANIZATION (MCO) LICENSED BY THE

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PENNSYLVANIA DEPARTMENT OF HEALTH AND THE PENNSYLVANIA INSURANCE DEPARTMENT. THROUGH CONTRACTS WITH THE DEPARTMENT OF HUMAN SERVICES, UPMC FOR YOU OFFERS COVERAGE TO ELIGIBLE MEDICAL ASSISTANCE RECIPIENTS LIVING IN 40 COUNTIES IN WESTERN AND CENTRAL PENNSYLVANIA. UPMC FOR YOU CONTINUES TO BE THE LARGEST AND FASTEST GROWING MEDICAL ASSISTANCE MCO IN SOUTHWESTERN AND NORTHWESTERN PENNSYLVANIA, SERVING 392,500 MEDICAL ASSISTANCE MEMBERS DURING FISCAL YEAR 2016. ADDITIONALLY, UPMC FOR BEST HEALTH SERVED 12,538 HEALTHY PA PRIVATE COVERAGE OPTION MEMBERS IN THE MONTHS OF JULY AND AUGUST DURING FISCAL YEAR 2016 BEFORE THE PROGRAM TERMINATED EFFECTIVE SEPTEMBER 1, 2015. FOLLOWING THE PROGRAM TERMINATION, THESE MEMBERS TRANSITIONED TO MEDICAL ASSISTANCE MANAGED CARE. UPMC FOR YOU REMAINS A TOP QUALITY PLAN IN PENNSYLVANIA AND CURRENTLY HAS A 4.0 NCQA HEALTH PLAN RATING FOR 2015-2016. UPMC FOR YOU SERVES THOSE MEMBERS THAT MEET CERTAIN FEDERAL POVERTY GUIDELINES, INCLUDING THE AGED, BLIND, AND DISABLED, AND HAS BEEN VERY SUCCESSFUL IN MEETING THE NEEDS OF THIS UNIQUE POPULATION. DURING FISCAL YEAR 2016, THE ORGANIZATION WAS HONORED BY THE MEDICAID HEALTH PLANS OF AMERICA (MHPA) INSTITUTE FOR MEDICAID INNOVATION FOR DEMONSTRATING INNOVATION AND EFFECTIVE APPROACHES TO PROVIDING SERVICES THAT HAVE IMPROVED THE HEALTH OF MEDICAID ENROLLEES. UPMC FOR YOU ASSISTED THE COMMUNITY WITH OVER \$2,200,000 IN CHARITABLE DONATIONS IN FISCAL YEAR 2016.

ORIGINALLY FORMED IN 1978 TO BRING THE CITY OF PITTSBURGH AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE TOGETHER TO IMPROVE THE

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QUALITY AND DELIVERY OF EMERGENCY MEDICAL SERVICES IN PITTSBURGH.  
CURRENTLY, THE CENTER PROVIDES MEDICAL DIRECTION FOR THE CITY OF  
PITTSBURGH BUREAU OF EMS.

STAT MEDEVAC, A SERVICE OF THE CENTER FOR EMERGENCY MEDICINE, PROVIDES  
AIR MEDICAL TRANSPORT TO PATIENTS WITH CRITICAL ILLNESSES AND/OR  
INJURIES. EACH OF STAT MEDEVAC'S HELICOPTERS ARE STAFFED 24-HOURS A DAY  
WITH AN EMS PILOT AND A TWO-PERSON MEDICAL CREW INCLUDING A NURSE,  
PARAMEDIC, OR PHYSICIAN.

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 2016,  
THE CENTER FOR EMERGENCY MEDICINE PROVIDED UNCOMPENSATED CARE AT COST OF  
OVER \$5,500,000.

PART IV CHECKLIST OF REQUIRED SCHEDULES

QUESTION 12: AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM  
LEVEL ONLY, INCLUDING UPMC AND ALL SUBSIDIARIES.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION A: GOVERNING BODY AND MANAGEMENT

QUESTION 1: THE TOTAL NUMBER OF VOTING BOARD MEMBERS AND TOTAL NUMBER OF



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INDEPENDENT BOARD MEMBERS REPRESENT A COMPOSITE OF ALL OF THE REQUIRED UPMC GROUP SUBORDINATES. HOWEVER, THESE NUMBERS DO NOT INCLUDE EX-OFFICIO OR OTHER BOARD MEMBERS WHO ARE NOT ENTITLED TO VOTE ON BOARD MATTERS OR MEMBERS OF BOARDS THAT ARE ADVISORY IN NATURE AND SUBJECT TO THE AUTHORITY OF THE UPMC PARENT BOARD FOR MATERIAL BOARD DECISIONS. ALTHOUGH THE COMPOSITE NUMBERS FOR THE UPMC GROUP DO NOT REFLECT MAJORITY BOARD INDEPENDENCE, ALL OF THESE BOARDS ARE ULTIMATELY SUBORDINATE TO THE UPMC PARENT BOARD. THE UPMC PARENT BOARD HAS A MAJORITY OF MEMBERS THAT ARE INDEPENDENT (75%). PLEASE SEE THE UPMC PARENT FORM 990 FOR MORE INFORMATION.

QUESTION 2: MULTIPLE UPMC OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES HAVE RELATIONSHIPS BY VIRTUE OF THE FACT THAT THEY ARE ALSO OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES OF UPMC SUBSIDIARIES AND AFFILIATES. THESE RELATIONSHIPS ARE NOT SEPARATELY DISCLOSED BELOW BECAUSE THEY ARE NOT "BUSINESS RELATIONSHIPS" FOR THE PURPOSES OF THE FORM 990.

QUESTION 6: MOST OF THE UPMC GROUP ENTITIES HAVE A SOLE MEMBER, WHICH IS UPMC PARENT. A SMALL NUMBER OF GROUP ENTITIES HAVE MORE THAN ONE MEMBER.

IN ALL CASES, THE MEMBERS ARE EXEMPT ORGANIZATIONS. ULTIMATELY THE GROUP ENTITIES AND THEIR RESPECTIVE MEMBERS (IF THE MEMBER(S) ARE NOT UPMC PARENT) ARE CONTROLLED BY UPMC PARENT.

QUESTION 7A AND B: IN THE CASE OF MOST OF THE UPMC GROUP ENTITIES, THE

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MEMBER(S) APPOINT A SIGNIFICANT PORTION OF THE ENTITIES' BOARDS OF DIRECTORS (IF NOT THE ENTIRE BOARD). IN THE CASE OF MOST OF THE GROUP ENTITIES, THE MEMBER(S) ALSO HAVE THE RIGHT TO INITIATE, APPROVE OR OVERTURN ACTIONS OF THE ENTITIES' BOARDS. IN ADDITION, THE MEMBERS' ACTIONS, IF THE MEMBER(S) IS NOT UPMC PARENT, IS IN MOST CASES SUBJECT TO THE OVERALL AUTHORITY OF THE UPMC PARENT BOARD.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION B: POLICIES

QUESTION 11A & B: UPMC IS THE PARENT ORGANIZATION OF THE FILING ENTITY, GROUP, AND HAS, WITH RESPECT TO MOST ENTITIES IN THE GROUP, THE DISCRETION AND AUTHORITY TO INITIATE OR VETO ACTIONS TAKEN BY GROUP MEMBER GOVERNING BODIES. WITH RESPECT TO THE REMAINING MEMBERS, UPMC'S AUTHORITY IS LIMITED SLIGHTLY BUT STILL SIGNIFICANT, ENCOMPASSING MAJOR MATTERS INCLUDING FINANCIAL AND TAX MATTERS. THE COMPLETED GROUP FORM 990 WAS REVIEWED BY THE UPMC CHIEF FINANCIAL OFFICER, MEMBERS OF THE CORPORATE TAX DEPARTMENT, MEMBERS OF THE CORPORATE LEGAL DEPARTMENT, AND OTHER MEMBERS OF UPMC'S MANAGEMENT PRIOR TO ITS FILING. VARIOUS SECTIONS OF THE 990 WERE ALSO REVIEWED BY THE CHIEF EXECUTIVE OFFICER OF UPMC AND COMMITTEES OF UPMC'S BOARD OF DIRECTORS, AS APPLICABLE. FOR EXAMPLE, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD REVIEWED SECTIONS RELATED TO COMPENSATION AND RELATED PARTY TRANSACTIONS. IN ADDITION, THE BOARD OF DIRECTORS ESTABLISHED A 990 SUBCOMMITTEE, COMPRISED OF THE CHAIRS OF THE UPMC BOARD, EXECUTIVE COMPENSATION COMMITTEE, ETHICS AND COMPLIANCE COMMITTEE, FINANCE COMMITTEE AND AUDIT COMMITTEE, WHICH REVIEWED THE

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ENTIRE COMPLETED FORM 990. ADDITIONALLY THE FORM 990 IS REVIEWED BY AN OUTSIDE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO AS PART OF THE PROCESS SIGNS THE RETURN AS PAID PREPARER. AFTER THIS REVIEW BUT PRIOR TO FILING, THE FULL UPMC BOARD OF DIRECTORS WAS NOTIFIED THAT THE COMPLETED FORM 990 WAS AVAILABLE FOR REVIEW ON THE BOARD'S SECURE WEBSITE. ALSO PRIOR TO FILING, MANAGEMENT PROVIDED THE OPPORTUNITY FOR ALL BOARD MEMBERS OF THE FULL UPMC BOARD TO ASK ANY QUESTIONS OR RAISE ANY COMMENTS ON THE FULL RETURN THEY WERE PROVIDED.

QUESTION 12C: UPMC REQUIRES KEY EMPLOYED AND NON-EMPLOYED PERSONNEL TO COMPLY WITH ITS CONFLICT OF INTEREST POLICIES WHEN THEY ENGAGE IN UPMC-RELATED BUSINESS. PERSONS COVERED BY THE POLICIES INCLUDE:

-UPMC BOARD MEMBERS, BOARD COMMITTEE MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES:

-UPMC PHYSICIANS AND NON-PHYSICIAN EMPLOYEES WHO HOLD A POSITION OF INFLUENCE

-IDENTIFIED NON-EMPLOYED MEMBERS OF THE UPMC MEDICAL STAFF WHO HOLD A POSITION OF INFLUENCE OR TRUST

-INDIVIDUALS CONDUCTING CLINICAL RESEARCH AT UPMC, WHETHER OR NOT THEY ARE EMPLOYED BY UPMC.

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THESE PEOPLE ARE REQUIRED TO COMPLETE A QUESTIONNAIRE AT LEAST ANNUALLY, WHICH ALONG WITH OTHER DATA IS USED TO IDENTIFY POSSIBLE INDIVIDUAL AND INSTITUTIONAL CONFLICTS OF INTEREST. IF A POTENTIAL CONFLICT IS IDENTIFIED REGARDING A SPECIFIC UPMC ACTIVITY, THE CORPORATE COMPLIANCE DEPARTMENT, WITH THE ASSISTANCE OF THE LEGAL DEPARTMENT, EITHER DEVELOPS A WRITTEN PLAN DESIGNED TO PREVENT THE CONFLICT FROM INFLUENCING DECISIONS RELATED TO THAT ACTIVITY, OR REQUIRES THAT THE CONFLICTING RELATIONSHIP BE DIVESTED, AS APPROPRIATE. FOR EMPLOYED PERSONNEL AND NON-BOARD MEMBER, NON-EMPLOYED PERSONNEL, THE CONFLICT OF INTEREST IDENTIFICATION AND MANAGEMENT PROCESS IS ULTIMATELY OVERSEEN BY AN ETHICS AND COMPLIANCE COMMITTEE OF THE UPMC BOARD OF DIRECTORS ON BEHALF OF UPMC AND ALL OF ITS SUBSIDIARIES. POTENTIAL CONFLICT OF INTEREST TRANSACTIONS INVOLVING UPMC BOARD MEMBERS AND ENTITIES WITH WHICH THEY ARE AFFILIATED ARE MONITORED AND SUBJECT TO PRE-APPROVAL BY THE GOVERNANCE AND NOMINATING COMMITTEE OF THE UPMC BOARD OF DIRECTORS. IN ADDITION TO THE GENERAL CORPORATE AND BOARD POLICIES DESCRIBED ABOVE, UPMC HAS ALSO DEVELOPED AND IMPLEMENTED A SEPARATE TAX QUESTIONNAIRE DISTRIBUTED TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ANNUALLY THAT SPECIFICALLY ADDRESSES DISCLOSURE REQUIREMENTS OF FORM 990.

QUESTION 15A AND B: TO SUPPORT UPMC'S MISSION AND AS SET FORTH IN THE UPMC BYLAWS, THE BOARD OF DIRECTORS HAS FORMED AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") AND DELEGATED TO IT THE RESPONSIBILITY FOR ESTABLISHMENT AND IMPLEMENTATION OF OFFICER AND KEY EMPLOYEE TOTAL COMPENSATION PROGRAMS. AS PART OF THIS RESPONSIBILITY THE COMMITTEE

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REPORTS REGULARLY TO THE BOARD OF DIRECTORS. WITH BOARD OF DIRECTORS APPROVAL, THE COMMITTEE HAS ADOPTED A FORMAL CHARTER, WHICH INCLUDES THE ESTABLISHMENT OF A COMPENSATION PHILOSOPHY AND RELATED POLICIES WITH RESPECT TO THE TOTAL COMPENSATION PAID BY UPMC TO ITS OFFICERS AND KEY EMPLOYEES. THE UPMC TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES IS PREDICATED UPON AN INCENTIVE COMPENSATION COMPONENT. THIS COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA IN THE CONTEXT OF APPROPRIATE RISK TAKING. THESE CRITERIA DIRECTLY SUPPORT UPMC'S MISSION AND INCLUDE: PATIENT QUALITY AND SATISFACTION, COMMUNITY BENEFITS, OPERATIONAL AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND STRATEGIC BUSINESS INITIATIVES AMONG OTHERS. THE TOTAL COMPENSATION PROGRAM IS INTEGRATED WITH AND REINFORCES THE UPMC BUSINESS PLANNING CYCLE AS WELL AS MANAGEMENT DEVELOPMENT AND SUCCESSION PLANNING PROCESSES. IT IS THE COMMITTEE'S JUDGMENT THAT THE STRUCTURE OF THE TOTAL COMPENSATION PROGRAM IS VITAL TO, AND STRONGLY SUPPORTIVE OF, THE HIGH LEVEL OF ONGOING SUCCESS OF UPMC AND FOSTERS THE RETENTION OF CRITICAL OFFICER AND KEY EMPLOYEE TALENT. THE TOTAL COMPENSATION DETERMINATION PROCESS UTILIZED BY THE COMMITTEE IS INTENDED TO SATISFY THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" AS SET FORTH IN THE REGULATIONS TO SECTION 4958 OF THE INTERNAL REVENUE CODE ("CODE"). THIS MEANS THAT COMPENSATION PROGRAMS AND LEVELS ARE APPROVED IN ADVANCE BY THE COMMITTEE WHICH IS COMPOSED ENTIRELY OF OUTSIDE DIRECTORS WHO DO NOT HAVE A CONFLICT OF INTEREST, AS DEFINED BY THE RELEVANT REGULATIONS, WITH RESPECT TO THE

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COMPENSATION PROGRAM AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON A BROAD RANGE OF APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATIONS. THE COMMITTEE THEN CONTEMPORANEOUSLY DOCUMENTS, IN FORMAL MEETING MINUTES, THE BASIS AND REASONS FOR ITS DETERMINATIONS. THE TOTAL COMPENSATION PROGRAM IS DESIGNED AND ADMINISTERED IN ACCORDANCE WITH THE UPMC BYLAWS, SOUND BUSINESS PRACTICES, THE TENETS OF COMMON LAW BUSINESS JUDGMENT AND FIDUCIARY RESPONSIBILITY AS WELL AS ADHERENCE TO ALL RELEVANT FEDERAL, STATE AND LOCAL LAWS. IN ADDITION TO CODE SECTION 4958, AS SET FORTH ABOVE, THIS INCLUDES BUT IS NOT LIMITED TO CODE SECTION 501(C) (3) AND THE APPLICABLE REGULATIONS THEREUNDER AS WELL AS ALL LAWS AND REGULATIONS PROHIBITING PRIVATE INUREMENT, PRIVATE BENEFIT TRANSACTIONS AND DISCRIMINATION. FURTHER, THE COMMITTEE HAS IDENTIFIED AND ADOPTED, AS APPROPRIATELY MODIFIED FOR UPMC, COMPENSATION PROGRAM "BEST PRACTICES" FROM THE BUSINESS WORLD (E.G. SARBANES OXLEY, SEC, ETC.). THE COMMITTEE BELIEVES THAT WHILE THESE PRACTICES ARE NOT REQUIRED IN THE TAX EXEMPT SECTOR, THEY ARE IN THE BEST INTERESTS OF THE ORGANIZATION AND FURTHER SUPPORT UPMC'S NONPROFIT MISSION. IN ACCORDANCE WITH THE ABOVE, DETERMINATION OF TOTAL COMPENSATION FOR THE CEO IS MADE EXCLUSIVELY BY THE COMMITTEE. DETERMINATION OF TOTAL COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS RECOMMENDED BY THE CEO AND SUBJECT TO REVIEW AND APPROVAL BY THE COMMITTEE. THE COMMITTEE, WHICH MEETS AT LEAST FOUR TIMES A YEAR, OBTAINS PROFESSIONAL ADVICE FROM ITS OWN EXPERTS, INCLUDING ACCOUNTANTS, EXECUTIVE COMPENSATION CONSULTANTS AND LEGAL COUNSEL.

|  |  |
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QUESTION 16A AND B: UPMC HAS A FORMAL WRITTEN POLICY PERTAINING TO JOINT VENTURES BETWEEN UPMC TAX-EXEMPT ENTITIES AND TAXABLE ENTITIES. THE POLICY EMPLOYS AN INTERNAL PROCEDURE FOR REVIEW OF ALL TRANSACTIONS INVOLVING POTENTIAL PARTICIPATION IN JOINT VENTURES AND SIMILAR ARRANGEMENTS TO ENSURE THAT SUCH ENTITIES OPERATE IN ACCORDANCE WITH APPLICABLE IRS POLICIES AND WITHIN UPMC'S CHARITABLE PURPOSES.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION C: DISCLOSURE

QUESTION 19: UPMC'S PUBLIC WEBSITE (WWW.UPMC.COM) MAKES ITS FINANCIAL RESULTS, CONFLICT OF INTEREST PROCESS, AND VARIOUS INFORMATION ABOUT THE GOVERNANCE AND OVERSIGHT AVAILABLE TO THE PUBLIC. ADDITIONAL INFORMATION MAY BE SUPPLIED UPON SPECIFIC REQUEST FOR DATA NOT POSTED TO THE WEB SITE.

PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPL HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS

PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5) THE SPONSORING ENTITY OF UPMC GROUP, UPMC, HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS RECEIVED; INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES; CERTAIN OTHER HIGHLY PAID EMPLOYEES; CERTAIN PROFESSIONAL CONTRACTORS; AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS ALONG WITH ALL MEMBERS OF THE GROUP IN THE UPMC GROUP RETURN. THE COMPENSATION AMOUNTS LISTED

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REPRESENT THE FULL AND COMPLETE COMPENSATION PACKAGES PAID TO THE INDIVIDUALS FOR PERFORMING THEIR ASSIGNED DUTIES AT UPMC. A PORTION OF THE COMPENSATION DISCLOSED MAY RELATE TO EARNED AND PREVIOUSLY REPORTED DEFERRED COMPENSATION. A PORTION OF THE BENEFITS DISCLOSED MAY RELATE TO EARNED BUT UNPAID DEFERRED COMPENSATION. ALL SALARIES AND BENEFITS REPORTED ARE BASED ON INDIVIDUALS' OPERATIONAL POSITIONS AND ARE NOT FOR SERVICES PERFORMED AS DIRECTORS OR BOARD MEMBERS. BOARD POSITIONS ARE ALL VOLUNTEER AND UNPAID.

PART VII OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES INDIVIDUALS THAT HOLD REPORTING POSITIONS WITH MORE THAN ONE ORGANIZATION ARE LISTED SEPARATELY IN PART VII WITH REGARD TO EACH ENTITY. INDIVIDUALS ARE COMPENSATED FOR OPERATIONAL ROLES ONLY, NOT FOR DUTIES PERFORMED AS DIRECTORS OR BOARD MEMBERS. COMPENSATION DISCLOSED FOR PERSONS WHOSE ROLE IS LISTED AS BOARD MEMBER IS COMPENSATION FROM THE SAME OR RELATED ORGANIZATION FOR AN OPERATIONAL ROLE AND NOT FOR THE DISCLOSED PERSON'S ROLE AS A BOARD MEMBER. ALL BOARD POSITIONS FOR ALL GROUP ENTITIES ARE VOLUNTARY AND UNPAID. THE TOTAL HOURS DISCLOSED IN PART VII RELATES TO THE POSITION FOR WHICH THE PERSON IS DISCLOSED EXCEPT IN THE CASE WHERE THE PERSON IS ALSO EMPLOYED BY THE SAME DISTINCT 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.



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## PART XI RECONCILIATION OF NET ASSETS

|   |             |
|---|-------------|
| NET TRANSFERS TO EXEMPT PARENT            | -85,526,697 |
| NET RESTRICTED/SPF ACTIVITY               | 6,754,699   |
| OTHER INCREASES/DECREASES IN FUND BALANCE | -19,137,137 |
| CHANGE IN BENEFICIAL INTEREST             | -13,342,408 |
| TRANSFERS TO EXEMPT AFFILIATES            | -7,483,905  |
| ADDITION OF GROUP MEMBERS                 | 241,485,610 |
| NET CHANGE IN PENSION LIABILITY           | -10,834,772 |
| TOTAL                                     | 111,915,390 |

## PART XII FINANCIAL STATEMENTS AND REPORTING

## QUESTION 2C

AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES.

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.

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ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| PJ DICK CONTRACTING INC<br>225 NORTH SHORE DRIVE<br>PITTSBURGH, PA 15212  | GENERAL CONTRACTOR             | 43,188,723.         |
| CENTERS FOR REHAB SERVICES<br>625 WALNUT STREET<br>MCKEESPORT, PA 15132   | REHAB SERVICES                 | 35,911,831.         |
| CENTRAL BLOOD BANK<br>429 FOURTH AVE<br>PITTSBURGH, PA 15222              | BLOOD SERVICES                 | 20,660,778.         |
| MEDICOR ASSOCIATES INC<br>120 EAST 2ND STREET<br>ERIE, PA 16507           | MEDICAL SERVICES               | 20,374,697.         |
| ITXM CLINICAL SERVICES<br>3636 BLVD OF THE ALLIES<br>PITTSBURGH, PA 15213 | LABORATORY SERVICES            | 15,896,894.         |

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>(A)<br/>TOTAL<br/>REVENUE</u> | <u>(B)<br/>RELATED OR<br/>EXEMPT REVENUE</u> | <u>(C)<br/>UNRELATED<br/>BUSINESS REV.</u> | <u>(D)<br/>EXCLUDED<br/>REVENUE</u> |
|--------------------|----------------------------------|--|--|-------------------------------------|
| INVESTMENT INCOME  | 24,825,669.                      |  |  | 24,825,669.                         |
| TOTALS             | <u>24,825,669.</u>               |  |  | <u>24,825,669.</u>                  |

ATTACHMENT 3

|  |  |
|--|--|
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ATTACHMENT 3 (CONT'D)

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u>             | <u>AMOUNT</u>     |
|--------------------------------|-------------------|
| STEELEER STYLE                 | 524,799.          |
| ANDY RUSSELL CELEBRITY CLASSIC | 229,063.          |
| CHILDREN'S BALL                | 52,407.           |
| UPMC GOLF OUTING               | 64,347.           |
| STANLEY MARKS GOLF CLASSIC     | 267,047.          |
| HORIZON FOUNDATION GOLF OUTING | 31,442.           |
| HNA FOUNDATION GOLF BENEFIT    | 35,937.           |
| PLANT SALE                     | 3,025.            |
| BOO BALL                       | 8,208.            |
| LUAU                           | 10,575.           |
| POKER RUN                      | 6,627.            |
| CHARLES E COPELAND GOLF OUTING | 39,966.           |
| ALTNA FND ANNUAL GOLF CLASSIC  | 75,385.           |
| ALTNA FND WINTER SPLENDOR      | 81,520.           |
| TOTAL                          | <u>1,430,348.</u> |

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u>             | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|--------------------------------|---------------------|------------------------|-------------------|
| STEELEER STYLE                 | 213,716.            | 409,265.               | -195,549.         |
| ANDY RUSSELL CELEBRITY CLASSIC | 39,252.             | 145,165.               | -105,913.         |
| CHILDREN'S BALL                | 6,831.              | 29,914.                | -23,083.          |
| UPMC GOLF OUTING               | 23,447.             | 40,678.                | -17,231.          |
| STANLEY MARKS GOLF CLASSIC     | 103,535.            | 89,369.                | 14,166.           |

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ATTACHMENT 4 (CONT'D)FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u>             | <u>GROSS<br/>INCOME</u> | <u>DIRECT<br/>EXPENSES</u> | <u>NET<br/>INCOME</u> |
|--------------------------------|-------------------------|----------------------------|-----------------------|
| HORIZON FOUNDATION GOLF OUTING | 21,450.                 | 25,810.                    | -4,360.               |
| HNA FOUNDATION GOLF BENEFIT    | 33,373.                 | 22,568.                    | 10,805.               |
| PLANT SALE                     | 7,975.                  |                            | 7,975.                |
| BOO BALL                       | 2,002.                  | 3,577.                     | -1,575.               |
| LUAU                           | 2,420.                  | 3,931.                     | -1,511.               |
| POKER RUN                      |                         | 950.                       | -950.                 |
| CHARLES E COPELAND GOLF OUTING | 17,705.                 | 18,771.                    | -1,066.               |
| ALTNA FND ANNUAL GOLF CLASSIC  | 46,700.                 | 38,402.                    | 8,298.                |
| ALTNA FND WINTER SPLENDOR      | 29,340.                 | 37,566.                    | -8,226.               |
| TOTALS:                        | <u>547,746.</u>         | <u>865,966.</u>            | <u>-318,220.</u>      |

ATTACHMENT 5FORM 990, PART VIII - GAMING ACTIVITIES

| <u>DESCRIPTION</u> | <u>GROSS<br/>INCOME</u> | <u>DIRECT<br/>EXPENSES</u> | <u>NET<br/>INCOME</u> |
|--------------------|-------------------------|----------------------------|-----------------------|
| GAMING ACTIVITY    |                         | 30,000.                    | -30,000.              |
| TOTALS:            |                         | <u>30,000.</u>             | <u>-30,000.</u>       |

ATTACHMENT 6

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ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>ENDING<br/>BOOK VALUE</u> | <u>COST<br/>OR FMV</u> |
|--------------------|------------------------------|------------------------|
| PUBLICLY TRADED    | 344,191,455.                 | COST                   |
| TOTALS             | 344,191,455.                 |                        |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                           | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) UPMC ITALY S.R.L.<br>PIAZZA SETT ANGELI 1090134   | HEALTHCARE              | IT   | 43,220,800.         | 31,028,447.               | UPMC OVERSEA                     |
| (2) UPMC PHYS OPERATIONS & PROF SVCS LLC 47-2803100<br>600 GRANT STREET PITTSBURGH, PA 15219  | PHYSICIAN SVC           | PA   | 27,050,086.         | 6,672,494.                | UOP PHYS                         |
| (3) VIA ONCOLOGY LLC 37-1754667<br>600 GRANT STREET PITTSBURGH, PA 15219                      | ONCOLOGY                | PA   | 3,646,987.          | 0.                        | UOP CN SRV                       |
| (4) UPMC ONCOLOGY TREATMENT PLANNING, LLC 46-4936164<br>600 GRANT STREET PITTSBURGH, PA 15219 | ONCOLOGY                | PA   | 3,700,689.          | 4,221,109.                | UOP CN SRV                       |
| (5) QUALITY FIRST HEALTHCARE, LLC 46-0812493<br>600 GRANT STREET PITTSBURGH, PA 15219         | INACTIVE                | PA   | 0.                  | 0.                        | HNA AFFILIAT                     |
| (6) REGIONAL HEALTH CENTRAL, LLC 26-3692367<br>600 GRANT STREET PITTSBURGH, PA 15219          | INACTIVE                | PA   | 0.                  | 0.                        | REG HLTH SVS                     |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) UPMC SENIOR COMMUNITIES, INC. 25-1574736<br>600 GRANT STREET PITTSBURGH, PA 15219            | SR. LIVING              | PA   | 501(C)(3)                  | 9   | UPMC                             | X  |    |
| (2) PITTSBURGH LIFETIME CARE COMMUNITY 25-1335247<br>600 GRANT STREET PITTSBURGH, PA 15219       | CCRC                    | PA   | 501(C)(3)                  | 9   | UPMC SR COMM                     | X  |    |
| (3) CANTERBURY PLACE 25-0965334<br>600 GRANT STREET PITTSBURGH, PA 15219                         | SR. LIVING              | PA   | 501(C)(3)                  | 9   | UPMC SR COMM                     | X  |    |
| (4) SENECA PLACE 72-1562844<br>600 GRANT STREET PITTSBURGH, PA 15219                             | SR LIVING               | PA   | 501(C)(3)                  | 9   | UPMC SR COMM                     | X  |    |
| (5) SHADYSIDE HOSPITAL SUPPORTING FOUNDATION 26-0303394<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION              | PA   | 501(C)(3)                  | 11(A) I   | UPMC                             | X  |    |
| (6) UPMC LEE 25-0613830<br>600 GRANT STREET PITTSBURGH, PA 15219                                 | INACTIVE                | PA   | 501(C)(3)                  | 3   | UPMC                             | X  |    |
| (7) PITTSBURGH CARE PARTNERSHIP, INC. 25-1753852<br>600 GRANT STREET PITTSBURGH, PA 15219        | ADULTDAYCARE            | PA   | 501(C)(3)                  | 9   | UPMC                             | X  |    |

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)   |                         |  |                     |                           |                                  |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) UPMC CENTER FOR HIGH VALUE HEALTHCARE<br>600 GRANT STREET PITTSBURGH, PA 15219 45-2178782 | RESEARCH                | PA   | 501(C)(3)                  | 7   | UPMC                             | X  |    |
| (2) SHADYSIDE HOSPITAL FOUNDATION<br>532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232 25-1290546   | FOUNDATION              | PA   | 501(C)(3)                  | 11(C) III   | UPMC PRESBY                      | X  |    |
| (3) PASSAVANT HOSPITAL FOUNDATION<br>9100 BABCOCK BLVD PITTSBURGH, PA 15237 25-1407815        | FOUNDATION              | PA   | 501(C)(3)                  | 11(B) II  | UPMC PASS                        | X  |    |
| (4) UPMC NORTHWEST FOUNDATION<br>100 FARFIELD DRIVE SENECA, PA 16346 25-1483624               | FOUNDATION              | PA   | 501(C)(3)                  | 11(D) III   | UPMC NORTHWE                     | X  |    |
| (5) ST. MARGARET FOUNDATION<br>600 GRANT STREET PITTSBURGH, PA 15219 25-1520340               | FOUNDATION              | PA   | 501(C)(3)                  | 7   | UPMC ST MARG                     | X  |    |
| (6) CHILDREN'S HOSPITAL OF PITTSBURGH FND<br>600 GRANT STREET PITTSBURGH, PA 15219 25-1865744 | FOUNDATION              | PA   | 501(C)(3)                  | 7   | UPMC CHP                         | X  |    |
| (7) MAGEE-WOMEN RES INST AND FOUNDATION<br>600 GRANT STREET PITTSBURGH, PA 15219 25-1462311   | FOUNDATION              | PA   | 501(C)(3)                  | 7   | N/A                              |  | X  |

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

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Department of the Treasury  
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Name of the organization

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)   |                         |  |                     |                           |                                  |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) KANE COMMUNITY HOSPITAL<br>4372 ROUTE 6<br>KANE, PA 16735<br>25-0998168                              | HOSPITAL                | PA   | 501(C)(3)                  | 3   | UPMC HAMOT                       |  | X  |
| (2) GREAT LAKES PHYSICIAN PRACTICE<br>600 GRANT STREET, 58TH FLOOR<br>PITTSBURGH, PA 15219<br>46-4186362 | PHYSICIANS              | NY   | 501(C)(3)                  | 3   | REGNL HEALTH                     | X  |    |
| (3) HAMOT HEALTH FOUNDATION<br>302 FRENCH ST<br>ERIE, PA 16507<br>25-1400999                             | FOUNDATION              | PA   | 501(C)(3)                  | 11(B)II   | UPMC HAMOT                       | X  |    |
| (4) SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HA<br>1330 W. 26TH ST<br>ERIE, PA 16508<br>25-1317492          | BEHAVIORAL              | PA   | 501(C)(3)                  | 7   | UPMC HAMOT                       | X  |    |
| (5) UPMC JAMESON<br>1211 WILMINGTON AVE<br>NEW CASTLE, PA 16105<br>25-0965406                            | HEALTHCARE              | PA   | 501(C)(3)                  | 3   | UPMC                             | X  |    |
| (6) JAMESON HEALTHCARE FOUNDATION<br>1211 WILMINGTON AVE<br>NEW CASTLE, PA 16105<br>25-1536037           | FOUNDATION              | PA   | 501(C)(3)                  | 11(B)II   | UPMC JAMESON                     | X  |    |
| (7) JAMESON HEALTH SERVICES, INC<br>1211 WILMINGTON AVE<br>NEW CASTLE, PA 16105<br>03-0486993            | HEALTHCARE              | PA   | 501(C)(3)                  | 11(B)II   | UPMC JAMESON                     | X  |    |

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

Schedule R (Form 990) 2015



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)   |                         |  |                     |                           |                                  |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) CHILDREN'S ADVOCACY CENTER OF LAWRENCE<br>1107 WILMINGTON AVE NEW CASTLE, PA 16105<br>25-1581304 | SUPPORT SYS             | PA   | 501(C)(3)                  | 7   | UPMC JAMESON                     | X  |    |
| (2) UPMC/JAMESON CANCER CENTER<br>600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219<br>20-1459415       | ONCOLOGY SVC            | PA   | 501(C)(3)                  | 9   | UPMC JAMESON                     | X  |    |
| (3) JAMESON MEDICAL CARE, INC<br>1211 WILMINGTON AVE NEW CASTLE, PA 16105<br>26-0462696              | HEALTHCARE              | PA   | 501(C)(3)                  | 9   | UPMC JAMESON                     | X  |    |
| (4) JAMESON CARE CENTER, INC<br>1211 WILMINGTON AVE NEW CASTLE, PA 16105<br>23-2871396               | HEALTHCARE              | PA   | 501(C)(3)                  | 9   | UPMC SR COMM                     | X  |    |
| (5)  |                         |  |                            |   |                                  |  |    |
| (6)  |                         |  |                            |   |                                  |  |    |
| (7)  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2015

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) SENECA HILLS ASSISTED LIVING.<br>600 GRANT STREET PITTSBURGH, P  | ASSISTED LIVI           | PA   | N/A                              | N/A  | 0.                           | 0.                                 |                                      | X  | 0.   | X                                   |    | 100.0000                    |
| (2) ST. MARGARET MEDICAL ARTS ASSO<br>600 GRANT STREET PITTSBURGH, P | MED OFFICE BL           | PA   | N/A                              | N/A  | 0.                           | 0.                                 |                                      | X  | 0.   | X                                   |    | 100.0000                    |
| (3) CORE NETWORK, LLC 25-1786209<br>600 GRANT STREET PITTSBURGH, P   | HEALTHCARE              | PA   | UPMC COMM PROVI                  | RELATED  | 3,061,189.                   | 10,118,705.                        |                                      | X  | 0.   | X                                   |    | 76.0000                     |
| (4) LIFE HOME CARE, LP 25-1847839<br>600 GRANT STREET PITTSBURGH, P  | HOMECARE                | PA   | UPMC COMM PROV                   | RELATED  | 0.                           | 0.                                 |                                      | X  | 0.   | X                                   |    | 100.0000                    |
| (5) SHADYSIDE MEDICAL CENTER ASSOC<br>600 GRANT STREET PITTSBURGH, P | MED OFFICE BL           | PA   | N/A                              | N/A  | 0.                           | 0.                                 |                                      | X  | 0.   | X                                   |    |                             |
| (6) CHARTWELL PA, LP 25-1729714<br>600 GRANT STREET PITTSBURGH, P    | HOMEHEALTH              | PA   | UPMC COMM PROV                   | RELATED  | 18,168,350.                  | 40,795,705.                        |                                      | X  | 0.   | X                                   |    | 94.9855                     |
| (7) LIFE CARE HOME SRV OF NW PA 25<br>1647 SASSAFRAS STREET ERIE, PA | HOME HEALTH S           | PA   | UPMC HAMOT                       | RELATED  | 4,479,623.                   | 12,438,839.                        |                                      | X  | 0.   | X                                   |    | 100.0000                    |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) H.C.PHARMACY CENTRAL, INC 25-1364192<br>600 GRANT STREET PITTSBURGH, PA 15219               | PHARMACY CO-0           | PA   | VARIOUS                          | C  | 2,723,094.                   | 227,269.                           | 78.5700                     | X  |    |
| (2) CHILDREN'S COMMUNITY CARE 25-1781887<br>600 GRANT STREET PITTSBURGH, PA 15219               | PEDIATRIC SVC           | PA   | UPMC CHP                         | C  | 106,500,351.                 | 17,620,303.                        | 100.0000                    | X  |    |
| (3) UPMC CANCER CENTERS IRELAND LIMITED<br>6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18    | CANCER TREATM           | EI   | N/A                              | C  |                              |                                    |                             |  | X  |
| (4) UPMC PHYSICIAN SERVICES HOLDING COMPANY 25-1877017<br>600 GRANT STREET PITTSBURGH, PA 15219 | HOLDING CO              | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (5) HEMATOLOGY ONCOLOGY ASSOC 42-1648357<br>600 GRANT STREET PITTSBURGH, PA 15219               | HEALTHCARE              | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (6) ONCOLOGY HEMATOLOGY ASSOC 25-1762980<br>600 GRANT STREET PITTSBURGH, PA 15219               | HEALTHCARE              | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (7) TRI-STATE NEUROSURGICAL ASSOCIATES 25-1458655<br>600 GRANT STREET PITTSBURGH, PA 15219      | HEALTHCARE              | PA   | N/A                              | C  |                              |                                    |                             |  | 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)<br>Name, address, and EIN of related organization                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) HAMOT-KCH REAL ESTATE VENTURE<br>300 STATE STREET ERIE, PA 1650  | MEDICAL OFFIC           | PA   | UPMC HAMOT                       | RELATED  | 6,117.                       | 217,869.                           |                                      | X  | 0.   | X                                   |    | 51.0000                     |
| (2) HAMOT SURGERY CENTER, LLC 25-1<br>200 STATE STREET ERIE, PA 1650 | AMBULATORY SU           | PA   | UPMC HAMOT                       | RELATED  | 1,481,684.                   | 328,736.                           |                                      | X  | 0.   | X                                   |    | 50.9398                     |
| (3) EPN-HAMOT URGENT CARE, LLC 27-<br>600 GRANT STREET PITTSBURGH, P | URGENT CARE             | PA   | VARIOUS                          | RELATED  | 59,336.                      | 3,707,578.                         |                                      | X  | 0.   | X                                   |    | 100.0000                    |
| (4) MOUNTAIN VIEW MEDICAL ONCOLOGY<br>600 GRANT STREET, 58TH FLOOR P | HEALTHCARE              | PA   | UPMC MCKEESPORT                  | RELATED  | 0.                           | 0.                                 |                                      | X  | 0.   | X                                   |    | 51.0000                     |
| (5) LAWRENCE COUNTY MRI & DIAGNOST<br>2526 WILMINGTON AVE, NEW CASTL | IMAGING CENTER          | PA   | N/A                              | N/A  | 0.                           | 0.                                 |                                      | X  | 0.   | X                                   |    |                             |
| (6)  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) RENAISSANCE FAMILY PRACTICE - UPMC, INC 26-2942406<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTHCARE              | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (2) UPMC HOLDING COMPANY, INC 25-1777713<br>600 GRANT STREET PITTSBURGH, PA 15219               | HOLDING CORP            | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (3) UPMC COVERAGE PRODUCTS, INC 25-1777710<br>600 GRANT STREET PITTSBURGH, PA 15219             | HOLDING CORP            | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (4) FREEDOM INSURANCE COMPANY 03-0308944<br>600 GRANT STREET PITTSBURGH, PA 15219               | INSURANCE               | VT   | N/A                              | C  |                              |                                    |                             |  | X  |
| (5) TRI-CENTURY INSURANCE CO 25-1500739<br>600 GRANT STREET PITTSBURGH, PA 15219                | INSURANCE               | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (6) UPMC DNA, INC 25-1883237<br>600 GRANT STREET PITTSBURGH, PA 15219                           | INSURANCE               | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (7) UPMC HEALTH BENEFITS, INC 25-1844144<br>600 GRANT STREET PITTSBURGH, PA 15219               | HEALTH INSUR            | PA   | N/A                              | C  |                              |                                    |                             |  | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) UPMC HEALTH NETWORK, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>72-1527566              | HEALTH INSUR            | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (2) UPMC HEALTH PLAN, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>23-2813536                 | HEALTH INSUR            | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (3) UPMC BENEFIT MANAGEMENT SERVICES, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>25-1769564 | WORKERS' COMP           | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (4) UPMC DIVERSIFIED SERVICES, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>25-1778454        | HOLDING CORP            | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (5) MONROEVILLE SPECIALTY CLINIC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>25-1666087          | HEALTHCARE              | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (6) MEDICAL ARCHIVAL SYSTEMS, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>23-2912501         | SOFTWARE DEVE           | DE   | N/A                              | C  |                              |                                    |                             |  | X  |
| (7) PRESBY HEALTH RESOURCE MGMT<br>600 GRANT STREET PITTSBURGH, PA 15219<br>25-1422155           | HEALTHCARE              | PA   | N/A                              | C  |                              |                                    |                             |  | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) RX PARTNERS, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>25-1801966                | RETAIL PHARM            | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (2) BIOTRONICS, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>25-1843500                 | EQUIP MAINTEN           | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (3) MEDICAL CENTER PROPERTIES, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>25-1796940  | REAL ESTATE             | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (4) ASKESIS DEVELOPMENT GROUP, INC.<br>600 GRANT STREET PITTSBURGH, PA 15219<br>54-1625585 | SOFTWARE DEVE           | DE   | N/A                              | C  |                              |                                    |                             |  | X  |
| (5) PANTHER REINSURANCE COMPANY, LTD<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ      | INSURANCE               | CJ   | N/A                              | C  |                              |                                    |                             |  | X  |
| (6) FORBES REINSURANCE COMPANY, LTD<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ       | INSURANCE               | CJ   | N/A                              | C  |                              |                                    |                             |  | X  |
| (7) CATHEDRAL (RE) INSURANCE CO<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ           | INSURANCE               | CJ   | N/A                              | C  |                              |                                    |                             |  | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) UPMC INTERNATIONAL HEALTH INITIATIVES 84-1706741<br>600 GRANT STREET PITTSBURGH, PA 15219        | INACTIVE                | PA   | UPMC INTL HLD                    | C  | 0.                           | 0.                                 | 100.0000                    | X  |    |
| (2) UPMC IRELAND LIMITED<br>6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18                        | HEALTHCARE SU           | EI   | UPMC INTL HLD                    | C  | 0.                           | 3,604,985.                         | 100.0000                    | X  |    |
| (3) UPMC UNITED KINGDOM, LTD 96-0571026<br>C/O NAIR&CO 11TH FLOOR WHITEFRIARS LEWINS MEAD, BRISTOL U | SOFTWARE LICE           | UK   | UPMC INTL HLD                    | C  | 873,511.                     | 1,461,814.                         | 100.0000                    | X  |    |
| (4) UPMC CYPRUS HOLDINGS, LTD<br>JULIA HOUSE 3 THEMISTOCLES DERVIS NICOSIA, CY CY 1066               | HEALTHCARE SU           | CY   | UPMC INTL HLD                    | C  | 0.                           | 0.                                 | 100.0000                    | X  |    |
| (5) UPMC CYPRUS LTD<br>JULIA HOUSE 3 THEMISTOCLES DERVIS NICOSIA, CY CY 1066                         | HEALTHCARE SU           | CY   | N/A                              | C  |                              |                                    |                             |  | X  |
| (6) BAYFRONT REGIONAL DEVELOPMENT CORP 25-1401388<br>300 STATE STREET ERIE, PA 16507                 | RE HOLDING CO           | PA   | HAMOT                            | C  | 307,209.                     | 2,929,201.                         | 100.0000                    | X  |    |
| (7) BAYSIDE DEVELOPMENT CORP 25-1401386<br>300 STATE STREET ERIE, PA 16507                           | REAL ESTATE/P           | PA   | N/A                              | C  |                              |                                    |                             |  | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) UPMC WORK ALLIANCE, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>45-2825053               | INSURANCE               | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (2) UPMC CANADA TECHNOLOGIES, LIMITED<br>600 GRANT STREET PITTSBURGH, PA 15219                   | SOFTWARE                | CA   | UPMC INTL HLD                    | C  | 0.                           | 2,929,256.                         | 100.0000                    |  | X  |
| (3) ALLIED ORTHOPEDICS APPLIANCES, INC<br>335 E 3RD ST JAMESTOWN, NY 14701<br>16-1092951         | MED APPLIANCE           | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (4) UPMC HEALTH COVERAGE, INC<br>600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219<br>46-2824537 | INSURANCE               | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (5) UPMC HEALTH OPTIONS, INC<br>600 GRANT STREET PITTSBURGH, PA 15219<br>46-2824626              | INSURANCE               | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (6) UPMC COMPLETE CARE, INC<br>5215 CENTRE AVENUE PITTSBURGH, PA 15232<br>46-3605753             | HEALTHCARE              | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (7) AMERICAN HOME HEALTH SERVICES<br>868 CORPORATE WAY WESTLAKE, OH 44145<br>31-1521422          | HOME HEALTH C           | OH   | N/A                              | C  |                              |                                    |                             |  | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization                             | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) HEALTH FIDELITY, INC<br>210 S. B ST SAN MATEO, CA 94401<br>45-2538963         | TECHNOLOGY SV           | CA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (2) FLUENCE HEALTH, INC<br>6425 PENN AVE PITTSBURGH, PA 15206<br>47-2684174       | SOFTWARE                | DE   | N/A                              | C  |                              |                                    |                             |  | X  |
| (3) CURAVI HEALTH, INC<br>6425 PENN AVE PITTSBURGH, PA 15206<br>81-1217377        | HEALTHCARE              | DE   | N/A                              | C  |                              |                                    |                             |  | X  |
| (4) PENSIAMO, INC<br>600 GRANT STREET, 59TH FL PITTSBURGH, PA 15219<br>81-2069236 | SUPPLY CHAIN            | DE   | N/A                              | C  |                              |                                    |                             |  | X  |
| (5) ALTOONA FAMILY, INC<br>620 HOWARD AVE ALTOONA, PA 16601<br>25-1444935         | MGMT SVCS               | PA   | UPMC ALTOONA                     | C  | 120,954.                     | 436,357.                           | 100.0000                    |  | X  |
| (6) LEXINGTON HOLDINGS, INC<br>620 HOWARD AVE ALTOONA, PA 16601<br>25-1794386     | MEDICAL SVCS            | PA   | CTRL PA MED FND                  | C  | 6,280,000.                   | 120,166,255.                       | 100.0000                    |  | X  |
| (7) LEXINGTON ONE, INC<br>620 HOWARD AVE ALTOONA, PA 16601<br>25-1468889          | RENTAL                  | PA   | N/A                              | C  |                              |                                    |                             |  | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) LEXINGTON TWO, INC<br>25-1555689<br>HOWARD AVE & 7TH ST ALTOONA, PA 16601                   | RENTAL EQPT             | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (2) LEXINGTON FOUR, INC<br>25-1793736<br>620 HOWARD AVE ALTOONA, PA 16601                       | HOLDING CO.             | DE   | N/A                              | C  |                              |                                    |                             |  | X  |
| (3) ALLEGHENY HEALTHCARE STAFFING, INC<br>27-1657362<br>620 HOWARD AVE ALTOONA, PA 16601        | EMPLOYMENT SVC          | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (4) UPMC ALTOONA REGIONAL HEALTH SERVICES<br>25-1219302<br>1414 9TH AVE ALTOONA, PA 16602       | MEDICAL SVC             | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (5) LEXINGTON ANESTHESIA ASSOCIATES, INC<br>25-1897765<br>620 HOWARD AVE ALTOONA, PA 16601      | MEDICAL SVCS            | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (6) NORTHERN CAMBERIA MEDICAL CENTER, INC<br>25-1530860<br>620 HOWARD AVE ALTOONA, PA 16601     | MEDICAL SVC             | PA   | N/A                              | C  |                              |                                    |                             |  | X  |
| (7) PATTON FAMILY MEDICAL CENTER, INC<br>25-1793735<br>620 HOWARD AVE, 5TH FL ALTOONA, PA 16601 | MEDICAL SVC             | PA   | N/A                              | C  |                              |                                    |                             |  | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) MEDCPU 38-3805381<br>100 WALL STREET, SUITE 2202 NEW YORK, NY 10005   | SOFTWARE DEVELOP        | DE   | N/A                              | C  |                              |                                    |                             |  | X  |
| (2) UPMC EXCESS PL TR 82-6254351<br>600 GRANT STREET PITTSBURGH, PA 15219 | TRUST                   | PA   | N/A                              | TRUST  |                              |                                    |                             |  | X  |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  | X   |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | X   |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | X   |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) CORE NETWORK LLC                | P                             | 34,065,163.            | COST   |
| (2) UPMC                            | K                             | 26,357,553.            | COST   |
| (3) UPMC                            | P                             | 96,834,233.            | COST   |
| (4) CHILDREN'S COMMUNITY CARE       | O                             | 1,032,300.             | COST   |
| (5) CHILDREN'S COMMUNITY CARE       | P                             | 286,846.               | COST   |
| (6) CHILDREN'S COMMUNITY CARE       | Q                             | 131,461.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UPMC ALTOONA                                  | Q                             | 49,621,135.            | COST   |
| (2) THE CENTER FOR BIOSECURITY OF UPMC, INC.      | Q                             | 170,629.               | COST   |
| (3) STRATEGIC BUSINESS INITIATIVES LLC            | Q                             | 1,166,232.             | COST   |
| (4) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | Q                             | 4,352,264.             | COST   |
| (5) UNIVERSITY OF PITTSBURGH PHYSICIANS           | Q                             | 87,447,339.            | COST   |
| (6) UPMC COMMUNITY PROVIDER SERVICES              | Q                             | 15,050,810.            | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) UPMC COMMUNITY MEDICINE INC.    | Q                             | 20,321,101.            | COST   |
| (2) UPMC HORIZON                    | Q                             | 4,435,114.             | COST   |
| (3) UPMC BEDFORD                    | Q                             | 5,417,329.             | COST   |
| (4) UPMC NORTHWEST                  | Q                             | 9,447,729.             | COST   |
| (5) MAGEE WOMENS HOSPITAL OF UPMC   | Q                             | 203,157,072.           | COST   |
| (6) UPMC PASSAVANT                  | Q                             | 20,301,737.            | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization      | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) UPMC ST. MARGARET                    | Q                             | 13,011,892.            | COST   |
| (2) CHILDREN'S HOSPITAL OF UPMC          | Q                             | 97,205,438.            | COST   |
| (3) UPMC MCKEESPORT                      | Q                             | 8,600,920.             | COST   |
| (4) UPMC MERCY                           | Q                             | 13,894,934.            | COST   |
| (5) UPMC FOR YOU                         | Q                             | 13,590,262.            | COST   |
| (6) COMMUNITY CARE BEHAVIORAL HEALTH ORG | Q                             | 8,270,196.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization       | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UPMC HEALTH COVERAGE INC.             | Q                             | 149,328.               | COST   |
| (2) UPMC HAMOT                            | Q                             | 21,238,759.            | COST   |
| (3) UPMC HEALTH BENEFITS INC.             | Q                             | 511,316.               | COST   |
| (4) UPMC BENEFIT MANAGEMENT SERVICES INC. | Q                             | 3,803,056.             | COST   |
| (5) UPMC HEALTH PLAN INC.                 | Q                             | 7,453,597.             | COST   |
| (6) UPMC HEALTH NETWORK INC.              | Q                             | 444,117.               | 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.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization           | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|---|-------------------------------|------------------------|--|
| (1) | CATHEDRAL REINSURANCE COMPANY LTD             | Q                             | 795,391.               | COST   |
| (2) | FORBES REINSURANCE COMPANY LTD                | Q                             | 626,794.               | COST   |
| (3) | PANTHER REINSURANCE COMPANY LTD               | Q                             | 112,765.               | COST   |
| (4) | TRI-CENTURY INSURANCE COMPANY                 | Q                             | 232,584.               | COST   |
| (5) | MONROEVILLE SPECIALTY CLINIC INC.             | Q                             | 356,229.               | COST   |
| (6) | TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC. | Q                             | 355,383.               | COST   |



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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) UPMC HOLDING COMPANY, INC.             | Q                             | 8,838,142.             | COST   |
| (2) RENAISSANCE FAMILY PRACTICE-UPMC, INC. | Q                             | 1,336,257.             | COST   |
| (3) UPMC EAST                              | Q                             | 9,412,657.             | COST   |
| (4) ERIE PHYSICIANS NETWORK-UPMC INC.      | Q                             | 460,922.               | COST   |
| (5) UPMC OVERSEAS                          | Q                             | 1,789,256.             | COST   |
| (6) ASKESIS DEVELOPMENT GROUP INC.         | Q                             | 176,665.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization      | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) UPMC HEALTH OPTIONS INC.             | Q                             | 7,910,088.             | COST   |
| (2) DONOHUE & ALLEN CARDIOLOGY-UPMC INC. | Q                             | 277,866.               | COST   |
| (3) CENTER FOR EMERGENCY MEDICINE        | Q                             | 305,934.               | COST   |
| (4) UPMC COMPLETE CARE INC.              | Q                             | 144,933.               | COST   |
| (5) HEMATOLOGY ONCOLOGY ASSOCIATES       | Q                             | 944,551.               | COST   |
| (6) UPMC MULTISPECIALTY GROUP, INC.      | Q                             | 1,586,441.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization          | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) ONCOLOGY HEMATOLOGY ASSOCIATION          | Q                             | 2,850,143.             | COST   |
| (2) UPMC PRESBYTERIAN SHADYSIDE              | P                             | 647,575,307.           | COST   |
| (3) UPMC                                     | R                             | 2,321,725.             | COST   |
| (4) UPMC                                     | C                             | 84,763,680.            | COST   |
| (5) UPMC HORIZON                             | Q                             | 235,474.               | COST   |
| (6) UPMC HORIZON COMMUNITY HEALTH FOUNDATION | P                             | 235,474.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization           | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UPMC PRESBYTERIAN SHADYSIDE               | K                             | 13,746,529.            | COST   |
| (2) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC | K                             | 9,033,079.             | COST   |
| (3) MAGEE WOMENS HOSPITAL OF UPMC             | K                             | 2,061,392.             | COST   |
| (4) UPMC ST. MARGARET                         | K                             | 1,633,211.             | COST   |
| (5) UPMC PASSAVANT                            | K                             | 5,148,400.             | COST   |
| (6) UPMC HORIZON                              | K                             | 819,525.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization           | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|---|-------------------------------|------------------------|--|
| (1) | UPMC MCKEESPORT                               | K                             | 715,411.               | COST   |
| (2) | UPMC BEDFORD                                  | K                             | 155,840.               | COST   |
| (3) | UPMC MERCY                                    | K                             | 3,552,166.             | COST   |
| (4) | UNIVERSITY OF PGH CANCER INST CANCER SERVICES | K                             | 85,100.                | COST   |
| (5) | UNIVERSITY OF PITTSBURGH PHYSICIANS           | K                             | 687,270.               | COST   |
| (6) | UPMC COMMUNITY MEDICINE INC.                  | K                             | 962,355.               | 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.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization      | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) ERIE PHYSICIAN NETWORK-UPMC INC      | K                             | 77,860.                | COST   |
| (2) UPMC HAMOT                           | K                             | 1,319,656.             | COST   |
| (3) REGIONAL HEALTH SERVICES INC         | K                             | 312,404.               | COST   |
| (4) UPMC NORTHWEST                       | K                             | 64,510.                | COST   |
| (5) COMMUNITY CARE BEHAVIORAL HEALTH ORG | K                             | 366,777.               | COST   |
| (6) HOME NURSING AGENCY AFFILIATES       | K                             | 340,297.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization       | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|---|-------------------------------|------------------------|--|
| (1) | UPMC ALTOONA                              | K                             | 195,378.               | COST   |
| (2) | UPMC BEDFORD                              | J                             | 83,244.                | COST   |
| (3) | CENTER FOR EMERGENCY MEDICINE             | J                             | 110,556.               | COST   |
| (4) | CHILDREN'S COMMUNITY CARE                 | J                             | 339,902.               | COST   |
| (5) | CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC | J                             | 135,226.               | COST   |
| (6) | CORE NETWORK LLC                          | J                             | 1,870,981.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|   | Yes       | No |
|---|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .  | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .  | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .  | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .   | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .  | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .   | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .  | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .  | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .  | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .   | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .   | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .   | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .  | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .  | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .   | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .   | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .   | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .  | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .  | <b>1s</b> |    |
| <b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |           |    |

| (a)<br>Name of related organization      | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) DONOHUE & ALLEN CARDIOLOGY-UPMC INC. | J                             | 103,912.               | COST   |
| (2) UPMC EMERGENCY MEDICINE INC.         | J                             | 92,433.                | COST   |
| (3) UPMC HAMOT                           | J                             | 118,706.               | COST   |
| (4) THE HERITAGE SHADYSIDE               | J                             | 202,744.               | COST   |
| (5) UPMC COMMUNITY PROVIDER SERVICES     | J                             | 424,559.               | COST   |
| (6) COMMUNITY CARE BEHAVIORAL HEALTH ORG | J                             | 91,179.                | COST   |



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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UPMC HORIZON                                  | J                             | 61,846.                | COST   |
| (2) MAGEE WOMENS HOSPITAL OF UPMC                 | J                             | 4,506,595.             | COST   |
| (3) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | J                             | 146,495.               | COST   |
| (4) UPMC PRESBYTERIAN SHADYSIDE                   | J                             | 1,616,647.             | COST   |
| (5) REGIONAL HEALTH SERVICES INC                  | J                             | 1,130,848.             | COST   |
| (6) SENECA PLACE                                  | J                             | 168,700.               | 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.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) SHADYSIDE MEDICAL CENTER ASSOCIATES           | J                             | 124,800.               | COST   |
| (2) UNIVERSITY OF PITTSBURGH PHYSICIANS           | J                             | 20,992,693.            | COST   |
| (3) UPMC COMMUNITY MEDICINE INC.                  | J                             | 4,581,438.             | COST   |
| (4) TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC. | J                             | 348,320.               | COST   |
| (5) RENAISSANCE FAMILY PRACTICE-UPMC, INC.        | J                             | 210,549.               | COST   |
| (6) CRANBERRY PLACE                               | J                             | 2,182,848.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UPMC ALTOONA REGIONAL HEALTH SERVICES INC.    | J                             | 214,125.               | COST   |
| (2) ASKESIS DEVELOPMENT GROUP INC.                | J                             | 366,777.               | COST   |
| (3) HOME NURSING AGENCY COMMUNITY SERVICES        | J                             | 108,260.               | COST   |
| (4) UPMC COMPLETE CARE INC.                       | J                             | 103,845.               | COST   |
| (5) HOME NURSING AGENCY AND VISITING NURSE ASSOCI | J                             | 157,120.               | COST   |
| (6) UPMC HEALTH PLAN INC.                         | J                             | 54,582.                | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | UPMC MERCY                          | J                             | 60,158.                | COST   |
| (2) | UPMC MULTISPECIALTY GROUP INC.      | J                             | 274,028.               | COST   |
| (3) | VIA ONCOLOGY LLC                    | J                             | 101,160.               | COST   |
| (4) | UPMC                                | Q                             | 2,240,325.             | COST   |
| (5) | UPMC                                | R                             | 25,000,000.            | COST   |
| (6) | OVATION REVENUE CYCLE SERVICES LLC  | P                             | 4,947,655.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization           | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) CHILDRENS COMMUNITY CARE                  | F                             | 5,200,000.             | COST   |
| (2) BAYFRONT REGIONAL DEVELOPMENT CORPORATION | B                             | 770,000.               | COST   |
| (3) LEXINGTON HOLDINGS INC.                   | B                             | 41,800,000.            | COST   |
| (4) UPMC PRESBYTERIAN SHADYSIDE               | Q                             | 486,000.               | COST   |
| (5) UPMC MERCY                                | Q                             | 113,331.               | COST   |
| (6) CENTER FOR EMERGENCY MEDICINE             | P                             | 599,331.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UPMC PRESBYTERIAN SHADYSIDE         | P                             | 3,661,960.             | COST   |
| (2) REGIONAL HEALTH SERVICES INC        | Q                             | 3,661,960.             | COST   |
| (3) HC PHARMACY CENTRAL INC.            | P                             | 613,593,222.           | COST   |
| (4) UNIVERSITY OF PITTSBURGH PHYSICIANS | P                             | 458,407,906.           | COST   |
| (5) UPMC BEDFORD                        | Q                             | 1,156,111.             | COST   |
| (6) CENTER FOR EMERGENCY MEDICINE       | Q                             | 1,308,044.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization           | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC | Q                             | 65,827,926.            | COST   |
| (2) UPMC EAST                                 | Q                             | 4,617,065.             | COST   |
| (3) UPMC COMMUNITY PROVIDER SERVICES          | Q                             | 641,190.               | COST   |
| (4) UPMC HORIZON                              | Q                             | 6,778,331.             | COST   |
| (5) MAGEE WOMENS HOSPITAL OF UPMC             | Q                             | 38,318,920.            | COST   |
| (6) UPMC MCKEESPORT                           | Q                             | 5,109,720.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UPMC MERCY                                    | Q                             | 42,286,577.            | COST   |
| (2) UPMC PASSAVANT                                | Q                             | 20,996,422.            | COST   |
| (3) UPMC NORTHWEST                                | Q                             | 2,569,976.             | COST   |
| (4) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | Q                             | 1,064,575.             | COST   |
| (5) UPMC OVERSEAS                                 | Q                             | 95,000.                | COST   |
| (6) UPMC PRESBYTERIAN SHADYSIDE                   | Q                             | 246,378,146.           | COST   |



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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | UPMC HAMOT                          | Q                             | 6,287,357.             | COST   |
| (2) | UPMC FOR YOU                        | Q                             | 139,489.               | COST   |
| (3) | UPMC ST. MARGARET                   | Q                             | 11,188,258.            | COST   |
| (4) | UPMC HEALTH PLAN INC.               | Q                             | 76,754.                | COST   |
| (5) | UPMC HEALTH OPTIONS INC.            | Q                             | 80,642.                | COST   |
| (6) | STRATEGIC BUSINESS INITIATIVES, LLC | Q                             | 387,197.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization            | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) ONCOLOGY HEMATOLOGY ASSOCIATION            | Q                             | 2,101,764.             | COST   |
| (2) CHILDREN'S COMMUNITY CARE                  | Q                             | 241,308.               | COST   |
| (3) UPMC DIVERSIFIED SERVICES INC.             | Q                             | 111,019.               | COST   |
| (4) UPMC                                       | Q                             | 81,400.                | COST   |
| (5) UPMC ALTOONA REGIONAL HEALTH SERVICES INC. | Q                             | 244,488.               | COST   |
| (6) MONROEVILLE SPECIALTY CLINIC INC.          | Q                             | 266,971.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) HOME NURSING AGENCY AND VISITING NURSE ASSOCI | Q                             | 53,256.                | COST   |
| (2) UPMC COMMUNITY MEDICINE INC.                  | P                             | 125,206,340.           | COST   |
| (3) UPMC BEDFORD                                  | Q                             | 4,449,847.             | COST   |
| (4) UPMC EAST                                     | Q                             | 7,903,019.             | COST   |
| (5) UPMC HORIZON                                  | Q                             | 17,055,389.            | COST   |
| (6) MAGEE WOMENS HOSPITAL OF UPMC                 | Q                             | 1,314,260.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) UPMC MCKEESPORT                 | Q                             | 7,651,515.             | COST   |
| (2) UPMC MERCY                      | Q                             | 5,311,371.             | COST   |
| (3) UPMC PASSAVANT                  | Q                             | 29,403,894.            | COST   |
| (4) UPMC NORTHWEST                  | Q                             | 8,578,526.             | COST   |
| (5) UPMC PRESBYTERIAN SHADYSIDE     | Q                             | 16,492,798.            | COST   |
| (6) UPMC ST. MARGARET               | Q                             | 27,045,721.            | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | UPMC OVERSEAS                       | P                             | 333,198.               | COST   |
| (2) | UPMC ITALY S.R.L.                   | Q                             | 333,198.               | COST   |
| (3) | ERIE PHYSICIANS NETWORK-UPMC INC.   | P                             | 4,086,221.             | COST   |
| (4) | UPMC HAMOT                          | Q                             | 4,086,221.             | COST   |
| (5) | UPMC EMERGENCY MEDICINE INC.        | P                             | 6,683,121.             | COST   |
| (6) | UPMC HORIZON                        | Q                             | 3,129,608.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | UPMC MCKEESPORT                     | Q                             | 1,743,356.             | COST   |
| (2) | UPMC EAST                           | Q                             | 1,700,064.             | COST   |
| (3) | UPMC PRESBYTERIAN SHADYSIDE         | Q                             | 110,093.               | COST   |
| (4) | UPMC HAMOT                          | Q                             | 317,945.               | COST   |
| (5) | UPMC MERCY                          | Q                             | 487,659.               | COST   |
| (6) | UPMC BEDFORD                        | Q                             | 105,295.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | UPMC NORTHWEST                      | Q                             | 233,501.               | COST   |
| (2) | UPMC PRESBYTERIAN SHADYSIDE         | Q                             | 110,872.               | COST   |
| (3) | CHILDRENS COMMUNITY CARE            | P                             | 1,255,272.             | COST   |
| (4) | REGIONAL HEALTH SERVICES INC        | P                             | 127,000.               | COST   |
| (5) | UPMC NORTHWEST                      | Q                             | 127,000.               | COST   |
| (6) | REGIONAL HEALTH SERVICES INC        | P                             | 3,375,250.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization      | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|--|-------------------------------|------------------------|--|
| (1) | UPMC HAMOT                               | Q                             | 3,375,250.             | COST   |
| (2) | UPMC OVERSEAS                            | P                             | 3,389,699.             | COST   |
| (3) | UPMC ITALY S.R.L.                        | Q                             | 3,389,699.             | COST   |
| (4) | UPMC                                     | C                             | 25,785,353.            | COST   |
| (5) | CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC | P                             | 92,035.                | COST   |
| (6) | UPMC HEALTH PLAN                         | Q                             | 92,035.                | COST   |



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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P                             | 5,435,206.             | COST   |
| (2) CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC      | Q                             | 128,972.               | COST   |
| (3) UPMC EAST                                     | Q                             | 257,944.               | COST   |
| (4) MAGEE WOMENS HOSPITAL OF UPMC                 | Q                             | 478,045.               | COST   |
| (5) UPMC MCKEESPORT                               | Q                             | 257,944.               | COST   |
| (6) UPMC PASSAVANT                                | Q                             | 515,888.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) UPMC PRESBYTERIAN SHADYSIDE     | Q                             | 2,635,665.             | COST   |
| (2) UPMC ST. MARGARET               | Q                             | 386,916.               | COST   |
| (3) UPMC                            | Q                             | 515,888.               | COST   |
| (4) UPMC NORTHWEST                  | Q                             | 257,944.               | COST   |
| (5) DONOHUE & ALLEN-UPMC INC.       | P                             | 2,821,275.             | COST   |
| (6) UPMC PRESBYTERIAN SHADYSIDE     | Q                             | 2,821,275.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization  | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------|-------------------------------|------------------------|--|
| (1) UPMC COMMUNITY PROVIDER SERVICES | P                             | 542,919.               | COST   |
| (2) CHARTWELL                        | Q                             | 58,626.                | COST   |
| (3) CORE NETWORK LLC                 | Q                             | 99,182.                | COST   |
| (4) UPMC VISITING NURSES ASSOCIATION | Q                             | 270,131.               | COST   |
| (5) UPMC PRESBYTERIAN SHADYSIDE      | Q                             | 114,980.               | COST   |
| (6) UPMC HAMOT                       | Q                             | 61,786.                | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) ASKESIS                                       | P                             | 912,875.               | COST   |
| (2) REGIONAL HEALTH SERVICES INC                  | Q                             | 1,428,936.             | COST   |
| (3) UNIVERSITY OF PGH PHYSICIANS                  | P                             | 1,428,936.             | COST   |
| (4) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | P                             | 26,665,355.            | COST   |
| (5) UPMC NORTHWEST                                | Q                             | 586,434.               | COST   |
| (6) UPMC PRESBYTERIAN SHADYSIDE                   | Q                             | 26,078,921.            | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) REGIONAL HEALTH SERVICES INC                  | P                             | 2,660,435.             | COST   |
| (2) UPMC NORTHWEST                                | Q                             | 2,660,435.             | COST   |
| (3) UPMC ST. MARGARET'S                           | P                             | 188,275.               | COST   |
| (4) UPMC COMMUNITY MEDICINE INC.                  | Q                             | 188,275.               | COST   |
| (5) UNIVERSITY OF PGH CANCER INST CANCER SERVICES | Q                             | 2,724,373.             | COST   |
| (6) UPMC PRESBYTERIAN SHADYSIDE                   | P                             | 2,724,373.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) UPMC ST. MARGARET               | Q                             | 293,841.               | COST   |
| (2) UPMC PASSAVANT                  | Q                             | 312,452.               | COST   |
| (3) UPMC PRESBYTERIAN SHADYSIDE     | P                             | 293,841.               | COST   |
| (4) UPMC PRESBYTERIAN SHADYSIDE     | P                             | 312,452.               | COST   |
| (5) ONCOLOGY-HEMATOLOGY ASSOCIATION | P                             | 250,000.               | COST   |
| (6) UPMC HORIZON                    | Q                             | 250,000.               | 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 |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization  | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------|-------------------------------|------------------------|--|
| (1) UPMC COMMUNITY PROVIDER SERVICES | Q                             | 220,000.               | COST   |
| (2) UPMC COMMUNITY MEDICINE INC.     | P                             | 220,000.               | COST   |
| (3) UPMC COMMUNITY MEDICINE INC.     | P                             | 1,101,100.             | COST   |
| (4) UPMC COMMUNITY PROVIDER SERVICES | Q                             | 201,600.               | COST   |
| (5) UPMC MCKEESPORT                  | Q                             | 75,000.                | COST   |
| (6) UPMC PRESBYTERIAN SHADYSIDE      | Q                             | 335,500.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

|     | (a)<br>Name of related organization      | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|--|-------------------------------|------------------------|--|
| (1) | UPMC ST. MARGARET                        | Q                             | 489,000.               | COST   |
| (2) | UPMC ALTOONA                             | Q                             | 1,867,414.             | COST   |
| (3) | CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC | Q                             | 18,410,874.            | COST   |
| (4) | UPMC HAMOT                               | Q                             | 2,950,185.             | COST   |
| (5) | UPMC HORIZON                             | Q                             | 884,755.               | COST   |
| (6) | MAGEE WOMENS HOSPITAL OF UPMC            | Q                             | 8,575,009.             | COST   |



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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UPMC MCKEESPORT                     | Q                             | 4,183,069.             | COST   |
| (2) UPMC MERCY                          | Q                             | 11,211,415.            | COST   |
| (3) UPMC PASSAVANT                      | Q                             | 1,415,109.             | COST   |
| (4) UPMC PRESBYTERIAN SHADYSIDE         | Q                             | 64,746,972.            | COST   |
| (5) UPMC ST. MARGARET                   | Q                             | 5,299,675.             | COST   |
| (6) UNIVERSITY OF PITTSBURGH PHYSICIANS | Q                             | 2,862,610.             | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) UNIVERSITY HEALTH CENTER OF PITTSBURGH | P                             | 122,414,547.           | COST   |
| (2) TRI-CENTURY INSURANCE COMPANY          | P                             | 41,429,658.            | COST   |
| (3) FREEDOM INSURANCE COMPANY              | P                             | 2,299,180.             | COST   |
| (4) UPMC                                   | P                             | 29,488,851.            | COST   |
| (5) RX PARTNERS, INC.                      | P                             | 2,264,385.             | COST   |
| (6) UPMC PASSAVANT                         | P                             | 12,693,594.            | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) UPMC MULTISPECIALTY GROUP INC,         | Q                             | 12,693,594.            | COST   |
| (2) UPMC PRESBYTERIAN SHADYSIDE            | P                             | 3,889,914.             | COST   |
| (3) STRATEGIC BUSINESS INITIATIVES LLC     | Q                             | 3,889,914.             | COST   |
| (4) HOME NURSING AGENCY FOUNDATION         | C                             | 66,139.                | COST   |
| (5) HOME NURSING AGENCY COMMUNITY SERVICES | B                             | 66,139.                | COST   |
| (6) HOME NURSING AGENCY COMMUNITY SERVICES | P                             | 928,309.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) NOME NURSING AGENCY AND VISITING NURSES ASSOC | Q                             | 928,309.               | COST   |
| (2) NOME NURSING AGENCY AND VISITING NURSES ASSOC | P                             | 221,812.               | COST   |
| (3) HOME NURSING AGENCY FOUNDATION                | Q                             | 221,812.               | COST   |
| (4) HOME NURSING AGENCY COMMUNITY SERVICES        | P                             | 287,720.               | COST   |
| (5) NOME NURSING AGENCY AND VISITING NURSES ASSOC | Q                             | 287,720.               | COST   |
| (6) UPMC ALTOONA                                  | P                             | 123,257.               | COST   |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

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

| (a)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) HOME NURSING AGENCY COMMUNITY SERVICES | Q                             | 123,257.               | COST   |
| (2) UPMC                                   | P                             | 747,534.               | COST   |
| (3)  |                               |                        |  |
| (4)  |                               |                        |  |
| (5)  |                               |                        |  |
| (6)  |                               |                        |  |

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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## PART III

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

RESPONSES AND AMOUNT IN COLUMNS F-K REPRESENT TOTALS/RESPONSE FOR ALL  
UPMC GROUP MEMBERS.

## PART IV

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORPORATION OR  
TRUST

AMOUNTS REPORTED IN COLUMNS E-G REPRESENT TOTALS FOR ALL UPMC GROUP  
MEMBERS.