

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2014

**Open to Public Inspection**

**A** For the **2014** calendar year, or tax year beginning **07/01, 2014**, and ending **06/30, 2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UPMC GROUP			<b>D</b> Employer identification number 20-8295721
	Doing Business As			<b>E</b> Telephone number (412) 647-2345
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 10923272930.
	600 GRANT ST, 58TH FLR, CORP TAX			
City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15219			<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: ROBERT DEMICHIEI 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219			<b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<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			If "No," attach a list. (see instructions)	
<b>J</b> Website: WWW.UPMC.COM			<b>H(c)</b> Group exemption number ▶ 9707	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 2006 <b>M</b> State of legal domicile: PA	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: HEALTHCARE, EDUCATION, AND RESEARCH		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	59.
	<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 2014 (Part V, line 2a)	<b>5</b>	60,600.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6,196.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	2,123,893.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<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)	75,521,421.	77,338,120.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10018151735.	10473046456.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,601,142.	38,788,606.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-9,111,290.	-353,218.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10098163008.	10588819964.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	18,181,251.	24,689,653.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	4,580,761,407.	4,717,687,542.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,902,399.	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,328,891,249.	5,655,561,821.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,927,833,907.	10397939016.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	170,329,101.	190,880,948.	
<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)	6,276,733,210.	6,610,759,840.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,155,195,092.	1,411,549,240.
		5,121,538,118.	5,199,210,600.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date
	ROBERT A. DEMICHIEI Type or print name and title	EXECUTIVE VP AND CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	JAMES E STEEN				
	Firm's name ▶ ERNST & YOUNG US, LLP	Firm's EIN ▶ 34-6565596			
Firm's address ▶ 2100 ONE PPG PLACE PITTSBURGH, PA 15222		Phone no. 412-644-7800			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

**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 \$ 9,409,251,209. including grants of \$ ) (Revenue \$ 10473046456. )

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 ▶ 9,409,251,209.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	X	
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 (59), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 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. DEMICHIEI 600 GRANT STREET, 58TH FLOOR PITTSBURGH PA 15219 412-647-2345

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

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

**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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYANT WESLEY BOARD MEMBER AND SECRETARY	1.00 40.00	X		X				0	0	0
(2) JEROME SHAFFER BOARD MEMBER, TREAS & CFO	1.00 40.00	X		X				0	0	0
(3) LESLIE DAVIS BOARD MEMBER	1.00 40.00	X						0	0	0
(4) EDWARD KARLOVICH BOARD MEMBER	1.00 40.00	X						0	0	0
(5) DEBORAH BRODINE BOARD MEMBER AND PRESIDENT	1.00 40.00	X		X				0	0	0
(6) RALPH ALDINGER, DO BOARD MEMBER	1.00 40.00	X						349,541.	0	29,757.
(7) DAVID BAER MD BOARD MEMBER	1.00 40.00	X						286,475.	0	38,603.
(8) JOHN R BLACKBURN III BOARD CHAIR	1.00 0	X		X				0	0	0
(9) BETH CLARK DO BOARD MEMBER	1.00 40.00	X						156,090.	0	12,824.
(10) NICOLE DEBOLT, DO BOARD MEMBER	1.00 40.00	X						323,050.	0	24,150.
(11) ANGELA DUVALL BOARD SECRETARY	1.00 0	X		X				0	0	0
(12) JAMES GONSMAN BOARD TREASURER	1.00 0	X		X				0	0	0
(13) GARRY GOSS BOARD MEMBER	1.00 0	X						0	0	0
(14) GERALD GRONBORG DPM BOARD MEMBER	1.00 0	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) ROBERT HALBRITTER BOARD MEMBER	1.00 0	X						0	0	0
( 16) JOHN HOLBERT BOARD VICE CHAIR	1.00 0	X						0	0	0
( 17) JUDY JACKSON BOARD MEMBER	1.00 0	X						0	0	0
( 18) MABEL JORDAN BOARD MEMBER	1.00 0	X						0	0	0
( 19) DAVID T MARTIN BOARD MEMBER	1.00 40.00	X						0	0	0
( 20) TODD ROADMAN BOARD 2ND VICE CHAIR	1.00 0	X						0	0	0
( 21) CHRISTOPHER SAMUEL MD BOARD MEMBER	1.00 40.00	X						459,399.	0	34,317.
( 22) REV RAY SHORT BOARD 3RD VICE CHAIR	1.00 0	X						0	0	0
( 23) AMY BUSH BOARD SECRETARY	1.00 40.00	X		X				0	0	0
( 24) CANDI CASTLEBERRY-SINGLETON BOARD VICE CHAIR	1.00 40.00	X						377,911.	0	52,404.
( 25) GEORGE A HUBER ESQ BOARD MEMBER	1.00 0	X						0	0	0
<b>1b Sub-total</b>								1,115,156.	0	105,334.
<b>c Total from continuation sheets to Part VII, Section A</b>								93,935,038.	8,981,183.	10,958,153.
<b>d Total (add lines 1b and 1c)</b>								95,050,194.	8,981,183.	11,063,487.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 6721**

	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) Name and business address	(B) Description of services	(C) 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 **▶ 200**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) DAVID T MARTIN BOARD MEMBER	1.00 40.00	X					0	0	0	
( 27) TAMRA MINNIER BOARD MEMBER	1.00 40.00	X					670,674.	0	84,631.	
( 28) MARK O'HERN BOARD SECRETARY	40.00 1.00	X		X			0	0	0	
( 29) MARK SEVCO BOARD MEMBER	1.00 40.00	X					0	0	0	
( 30) THOMAS W STERLING BOARD CHAIR	1.00 0	X		X			0	0	0	
( 31) WILLIAM COOK BOARD VICE CHAIR	1.00 40.00	X					0	0	0	
( 32) CHRISTOPHER A GESSNER BOARD SECRETARY	1.00 40.00	X		X			0	0	0	
( 33) JOHN INNOCENTI BOARD CHAIR	1.00 40.00	X		X			0	0	0	
( 34) THOMAS INGLESBY MD BOARD CHAIR AND PRES	40.00 0	X		X			355,736.	0	93,025.	
( 35) ANITA CICERO BOARD MEMBER, SEC AND TREAS	40.00 1.00	X		X			327,037.	0	21,800.	
( 36) JOHN REILLY, MD BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) CHARLES BOGOSTA BOARD MEMBER	1.00 60.00	X						0	0	0
( 38) STEVEN SHAPIRO, MD BOARD MEMBER	1.00 60.00	X						0	0	0
( 39) LESLIE BRAKSICK PHD BOARD MEMBER	1.00 0	X						0	0	0
( 40) RONALD R DAVENPORT JR BOARD MEMBER	1.00 0	X						0	0	0
( 41) DOUGLAS P DICK BOARD MEMBER	1.00 0	X						0	0	0
( 42) MARY JO HOWARD DIVELY ESQ BOARD MEMBER	1.00 0	X						0	0	0
( 43) LAWRENCE N GUMBERG BOARD MEMBER	1.00 0	X						0	0	0
( 44) HOWARD W HANNA III BOARD CHAIR	1.00 0	X		X				0	0	0
( 45) ARTHUR S LEVINE MD BOARD MEMBER	1.00 0	X						0	0	0
( 46) KIMBERLY MOSES BOARD SECRETARY	40.00 0	X		X				153,582.	0	12,724.
( 47) MARTHA HARTLE MUNSCH ESQ BOARD MEMBER	1.00 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 **▶ 6721**

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) ANDREW NOWALK BOARD MEMBER	1.00 40.00	X					147,524.	0	10,045.	
( 49) JUDGE JILL RANGOS BOARD MEMBER	1.00 0	X					0	0	0	
( 50) JOSEPH C WALTON BOARD MEMBER	1.00 0	X					0	0	0	
( 51) SHELIA FINE BOARD MEMBER	1.00 0	X					0	0	0	
( 52) MICHAEL FLAHERTY BOARD MEMBER	1.00 0	X					0	0	0	
( 53) CHRISTOHPER GESSNER BOARD MEMBER	1.00 0	X					0	0	0	
( 54) DIANE HOLDER BOARD CHAIR	1.00 60.00	X		X			0	0	0	
( 55) GEORGE A HUBER ESQ BOARD MEMBER	1.00 0	X					0	0	0	
( 56) SCOTT LAMMIE BOARD MEMBER, SEC AND TREAS	1.00 40.00	X		X			0	0	0	
( 57) DAVID LEWIS BOARD MEMBER	1.00 0	X					0	0	0	
( 58) ANN MCGUINN BOARD MEMBER	1.00 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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) DOUGLAS MUETZEL BOARD MEMBER	1.00 0	X					0	0	0	
( 60) LAURIE MULVEY BOARD MEMBER	1.00 0	X					0	0	0	
( 61) KENNETH NASH MD BOARD MEMBER	1.00 40.00	X					143,535.	0	12,009.	
( 62) NIKKI NORDENBERG BOARD MEMBER	1.00 0	X					0	0	0	
( 63) WILFORD PAYNE BOARD MEMBER	1.00 0	X					0	0	0	
( 64) CLAUDIA ROTH PHD BOARD MEMBER	1.00 40.00	X					956,585.	0	31,654.	
( 65) LOREN ROTH MD BOARD MEMBER	1.00 0	X					1,500.	0	38,492.	
( 66) JEANNETTE SOUTH-PAUL MD BOARD MEMBER	1.00 40.00	X					0	0	0	
( 67) LAURA THOMAS BOARD MEMBER	1.00 0	X					0	0	0	
( 68) ROBERT B DEVLIN ESQ BOARD SECRETARY	1.00 40.00	X		X			0	0	0	
( 69) JOHN INNOCENTI BOARD CHAIR	1.00 40.00	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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) RANDALL KOLB MD BOARD MEMBER AND PRESIDENT	1.00 40.00	X		X				194,189.	0	30,739.
( 71) EILEEN SIMMONS BOARD TREASURER	1.00 40.00	X		X				0	0	0
( 72) ROBERT BLOSAT BOARD MEMBER, VP AND COO	1.00 40.00	X		X				652,419.	0	93,945.
( 73) ROBERT B DEVLIN ESQ BOARD SECRETARY	1.00 40.00	X		X				255,304.	0	40,318.
( 74) FRANCIS SOLANO MD BOARD MEMBER AND PRESIDENT	40.00 0	X		X				865,130.	0	64,820.
( 75) ANN EVANS BOARD MEMBER TREASURER AND CFO	20.00 20.00	X		X				0	0	0
( 76) STEVEN D SHAPIRO MD BOARD MEMBER	1.00 60.00	X						0	0	0
( 77) NEIL Y VAN HORN BOARD MEMBER	1.00 0	X						0	0	0
( 78) DEBORAH S BRODINE BOARD MEMBER AND PRESIDENT	40.00 1.00	X		X				559,429.	0	70,846.
( 79) LESLIE DAVIS BOARD MEMBER	1.00 40.00	X						0	0	0
( 80) EDWARD T KARLOVICH BOARD MEMBER	1.00 40.00	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 **6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) STEPHEN NIMMO ESQ ----- BOARD MEMBER AND SECRETARY	1.00 ----- 40.00	X		X				568,455.	0	81,831.
( 82) JEROME SHAFFER ----- BOARD MEMBER TREASURER AND CFO	40.00 ----- 1.00	X		X				293,469.	0	35,188.
( 83) DEBORAH S BRODINE ----- BOARD MEMBER AND PRESIDENT	1.00 ----- 40.00	X		X				0	0	0
( 84) PETER W EISENBRANDT ----- BOARD MEMBER	1.00 ----- 0	X						0	0	0
( 85) DANIEL GRANT ----- VICE PRES AND COO	10.00 ----- 30.00	X		X				0	242,455.	32,823.
( 86) BARB GROSSMAN ----- BOARD MEMBER	1.00 ----- 0	X						0	0	0
( 87) RICHARD S HAMILTON ----- BOARD VICE CHAIR	1.00 ----- 0	X						0	0	0
( 88) JOHN D HOUSTON II ----- BOARD TREAS AND BOARD SEC	1.00 ----- 0	X		X				0	0	0
( 89) EMILY JARRETT ----- BOARD MEMBER	1.00 ----- 0	X						0	0	0
( 90) MARGARET P JOY ----- BOARD MEMBER	1.00 ----- 0	X						0	0	0
( 91) DAVID A NACE MD ----- BOARD MEMBER	1.00 ----- 40.00	X						188,551.	0	12,636.
<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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 92) REV. SCOTT QUINN BOARD MEMBER	1.00 0	X						0	0	0
( 93) JOAN ROGERS BOARD MEMBER	1.00 0	X						0	0	0
( 94) JEROME SHAFFER BOARD MEMBER	1.00 40.00	X						0	0	0
( 95) DANIEL SULLIVAN BOARD MEMBER	1.00 40.00	X						0	0	0
( 96) NEIL Y VAN HORN BOARD CHAIR	1.00 0	X		X				0	0	0
( 97) BRYAN DONOHUE MD BOARD MEMBER AND PRESIDENT	40.00 0	X		X			727,424.	0	42,960.	
( 98) JOON SUP LEE, MD BOARD MEMBER AND SECRETARY	1.00 40.00	X		X				0	0	0
( 99) ROBERT BLOSAT BOARD MEMBER AND TREASURER	1.00 40.00	X		X				0	0	0
(100) G. NICHOLAS BECKWITH III BOARD MEMBER	1.00 0	X						0	0	0
(101) TIMOTHY GAUL BOARD MEMBER	1.00 0	X					254,544.	0	35,404.	
(102) EDWARD T KARLOVICH BOARD MEMBER	1.00 40.00	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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) KOTAYYA KONDAVEETI MD BOARD MEMBER	1.00 40.00	X					450,000.	0	0	
(104) SEAN LOGAN BOARD CHAIR	1.00 0	X		X			0	0	0	
(105) TAMRA MINTON BOARD SECRETARY	40.00 0	X		X			204,677.	0	17,423.	
(106) RAJESH SEHGAL BOARD MEMBER	1.00 40.00	X					373,765.	0	23,309.	
(107) EILEEN SIMMONS BOARD TREASURER AND CFO	5.00 40.00	X		X			0	0	0	
(108) CHRISTOPHER STOCKHAUSEN BOARD TREASURER AND CFO	5.00 40.00	X		X			0	0	0	
(109) ROBERT VOINCHET BOARD MEMBER	1.00 40.00	X					512,317.	0	68,564.	
(110) ROBERT BLOSAT BOARD MEMBER	1.00 40.00	X					0	0	0	
(111) PAUL MARK PARIS MD BOARD MEMBER	1.00 40.00	X					145,358.	0	12,365.	
(112) MARK SEVCO BOARD MEMBER	1.00 40.00	X					0	0	0	
(113) ANN EVANS BOARD MEMBER	1.00 40.00	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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) DAVID PATTON BOARD MEMBER	1.00 0	X					0	0	0	
(115) STEVEN D SHAPIRO MD BOARD MEMBER	1.00 60.00	X					0	0	0	
(116) RICHARD WADAS MD BOARD MEMBER AND PRESIDENT	40.00 0	X					587,840.	0	27,736.	
(117) DONALD M YEALY MD BOARD MEMBER AND VICE PRESIDEN	1.00 40.00	X					0	0	0	
(118) ROBERT BLOSAT BOARD SECRETARY	1.00 40.00	X		X			0	0	0	
(119) ANN EVANS BOARD TREASUER AND CFO	1.00 40.00	X		X			0	0	0	
(120) PHILIP M CACCHIONE BOARD CHAIR AND PRESIDENT	40.00 0	X		X			524,237.	0	37,292.	
(121) PAULA GARAFOLA BOARD MEMBER	1.00 0	X					0	0	0	
(122) DIANE HOLDER BOARD CHAIR	1.00 60.00	X		X			0	0	0	
(123) GEORGE A HUBER ESQ BOARD MEMBER	1.00 0	X					0	0	0	
(124) SCOTT LAMMIE BOARD MEMBER, TREASURER AND CF	5.00 40.00	X		X			0	855,319.	188,433.	
<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 **6721**

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

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



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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125)	JOHN LOVELACE BOARD MEMBER AND PRESIDENT	5.00 40.00	X	X				0	681,804.	87,050.	
(126)	CHRISTINA MIKOLAY BOARD MEMBER	1.00 0	X					11,807.	0	307.	
(127)	STEPHEN PERKINS MD BOARD MEMBER	1.00 40.00	X					0	504,454.	70,689.	
(128)	LORI REYNOLDS BOARD MEMBER	1.00 0	X					0	0	0	
(129)	DESMOND MCDONALD BOARD CHAIR	1.00 40.00	X	X				0	0	0	
(130)	THOMAS TUPITZA ESQ BOARD VICE CHAIR	1.00 40.00	X					0	0	0	
(131)	CARRIE ENNIS BOARD SECRETARY	40.00 1.00	X	X				85,666.	0	19,937.	
(132)	DONALD BIRX BOARD MEMBER	1.00 0	X					0	0	0	
(133)	JOHNNY JOHNSON BOARD MEMBER	1.00 0	X					0	0	0	
(134)	RICHARD NYGARD BOARD MEMBER	1.00 0	X					0	0	0	
(135)	DAVID ZIMMER BOARD MEMBER	1.00 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 **▶** 6721

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) GREGORY BALDWIN ESQ BOARD MEMBER	1.00 0	X					0	0	0	
(137) MARY BULA BOARD MEMBER	1.00 0	X					0	0	0	
(138) ROBERT J FERRARO MD BOARD MEMBER	1.00 0	X					0	0	0	
(139) CAROLYNN MASTERS PHD BOARD MEMBER	1.00 0	X					0	0	0	
(140) MARK RAIMY BOARD MEMBER	1.00 0	X					0	0	0	
(141) NICHOLAS SCOTT BOARD MEMBER	1.00 0	X					0	0	0	
(142) JEFFREY BEACH CPA BOARD MEMBER	1.00 0	X					0	0	0	
(143) DWANE BROCK BOARD MEMBER	1.00 0	X					0	0	0	
(144) BETH BURNSIDE BOARD MEMBER	1.00 0	X					0	0	0	
(145) LINDA MYERS BOARD MEMBER	1.00 0	X					0	0	0	
(146) LESLIE C DAVIS BOARD MEMBER	1.00 40.00	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 **6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) ROBERT DEMICHIEI BOARD MEMBER	1.00 60.00	X					0	0	0	
(148) RICHARD S HAMILTON BOARD MEMBER	1.00 0	X					0	0	0	
(149) C TALBOT HEPPENSTALL JR BOARD MEMBER	1.00 60.00	X					0	0	0	
(150) DIANE HOLDER BOARD MEMBER	1.00 60.00	X					0	0	0	
(151) MARGARET P JOY BOARD MEMBER	1.00 0	X					0	0	0	
(152) JOE WALTON BOARD MEMBER	1.00 0	X					0	0	0	
(153) GAIL WELCH BOARD MEMBER	1.00 0	X					0	0	0	
(154) KEITH PEMRICK BOARD MEMBER	1.00 0	X					0	0	0	
(155) DAVID GIBBONS VICE PRESIDENT	20.00 20.00	X					0	0	0	
(156) BERNARD CREPPAGE BOARD CHAIR	1.00 0	X		X			0	0	0	
(157) BRUCE ERB BOARD SECRETARY	1.00 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 **▶ 6721**

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158)	DEBORAH BRODINE BOARD MEMBER	1.00 40.00	X					0	0	0	
(159)	BARRY HALBRITTER BOARD MEMBER	1.00 0	X					0	0	0	
(160)	JOHN LOVELACE BOARD MEMBER	1.00 0	X					0	0	0	
(161)	ELEANOR MEDVED BOARD MEMBER	1.00 40.00	X					249,142.	0	31,412.	
(162)	GERALD MURRAY BOARD MEMBER	1.00 0	X					0	0	0	
(163)	JERRY SHAFFER BOARD MEMBER	1.00 40.00	X					0	0	0	
(164)	BRYANT WESLEY BOARD MEMBER	1.00 40.00	X					0	0	0	
(165)	BRUCE ERB BOARD CHAIR	1.00 0	X		X			0	0	0	
(166)	MARGARET ADAMS BOARD SECRETARY	1.00 0	X		X			0	0	0	
(167)	KAREN SMITH BOARD TREASURER	1.00 0	X		X			0	0	0	
(168)	DAVID COWGER, MD BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169)	BERNARD CREPPAGE BOARD MEMBER	1.00 0	X					0	0	0	
(170)	CAROLYN DEAN BOARD MEMBER	1.00 0	X					0	0	0	
(171)	JAMES DRENNING BOARD MEMBER	1.00 0	X					0	0	0	
(172)	RAYMOND HESS BOARD MEMBER	1.00 0	X					0	0	0	
(173)	JOY HIMMEL BOARD MEMBER	1.00 0	X					0	0	0	
(174)	THOMAS LEVINE BOARD MEMBER	1.00 0	X					0	0	0	
(175)	DAWN MCCLELLAN BOARD MEMBER	1.00 0	X					0	0	0	
(176)	VAL MIGNOGNA BOARD MEMBER	1.00 0	X					0	0	0	
(177)	JAY ROBERT BOARD MEMBER	1.00 0	X					0	0	0	
(178)	JANET SCHACHTNER BOARD MEMBER	1.00 0	X					0	0	0	
(179)	ROBERT SCHOLL BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) JACK SINCLAIR BOARD MEMBER	1.00 0	X					0	0	0	
(181) AMY SWINDELL, DO BOARD MEMBER	1.00 0	X					0	0	0	
(182) FRANCES VAUGHN BOARD MEMBER	1.00 0	X					0	0	0	
(183) DIANA WOY BOARD MEMBER	1.00 40.00	X					0	138,742.	38,435.	
(184) BARRY HALBRITTER BOARD CHAIR	1.00 0	X		X			0	0	0	
(185) NANCY FOGEL BOARD SECRETARY	1.00 0	X		X			0	0	0	
(186) HAROLD KANN BOARD TREASURER	1.00 0	X		X			0	0	0	
(187) KEITH DRIFTMIER BOARD MEMBER	1.00 0	X					0	0	0	
(188) WILLIAM EARNEST BOARD MEMBER	1.00 0	X					0	0	0	
(189) JEAN GEIST BOARD MEMBER	1.00 0	X					0	0	0	
(190) LISA GERMAN BOARD MEMBER	1.00 0	X					0	0	0	

**1b Sub-total** . . . . .

**c Total from continuation sheets to Part VII, Section A** . . . . .

**d Total (add lines 1b and 1c)** . . . . .

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) ALLAN HANCOCK BOARD MEMBER	1.00 0	X						0	0	0
(192) EDWARD HENDERSON BOARD MEMBER	1.00 0	X						0	0	0
(193) RAYMOND HESS BOARD MEMBER	1.00 0	X						0	0	0
(194) NANCY PYLE BOARD MEMBER	1.00 40.00	X						11,312.	0	0
(195) KATHY WAGNER BOARD MEMBER	1.00 0	X						0	0	0
(196) REBECCA WILLNECKER BOARD MEMBER	1.00 40.00	X						218,648.	0	27,237.
(197) BRUCE ERB BOARD CHAIR	1.00 0	X		X				0	0	0
(198) MARGARET ADAMS BOARD SECRETARY	1.00 0	X		X				0	0	0
(199) KAREN SMITH BOARD TREASURER	1.00 0	X		X				0	0	0
(200) DAVID COWGER, MD BOARD MEMBER	1.00 0	X						0	0	0
(201) BERNARD CREPPAGE BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) CAROLYN DEAN BOARD MEMBER	1.00 0	X					0	0	0	
(203) JAMES DRENNING BOARD MEMBER	1.00 0	X					0	0	0	
(204) RAYMOND HESS BOARD MEMBER	1.00 0	X					0	0	0	
(205) JOY HIMMEL BOARD MEMBER	1.00 0	X					0	0	0	
(206) THOMAS LEVINE BOARD MEMBER	1.00 0	X					0	0	0	
(207) DAWN MCCLELLAN BOARD MEMBER	1.00 0	X					0	0	0	
(208) VAL MIGNOGNA BOARD MEMBER	1.00 0	X					0	0	0	
(209) JAY ROBERT BOARD MEMBER	1.00 0	X					0	0	0	
(210) JANET SCHACHTNER BOARD MEMBER	1.00 0	X					0	0	0	
(211) ROBERT SCHOLL BOARD MEMBER	1.00 0	X					0	0	0	
(212) JACK SINCLAIR BOARD MEMBER	1.00 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 **▶ 6721**

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) AMY SWINDELL, DO BOARD MEMBER	1.00 0	X						0	0	0
(214) FRANCES VAUGHN BOARD MEMBER	1.00 0	X						0	0	0
(215) DIANA WOY BOARD MEMBER	1.00 40.00	X						0	0	0
(216) BRUCE ERB BOARD CHAIR	1.00 0	X		X				0	0	0
(217) MARGARET ADAMS BOARD SECRETARY	1.00 0	X		X				0	0	0
(218) KAREN SMITH BOARD TREASURER	1.00 0	X		X				0	0	0
(219) DAVID COWGER, MD BOARD MEMBER	1.00 0	X						0	0	0
(220) BERNARD CREPPAGE BOARD MEMBER	1.00 0	X						0	0	0
(221) CAROLYN DEAN BOARD MEMBER	1.00 0	X						0	0	0
(222) JAMES DRENNING BOARD MEMBER	1.00 0	X						0	0	0
(223) RAYMOND HESS BOARD MEMBER	1.00 0	X						0	0	0

**1b Sub-total** . . . . . ▶

**c Total from continuation sheets to Part VII, Section A** . . . . . ▶

**d Total (add lines 1b and 1c)** . . . . . ▶

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6721

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) JOY HIMMEL BOARD MEMBER	1.00 0	X					0	0	0	
(225) THOMAS LEVINE BOARD MEMBER	1.00 0	X					0	0	0	
(226) DAWN MCCLELLAN BOARD MEMBER	1.00 0	X					0	0	0	
(227) VAL MIGNOGNA BOARD MEMBER	1.00 0	X					0	0	0	
(228) JAY ROBERT BOARD MEMBER	1.00 0	X					0	0	0	
(229) JANET SCHACHTNER BOARD MEMBER	1.00 0	X					0	0	0	
(230) ROBERT SCHOLL BOARD MEMBER	1.00 0	X					0	0	0	
(231) JACK SINCLAIR BOARD MEMBER	1.00 0	X					0	0	0	
(232) AMY SWINDELL, DO BOARD MEMBER	1.00 0	X					0	0	0	
(233) FRANCES VAUGHN BOARD MEMBER	1.00 0	X					0	0	0	
(234) DIANA WOY BOARD MEMBER	1.00 40.00	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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) JOHN CAMPBELL CPA BOARD MEMBER	1.00 0	X					0	0	0	
(236) TULLIO ESTRADA MD BOARD MEMBER	1.00 40.00	X					533,232.	0	36,644.	
(237) LINDA EVANS BOARD TREASURER AND SECRETARY	1.00 0	X		X			0	0	0	
(238) STEVE GARGASZ BOARD MEMBER	1.00 0	X					0	0	0	
(239) HENDLEY HOGE BOARD MEMBER	1.00 0	X					0	0	0	
(240) OLIVIA LAZOR BOARD MEMBER	1.00 0	X					0	0	0	
(241) DAVID T MARTIN BOARD MEMBER	1.00 40.00	X					0	0	0	
(242) RONALD MCCALL BOARD MEMBER	1.00 0	X					0	0	0	
(243) FRANK MINDICINO CFP BOARD CHAIR	1.00 0	X		X			0	0	0	
(244) JASON ROEBACK BOARD MEMBER	1.00 40.00	X					0	0	0	
(245) REV MARTIN ROTH BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) ROY J SARTORI DO BOARD MEMBER	1.00 40.00	X					292,852.	0	27,797.	
(247) NOREEN STEGKAMPER BOARD MEMBER	1.00 0	X					0	0	0	
(248) TROY VANAKEN BOARD MEMBER	1.00 0	X					0	0	0	
(249) JOSEPH P WALTON BOARD VICE CHAIR	1.00 0	X					0	0	0	
(250) MICHAEL WALTON BOARD MEMBER	1.00 0	X					0	0	0	
(251) JOHN WATERS BOARD MEMBER	1.00 0	X					0	0	0	
(252) ROD E. WILT BOARD MEMBER	1.00 0	X					0	0	0	
(253) RUSSELL ADKINS BOARD VICE CHAIR	1.00 0	X					0	0	0	
(254) KELLY BAILEY BOARD SECRETARY	1.00 0	X		X			0	0	0	
(255) SAM BELLICH BOARD MEMBER	1.00 0	X					0	0	0	
(256) STEVE BIBLE BOARD CHAIR	1.00 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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) SARAH BOLAND BOARD MEMBER, SEC AND TREAS	1.00 0	X		X				0	0	0
(258) GIZELLE DEAN BOARD MEMBER	1.00 0	X						0	0	0
(259) JULIE (DOLAN) CYLENICA BOARD MEMBER	1.00 0	X						0	0	0
(260) JEANNE ENDICOTT BOARD MEMBER	1.00 0	X						0	0	0
(261) ALYSON FISHER BOARD MEMBER	1.00 40.00	X						35,347.	0	3,585.
(262) ROBERTA GOLDSTONE BOARD MEMBER	1.00 0	X						0	0	0
(263) KEVIN MCDERMOTT BOARD MEMBER	1.00 0	X						0	0	0
(264) JONI MURRAY BOARD MEMBER	1.00 40.00	X						50,417.	0	18,446.
(265) JESSICA PHILLIPS BOARD MEMBER	1.00 0	X						0	0	0
(266) ROBERT PICCIRILLI BOARD MEMBER AND CHAIR	1.00 0	X						0	0	0
(267) LORRIE SPEIR-CHRISTINA BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) REV LEE WEBER BOARD MEMBER	1.00 0	X						0	0	0
(269) CHARLES BOGOSTA BOARD VICE CHAIR	1.00 60.00	X						0	0	0
(270) ROBERT A DEMICHIEL BOARD MEMBER	1.00 60.00	X						0	0	0
(271) DANIEL DRAWBAUGH BOARD CHAIR	1.00 60.00	X		X				0	0	0
(272) EDWARD MARINZEL BOARD MEMBER	1.00 40.00	X						288,880.	0	51,303.
(273) CHARLES BOGOSTA BOARD MEMBER AND PRESIDENT	1.00 60.00	X		X				0	0	0
(274) JOHN KUZMISHIN BOARD MEMBER, TREAS, SEC & CFO	5.00 40.00	X		X				650,250.	0	81,112.
(275) ROSE ALMON-MARTIN BOARD SECRETARY	1.00 0	X		X				0	0	0
(276) MARK ALOE BOARD MEMBER	1.00 0	X						0	0	0
(277) CHIEF JUDGE DONETTA AMBROSE BOARD VICE CHAIR	1.00 0	X						0	0	0
(278) CAREY ANDREW-JAJA BOARD MEMBER	1.00 40.00	X						362,240.	0	38,277.
<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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) MICHELE ATKINS BOARD MEMBER	1.00 0	X					0	0	0	
(280) DEBORAH BARBARITA BOARD MEMBER	1.00 0	X					0	0	0	
(281) RICHARD BEIGI MD BOARD MEMBER	1.00 40.00	X					181,776.	0	14,114.	
(282) KURT BERGMAN BOARD MEMBER	1.00 0	X					0	0	0	
(283) LESLIE C DAVIS BOARD MEMBER AND PRESIDENT	40.00 1.00	X		X			1,082,563.	0	142,901.	
(284) GREGORY DELL'OMO BOARD MEMBER	1.00 0	X					0	0	0	
(285) ROBERT EDWARDS BOARD MEMBER	1.00 40.00	X					0	0	0	
(286) PETER W EISENBRANDT BOARD TREASURER	1.00 0	X		X			0	0	0	
(287) W ALLEN HOGGE MD BOARD MEMBER	1.00 40.00	X					0	0	0	
(288) MARGARET P JOY BOARD MEMBER	1.00 0	X					0	0	0	
(289) DAVID KAPLAN BOARD MEMBER	1.00 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 **▶** 6721

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290)	ARTHUR S LEVINE MD BOARD MEMBER	1.00 0	X					0	0	0	
(291)	SARAH MEEHAN BOARD MEMBER	1.00 0	X					0	0	0	
(292)	BARBARA MISTICK BOARD MEMBER	1.00 0	X					0	0	0	
(293)	WILLIAM PIETRAGALLO II ESQ BOARD CHAIR	1.00 0	X		X			0	0	0	
(294)	JEANNETTE SOUTH-PAUL MD BOARD MEMBER	1.00 40.00	X					0	0	0	
(295)	MICHAEL SWEENEY BOARD MEMBER	1.00 0	X					0	0	0	
(296)	KATHY (MAYLE) TOWNS BOARD MEMBER	1.00 0	X					0	0	0	
(297)	DONALD BECK, DPM BOARD MEMBER	40.00 0	X					20,000.	0	0	
(298)	AMY BUSH BOARD SECRETARY	40.00 1.00	X		X			216,460.	0	18,914.	
(299)	JOSE CABALLE MD BOARD MEMBER	1.00 0	X					329,753.	0	18,332.	
(300)	MEHBOOB CHAUDHRY MD BOARD MEMBER AND MED STAFF PRE	40.00 0	X					12,500.	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 **▶ 6721**

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) SUE ANN STRIFFLER GALASKI BOARD MEMBER	1.00 0	X					0	0	0	
(302) D JAMES HEATHERINGTON BOARD VICE CHAIR	1.00 0	X					0	0	0	
(303) GEORGE A HUBER ESQ BOARD MEMBER	1.00 0	X					0	0	0	
(304) JO ELLEN KENNEY BOARD MEMBER	1.00 0	X					0	0	0	
(305) IRVING J LATTERMAN BOARD MEMBER	1.00 0	X					0	0	0	
(306) REBECCA SHAW MCHOLME JD BOARD CHAIR	1.00 0	X		X			0	0	0	
(307) SANDY RADER BOARD MEMBER	1.00 40.00	X					321,759.	0	37,985.	
(308) MARY PAT SOLTIS BOARD MEMBER	1.00 0	X					0	0	0	
(309) JEANNETTE SOUTH-PAUL MD BOARD MEMBER	1.00 40.00	X					0	0	0	
(310) THOMAS W STERLING BOARD MEMBER	1.00 0	X					0	0	0	
(311) HUGH BRANNAN BOARD MEMBER	1.00 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 **▶ 6721**

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) ROBERT J CINDRICH ESQ BOARD MEMBER	1.00 0	X					0	0	0	
(313) WILLIAM COOK BOARD MEMBER AND PRESIDENT	40.00 1.00	X		X			722,467.	0	89,486.	
(314) RENEE CROSBY-SKINNER BOARD MEMBER	1.00 0	X					0	0	0	
(315) LESLIE DAVIS BOARD MEMBER	1.00 40.00	X					0	0	0	
(316) LAWRENCE A DINARDO VE JCL BOARD MEMBER	1.00 0	X					0	0	0	
(317) CHARLES J DOUGHERTY PHD BOARD MEMBER	1.00 0	X					0	0	0	
(318) KORRY GREEN ESQ BOARD MEMBER	1.00 0	X					0	0	0	
(319) EDWARD T KARLOVICH BOARD MEMBER AND TREASURER	1.00 40.00	X		X			0	0	0	
(320) MAUREEN LALLY-GREEN BOARD CHAIR	1.00 0	X		X			0	0	0	
(321) JUDITH K LINABURG BOARD MEMBER	1.00 0	X					0	0	0	
(322) F J LUCCINO BOARD MEMBER	1.00 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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) JOHN MCKEATING MD BOARD MEMBER	1.00 40.00	X					402,677.	0	30,897.	
(324) WILMA MCNEESE BOARD MEMBER	1.00 0	X					0	0	0	
(325) RACHEL RILEY-LAVELLE BOARD MEMBER	1.00 0	X					0	0	0	
(326) LARRY ADAMS BOARD MEMBER	1.00 0	X					0	0	0	
(327) RANDALL BOGESS BOARD MEMBER	1.00 40.00	X					398,943.	0	26,529.	
(328) JOSEPH CARRICO ED.D BOARD MEMBER	1.00 0	X					0	0	0	
(329) JAMES L DAUGHERTY BOARD MEMBER	1.00 0	X					0	0	0	
(330) DAVID GIBBONS BOARD MEMBER AND PRESIDENT	20.00 20.00	X		X			530,687.	0	57,406.	
(331) JAMES HEASLEY BOARD MEMBER	1.00 0	X					0	0	0	
(332) DENISE JONES BOARD MEMBER	1.00 0	X					0	0	0	
(333) PATRICIA KAUFMAN BOARD MEMBER	1.00 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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) JAMES E KNARR DMD BOARD CHAIR	1.00 0	X		X				0	0	0
(335) MATTHEW LAVERDE BOARD MEMBER	1.00 0	X						0	0	0
(336) DAVID T MARTIN BOARD MEMBER	1.00 40.00	X						0	0	0
(337) DAVID MCCANDLESS MD BOARD MEMBER	1.00 40.00	X						293,895.	0	31,195.
(338) MARILYN NEELY-GABRYS BOARD MEMBER	1.00 0	X						0	0	0
(339) RINA NERLICH BOARD VICE CHAIR	1.00 0	X						0	0	0
(340) DONALD OWREY BOARD MEMBER	1.00 40.00	X						0	0	0
(341) KEITH PEMRICK BOARD MEMBER	1.00 0	X						0	0	0
(342) MARK SALERNO MD BOARD MEMBER	1.00 0	X						0	0	0
(343) LINDA SCHELL BOARD MEMBER AND SECRETARY	1.00 0	X		X				0	0	0
(344) WILLIAM SHAFFNER ESQ BOARD MEMBER	1.00 40.00	X						292,597.	0	54,734.
<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 **▶ 6721**

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345)	JAMES WILLIAMS BOARD MEMBER	1.00 0	X					0	0	0	
(346)	TERRY WOOD BOARD MEMBER	1.00 0	X					0	0	0	
(347)	JAMES W BOYLE MD BOARD MEMBER	1.00 40.00	X					362,315.	0	37,155.	
(348)	GARY BUCCIARELLI BOARD MEMBER	1.00 0	X					0	0	0	
(349)	MARILYN CAIN BOARD MEMBER	1.00 0	X					0	0	0	
(350)	ERIC CARTWRIGHT BOARD MEMBER	1.00 40.00	X					470,579.	0	85,100.	
(351)	ROBERT A DEMICHIEL BOARD MEMBER	1.00 60.00	X					0	0	0	
(352)	RALPH T DESTEFANO BOARD MEMBER	40.00 0	X					0	0	0	
(353)	EDWARD A DILLS BOARD MEMBER	1.00 0	X					0	0	0	
(354)	DEBRA A DINNOCENZO BOARD SECRETARY	1.00 0	X		X			0	0	0	
(355)	FRANCIS W FINLEY JR BOARD TREASURER	1.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) BRADLEY FRANC BOARD MEMBER	1.00 0	X						0	0	0
(357) RICHARD S HAMILTON BOARD CHAIR	1.00 0	X		X				0	0	0
(358) JOHN D HOUSTON II BOARD MEMBER	1.00 0	X						0	0	0
(359) GEORGE A HUBER ESQ BOARD MEMBER	1.00 0	X						0	0	0
(360) SISTER CANDACE INTROCASO BOARD MEMBER	1.00 0	X						0	0	0
(361) FRANKLIN H KELLY BOARD MEMBER	1.00 0	X						0	0	0
(362) PATRICIA J KUTCHER BOARD MEMBER	1.00 0	X						0	0	0
(363) JOON SUP LEE MD BOARD MEMBER	1.00 40.00	X						0	0	0
(364) JOSEPH F LONG BOARD MEMBER	1.00 0	X						0	0	0
(365) GREGORY K PEASLEE BOARD MEMBER	1.00 60.00	X						0	0	0
(366) DANIEL R SULLIVAN MD BOARD FIRST VICE CHAIR	1.00 40.00	X						412,859.	0	22,762.
<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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) DAVID T MARTIN BOARD CHAIR	1.00 40.00	X		X				0	0	0
(368) THOMAS NEWMAN BOARD MEMBER AND TREASURER	1.00 40.00	X		X				0	0	0
(369) G NICHOLAS BECKWITH III BOARD CHAIR	1.00 0	X		X				0	0	0
(370) JAY W. CLEVELAND JR BOARD MEMBER	1.00 0	X						0	0	0
(371) CRAIG ESTERLY BOARD MEMBER	1.00 0	X						0	0	0
(372) KAREN WOLK FEINSTEIN PHD BOARD MEMBER	1.00 0	X						0	0	0
(373) FRANZISKA JOVIN MD BOARD MEMBER	1.00 0	X					304,537.	0	34,749.	0
(374) RANDY P JUHL PHD BOARD MEMBER AND 2ND CHAIR	1.00 0	X						0	0	0
(375) MARK J LASKOW BOARD FIRST VICE CHAIR	1.00 0	X						0	0	0
(376) ARTHUR S LEVINE MD BOARD MEMBER	1.00 0	X						0	0	0
(377) W DUFF MCCRADY BOARD MEMBER	1.00 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 **6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(378) JEANNETTE SOUTH-PAUL MD BOARD MEMBER	1.00 40.00	X					0	0	0	
(379) THOMAS TUPITZA ESQ BOARD CHAIR	1.00 0	X		X			0	0	0	
(380) CARRIE ENNIS BOARD SECRETARY	1.00 0	X		X			0	0	0	
(381) BETH BURNSIDE BOARD MEMBER	1.00 0	X					0	0	0	
(382) DENNIS SCULLY MD BOARD MEMBER	1.00 40.00	X					302,709.	0	30,951.	
(383) LESLIE C DAVIS BOARD MEMBER	1.00 40.00	X					0	0	0	
(384) AJAIPAL KANG MD BOARD MEMBER	1.00 40.00	X					1,589,481.	0	43,760.	
(385) ROBERT BLOSAT BOARD MEMBER	1.00 40.00	X					0	0	0	
(386) EDWARD T KARLOVICH BOARD MEMBER	1.00 40.00	X					0	0	0	
(387) NATHAN MOORE MD BOARD MEMBER	1.00 0	X					310,543.	0	37,961.	
(388) ALEXANDER J CIOCCA ESQ BOARD SECRETARY	1.00 40.00	X		X			335,983.	0	49,535.	
<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 **6721**

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(389) EDWARD J DONNELLY III MD BOARD MEMBER	1.00 40.00	X					291,277.	0	35,355.	
(390) JAMES M FERGUSON III BOARD VICE CHAIR AND TREASURER	1.00 0	X		X			0	0	0	
(391) ROBERT HOFMANN BOARD MEMBER	1.00 0	X					0	0	0	
(392) BARBARA KEVISH MD BOARD MEMBER	1.00 0	X					0	0	0	
(393) SCOTT LAMMIE BOARD MEMBER	1.00 40.00	X					0	0	0	
(394) SANDRA MCANALLEN BOARD MEMBER	1.00 40.00	X					0	679,462.	77,410.	
(395) ERIC OBERG BOARD MEMBER	1.00 0	X					0	0	0	
(396) REVERAND JAMES SHOUCAIR BOARD MEMBER	1.00 0	X					0	0	0	
(397) VALERIE C TROTT BOARD MEMBER	1.00 40.00	X					373,211.	0	35,131.	
(398) NEIL Y VAN HORN BOARD CHAIR	1.00 0	X		X			0	0	0	
(399) PAUL VEY BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(400) V THOMAS WORRALL MD BOARD MEMBER	1.00 40.00	X					0	0	0	
(401) DEBORAH S BRODINE BOARD MEMBER AND PRESIDENT	1.00 40.00	X		X			0	0	0	
(402) TIMOTHY BROOKS BOARD MEMBER	1.00 0	X					0	0	0	
(403) NANCI CASE BOARD VICE CHAIR	1.00 40.00	X					0	250,125.	16,627.	
(404) DAVID GIBBONS BOARD CHAIR	1.00 40.00	X		X			0	0	0	
(405) DANIEL GRANT BOARD MEMBER	1.00 40.00	X					0	0	0	
(406) WILLIAM A NIGRO BOARD MEMBER TREAS AND CFO	1.00 40.00	X		X			0	0	0	
(407) NANCY PASTORIUS BOARD SECRETARY AND COO	40.00 0	X		X			96,670.	0	19,996.	
(408) DEBORAH S BRODINE BOARD MEMBER AND PRESIDENT	1.00 40.00	X		X			0	0	0	
(409) PETER W EISENBRANDT BOARD MEMBER	1.00 0	X					0	0	0	
(410) BARB GROSSMAN BOARD MEMBER	1.00 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 **6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(411) RICHARD S HAMILTON BOARD VICE CHAIR	1.00 0	X					0	0	0	
(412) JOHN D HOUSTON II BOARD TREASURER AND SECRETARY	1.00 0	X		X			0	0	0	
(413) EMILY JARRETT BOARD MEMBER	1.00 0	X					0	0	0	
(414) MARGARET P JOY BOARD MEMBER	1.00 0	X					0	0	0	
(415) DAVID A NACE MD BOARD MEMBER	1.00 40.00	X					0	0	0	
(416) REV. SCOTT QUINN BOARD MEMBER	1.00 0	X					0	0	0	
(417) JOAN ROGERS BOARD MEMBER	1.00 0	X					0	0	0	
(418) JEROME SHAFFER BOARD MEMBER	1.00 40.00	X					0	0	0	
(419) DANIEL SULLIVAN BOARD MEMBER	1.00 40.00	X					0	0	0	
(420) NEIL Y VAN HORN BOARD CHAIR	1.00 0	X		X			0	0	0	
(421) CHARLES BOGOSTA BOARD VICE CHAIR AND PRESIDENT	1.00 60.00	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 **6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(422) AL CIOCCA BOARD SECRETARY	1.00 40.00	X		X				0	0	0
(423) NANCY DAVIDSON BOARD MEMBER	1.00 10.00	X						50,673.	0	0
(424) LESLIE C DAVIS BOARD MEMBER	1.00 40.00	X						0	0	0
(425) SY HOLZER BOARD MEMBER	1.00 0	X						0	0	0
(426) SCOTT LAMMIE BOARD MEMBER	1.00 40.00	X						0	0	0
(427) STANLEY MARKS MD BOARD CHAIR	40.00 1.00	X		X				1,389,198.	930,805.	265,735.
(428) WILLIAM COOK BOARD MEMBER	1.00 0	X						0	0	0
(429) MARLENE R COOPER BOARD SECRETARY	40.00 0	X		X				119,786.	0	25,680.
(430) CHRISTOPHER A GESSNER BOARD VICE CHAIR AND VP	40.00 1.00	X		X				0	0	0
(431) EDWARD T KARLOVICH BOARD MEMBER	1.00 40.00	X						0	0	0
(432) ARTHUR S LEVINE MD BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(433) DAVID T MARTIN BOARD MEMBER	1.00 40.00	X					0	0	0	
(434) MARSHALL WEBSTER MD BOARD CHAIR AND PRESIDENT	1.00 40.00	X		X			0	0	0	
(435) LOUIS ALARCON BOARD MEMBER AND MEDICAL DIREC	1.00 40.00	X					474,939.	0	22,645.	
(436) DEREK ANGUS MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					532,574.	0	24,303.	
(437) K TY BAE MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					609,699.	0	22,869.	
(438) G NICHOLAS BECKWITH III BOARD MEMBER	1.00 0	X					0	0	0	
(439) TIMOTHY ROBERT BILLIAR MD BOARD SECRETARY AND DEPT CHAIR	40.00 0	X		X			789,318.	0	36,018.	
(440) MICHAEL BONINGER MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					300,070.	0	34,000.	
(441) GREGORY BUMP MD BOARD MEMBER	40.00 0	X					230,864.	0	14,972.	
(442) JEROME COCHRAN BOARD MEMBER	1.00 0	X					0	0	0	
(443) LESLIE C DAVIS BOARD MEMBER	1.00 40.00	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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(444) ROBERT P EDWARDS BOARD MEMBER	40.00 1.00	X					481,256.	0	22,643.	
(445) LOUIS D FALO JR MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					469,092.	0	37,160.	
(446) ROBERT M FRIEDLANDER MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					1,400,416.	0	33,589.	
(447) FREDDIE H FU MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					1,588,895.	0	37,997.	
(448) CHRISTOPHER A GESSNER BOARD MEMBER	1.00 40.00	X					0	0	0	
(449) JOEL S GREENBERGER MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					515,972.	0	46,183.	
(450) RICHARD S HAMILTON BOARD MEMBER	1.00 0	X					0	0	0	
(451) W ALLEN HOGGE MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					554,077.	0	35,904.	
(452) JONAS T JOHNSON MD BOARD MEMBER/DEPT CHAIR/TREAS	40.00 0	X		X			849,154.	0	25,880.	
(453) MARGARET P JOY BOARD MEMBER	1.00 0	X					0	0	0	
(454) JAMES KANG MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					1,802,216.	0	27,948.	
<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 **6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(455) JOON SUP LEE MD BOARD MEMBER AND DEPT CHAIR	40.00 1.00	X					1,046,661.	25,000.	27,080.	
(456) ARTHUR S LEVINE MD BOARD MEMBER	1.00 0	X					0	0	0	
(457) DAVID A LEWIS MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					551,714.	0	28,841.	
(458) JAMES D LUKETICH MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					2,444,919.	0	36,864.	
(459) GEORGE MAZARIEGOS BOARD MEMBER	40.00 0	X					256,550.	0	23,812.	
(460) GEORGE K MICHALOPOULOS MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					487,146.	0	26,857.	
(461) VICTOR MORELL MD BOARD MEMBER	40.00 0	X					1,951,254.	0	26,011.	
(462) JOEL B NELSON MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					874,439.	0	55,131.	
(463) STEPHANIE NICHOLAS BOARD MEMBER	40.00 0	X					393,503.	0	38,139.	
(464) MARK A NORDENBERG BOARD MEMBER	1.00 0	X					0	0	0	
(465) MICHAEL OST MD BOARD MEMBER	40.00 0	X					561,210.	0	21,976.	
<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 **6721**

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(466) CHARISSA PACELLA MD BOARD MEMBER	40.00 0	X					344,046.	0	19,855.	
(467) GREGORY K PEASLEE BOARD MEMBER	1.00 60.00	X					0	0	0	
(468) DAVID HIRSCH PERLMUTTER MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					516,048.	0	36,968.	
(469) JOHN J REILLY MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					517,136.	0	26,238.	
(470) JEFFREY A ROMOFF BOARD MEMBER	1.00 60.00	X					0	0	0	
(471) JOSHUA T RUBIN MD BOARD MEMBER	40.00 0	X					261,355.	0	18,905.	
(472) JOEL S SCHUMAN MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					587,706.	0	28,825.	
(473) HYAGRIV SIMHAN BOARD MEMBER	40.00 1.00	X					224,584.	0	18,639.	
(474) JEANNETTE SOUTH-PAUL MD BOARD MEMBER AND DEPT CHAIR	40.00 1.00	X					237,697.	0	25,603.	
(475) JOE SUYAMA MD BOARD MEMBER	40.00 0	X					318,385.	0	21,395.	
(476) STEPHEN R TRITCH BOARD MEMBER	1.00 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 **6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(477) MARSHALL WEBSTER MD BOARD MEMBER AND DEPT CHAIR	20.00 20.00	X					0	0	0	
(478) LAWRENCE WECHSLER MD BOARD MEMBER AND DEPT CHAIR	40.00 0	X					677,319.	0	29,626.	
(479) ADAM YATES MD BOARD MEMBER	40.00 0	X					299,847.	0	18,296.	
(480) DONALD YEALY MD BOARD MEMBER AND DEPT CHAIR	40.00 1.00	X					475,556.	0	31,343.	
(481) DEBORAH S BRODINE BOARD CHAIR AND PRESIDENT	1.00 40.00	X		X			0	0	0	
(482) JAMES ROHRBAUGH BOARD VICE CHAIR	1.00 0	X					0	0	0	
(483) JOY PETERS BOARD SECRETARY	1.00 0	X		X			0	0	0	
(484) CINDY RAGAN BOARD SECRETARY	1.00 0	X		X			0	0	0	
(485) JEROME SHAFFER BOARD MEMBER AND TREASURER	1.00 40.00	X		X			0	0	0	
(486) ESTHER BARAZZONE PHD BOARD MEMBER	1.00 0	X					0	0	0	
(487) G NICHOLAS BECKWITH III BOARD CHAIR	10.00 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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(488) EVA BLUM BOARD MEMBER	1.00 0	X						0	0	0
(489) PATRICK GALLAGHER BOARD MEMBER	1.00 0	X						0	218,592.	152,376.
(490) RICHARD S HAMILTON BOARD MEMBER	1.00 0	X						0	0	0
(491) HOWARD W HANNA III BOARD MEMBER	1.00 0	X						0	0	0
(492) ROBERT M HERNANDEZ BOARD MEMBER	2.00 0	X						0	0	0
(493) SISTER CANDACE INTROCASO DCP, BOARD MEMBER	1.00 0	X						0	0	0
(494) MARGARET P JOY BOARD MEMBER	1.00 0	X						0	0	0
(495) MARK J LASKOW BOARD SECOND VICE CHAIR	3.00 0	X						0	0	0
(496) ARTHUR S LEVINE MD BOARD MEMBER	3.00 40.00	X						0	1,116,246.	45,814.
(497) ROBERT G LOVETT BOARD MEMBER	1.00 0	X						0	0	0
(498) W DUFF MCCRADY BOARD MEMBER	1.00 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 **▶ 6721**

	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**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(499) DESMOND MCDONALD BOARD MEMBER	1.00 0	X					0	0	0	
(500) MARTIN G MCGUINN BOARD MEMBER	1.00 0	X					0	0	0	
(501) ROBERT MONTLER BOARD MEMBER	1.00 0	X					0	0	0	
(502) MARLEE S MYERS BOARD MEMBER	1.00 0	X					0	0	0	
(503) MARK A NORDENBERG BOARD MEMBER	1.00 40.00	X					0	867,501.	127,803.	
(504) LOUIS PLUNG BOARD MEMBER	1.00 0	X					0	0	0	
(505) GREGORY SPENCER BOARD MEMBER	1.00 0	X					0	0	0	
(506) WILLIAM STRICKLAND JR. BOARD MEMBER	1.00 0	X					0	0	0	
(507) JOHNS SURMA BOARD MEMBER	1.00 0	X					0	0	0	
(508) STEPHEN R TRITCH BOARD FIRST VICE CHAIR	1.00 0	X					0	0	0	
(509) SUNIL WADHWANI BOARD MEMBER	1.00 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 **▶ 6721**

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(510)	MARIO WILFONG CFO AND VP ADMIN	40.00 0			X				132,883.	0	24,190.
(511)	ROGER P WINN PRESIDENT	40.00 0			X				388,903.	0	38,882.
(512)	GERALD MURRAY PRESIDENT	1.00 0			X				0	0	0
(513)	CHRISTOPHER STOCKHAUSEN TREASURER AND CFO	1.00 40.00			X				0	0	0
(514)	DOUGLAS GARRETSON PRESIDENT	40.00 0			X				301,388.	0	32,914.
(515)	DONALD GOODMAN TREASURER AND CFO	40.00 0			X				212,310.	0	33,874.
(516)	NICHOLAS BARCELLONA TREASURER AND CFO	30.00 10.00			X				249,910.	0	29,660.
(517)	CHRISTOPHER A GESSNER PRESIDENT	40.00 1.00			X				754,140.	0	89,151.
(518)	JAMES GAVIN PRESIDENT	40.00 0			X				589,895.	0	73,625.
(519)	JAMES GIAMMARCO CHIEF FINANCIAL OFFICER	40.00 0			X				249,409.	0	25,811.
(520)	WILLIAM A NIGRO TREASURER AND CFO	2.00 40.00			X				0	143,712.	17,022.
<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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(521) BRYANT WESLEY ESQ SECRETARY	1.00 40.00			X				220,066.	0	17,883.
(522) MARK SEVCO PRESIDENT	1.00 40.00			X				499,662.	0	74,440.
(523) COLLEEN BRENNAN TREASURER AND CFO	40.00 0			X				242,176.	0	36,380.
(524) TERRENCE LEWIS ESQ SECRETARY	40.00 0			X				179,734.	0	19,836.
(525) ROBERT DEVLIN ESQ SECRETARY	1.00 40.00			X				0	0	0
(526) SHERYL KASHUBA ESQ SECRETARY AND CLO	1.00 40.00			X				370,651.	0	44,147.
(527) V. JAMES FIORENZO PRESIDENT	40.00 1.00			X				625,985.	0	78,900.
(528) STEPHEN DANCH TREASURER AND CFO	40.00 1.00			X				400,376.	0	45,742.
(529) PHILIP FREEMAN PRESIDENT	30.00 10.00			X				228,518.	0	32,176.
(530) ROBERT PACKER PRESIDENT	30.00 10.00			X				428,693.	0	59,461.
(531) GREGG LAVERICK CHIEF FINANCIAL OFFICER	30.00 10.00			X				221,601.	0	47,126.
<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 **▶ 6721**

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(532)	PHILIP FREEMAN PRESIDENT	1.00 40.00			X				0	0	0
(533)	ROBERT PACKER PRESIDENT	1.00 40.00			X				0	0	0
(534)	GREGG LAVERICK CHIEF FINANCIAL OFFICER	1.00 40.00			X				0	0	0
(535)	PHILIP FREEMAN PRESIDENT	1.00 40.00			X				0	0	0
(536)	ROBERT PACKER PRESIDENT	1.00 40.00			X				0	0	0
(537)	GREGG LAVERICK CHIEF FINANCIAL OFFICER	1.00 40.00			X				0	0	0
(538)	PHILIP FREEMAN PRESIDENT	1.00 40.00			X				0	0	0
(539)	ROBERT PACKER PRESIDENT	1.00 40.00			X				0	0	0
(540)	GREGG LAVERICK CHIEF FINANCIAL OFFICER	1.00 40.00			X				0	0	0
(541)	PHILIP FREEMAN PRESIDENT	1.00 40.00			X				0	0	0
(542)	ROBERT PACKER PRESIDENT	1.00 40.00			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 ▶ 6721

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(543) GREGG LAVERICK CHIEF FINANCIAL OFFICER	1.00 40.00			X			0	0	0	
(544) THOMAS NEWMAN CHIEF FINANCIAL OFFICER	10.00 30.00			X			0	0	0	
(545) DONALD OWREY PRESIDENT	40.00 1.00			X			387,860.	0	61,254.	
(546) THOMAS BURICH PRESIDENT	40.00 0			X			154,041.	0	21,298.	
(547) DAVID SHULIK CHIEF FINANCIAL OFFICER	1.00 40.00			X			0	0	0	
(548) SUSAN KOSTILNIK ASST SEC AND SR EXECUTIVE ASST	40.00 0			X			71,041.	0	12,769.	
(549) EILEEN SIMMONS CHIEF FINANCIAL OFFICER	40.00 1.00			X			0	0	0	
(550) CHRISTOPHER STOCKHAUSEN TREASURER AND CFO	20.00 20.00			X			193,669.	0	18,699.	
(551) EILEEN SIMMONS CHIEF FINANCIAL OFFICER	1.00 40.00			X			0	0	0	
(552) CHRISTOPHER STOCKHAUSEN CHIEF FINANCIAL OFFICER	20.00 20.00			X			0	0	0	
(553) NANCY BEICHNER ASST SEC AND ADMN ASST TO PRES	40.00 0			X			54,600.	0	17,991.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 6721**

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(554)	BRAD DINGER CFO AND TREASURER	30.00 10.00			X				0	0	0
(555)	CHARLES BOGOSTA PRESIDENT	1.00 60.00			X				0	0	0
(556)	JOHN KUZMISHIN TREAS, SEC, AND CFO	5.00 40.00			X				0	0	0
(557)	DAVID T MARTIN PRESIDENT	40.00 1.00			X			924,336.	0	106,975.	
(558)	THOMAS NEWMAN CHIEF FINANCIAL OFFICER	20.00 20.00			X			0	0	0	
(559)	C TALBOT HEPPENSTALL JR TREASURER	1.00 60.00			X			0	0	0	
(560)	JOHN INNOCENTI PRESIDENT	40.00 1.00			X			1,084,925.	0	138,287.	
(561)	MICHELE P JEGASOTHY ESQ SECRETARY	40.00 1.00			X			0	0	0	
(562)	EDWARD T KARLOVICH CFO ACADEMIC COMM HOSPITALS	40.00 1.00			X			1,083,788.	0	123,425.	
(563)	MARGARITA MARSH ASST SEC AND ASST TO PRES	40.00 0			X			66,961.	0	7,104.	
(564)	EILEEN SIMMONS CHIEF FINANCIAL OFFICER	20.00 20.00			X			373,367.	0	33,241.	
<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 **▶** 6721

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(565)	LYNN RUPP PRESIDENT	20.00 20.00			X				254,067.	0	23,438.
(566)	STEPHEN DANCH TREASURER AND CFO	1.00 40.00			X				0	0	0
(567)	BRAD DINGER TREASURER AND CFO	1.00 40.00			X				166,322.	0	26,364.
(568)	JOHN R CARROLL ASST SEC AND VP ADMIN	40.00 0			X				183,234.	0	47,453.
(569)	THOMAS NEWMAN ASST TREASURER AND CFO	20.00 20.00			X				290,977.	0	35,903.
(570)	DAVID PATTON PRESIDENT	40.00 1.00			X				338,620.	0	48,296.
(571)	CINDY SHOOK ASST SEC AND ADMIN ASST	40.00 0			X				30,824.	0	16,496.
(572)	DANIEL GRANT VICE PRESIDENT AND COO	10.00 30.00			X				0	0	0
(573)	WILLIAM A NIGRO TREASURER AND CFO	2.00 40.00			X				0	0	0
(574)	BRYANT WESLEY ESQ SECRETARY	1.00 40.00			X				0	0	0
(575)	RICH BONDI TREASURER AND CFO	40.00 0			X				207,444.	0	28,770.
<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 **▶** 6721

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(576)	ANN EVANS TREASURER AND CFO	40.00 1.00			X			0	0	0	
(577)	ANN EVANS CHIEF FINANCIAL OFFICER	20.00 20.00			X			614,491.	0	80,986.	
(578)	STEVEN D SHAPIRO MD PRESIDENT AND SR. V.P.	20.00 40.00			X			0	0	0	
(579)	ROBERT GRIFFITH CHIEF FINANCIAL OFFICER	40.00 0			X			148,050.	0	11,287.	
(580)	PENNY MILANOVICH PRESIDENT	40.00 0			X			257,777.	0	22,781.	
(581)	HEIDI VANGORDER ASST. SECRETARY	40.00 0			X			53,168.	0	18,884.	
(582)	MICHELE P JEGASOTHY ESQ SECRETARY	1.00 40.00			X			196,067.	0	31,169.	
(583)	JEFFREY A ROMOFF PRESIDENT AND CEO	60.00 1.00			X			5,745,202.	0	679,437.	
(584)	JACKIE BONIER DIRECTOR OF FOUNDATION	40.00 0				X		85,344.	0	23,041.	
(585)	CHARLES BOGOSTA EVP AND PRES INTL AND COMM SRV	60.00 1.00				X		1,268,747.	0	344,468.	
(586)	LESLIE DAVIS SR VP AND COO	1.00 40.00				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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(587) ROBERT A DEMICHIEL EVP AND CFO	60.00 1.00				X			1,238,201.	0	373,495.
(588) DANIEL DRAWBAUGH EVP AND CIO	60.00 1.00				X			1,476,483.	0	95,499.
(589) DAVID FARNER EVP AND CHIEF OF STAFF	60.00 0				X			1,719,457.	0	457,285.
(590) C TALBOT HEPPENSTALL JR EVP AND TREASURER	60.00 1.00				X			1,570,975.	0	333,239.
(591) DIANE HOLDER EXEC VP, PRES UPMC HEALTH PLAN	60.00 1.00				X			0	1,861,713.	601,878.
(592) W THOMAS MCGOUGH EVP AND CHIEF LEGAL OFFICER	60.00 0				X			1,664,515.	0	302,894.
(593) GREGORY K PEASLEE EVP CHIEF HR AND ADM SRV OFF	60.00 1.00				X			1,443,098.	0	218,814.
(594) STEVEN D SHAPIRO MD EVP AND CHIEF MEDICAL AND SC	40.00 20.00				X			1,335,289.	189,223.	572,095.
(595) MARSHALL WEBSTER MD SENIOR VICE PRESIDENT	20.00 20.00				X			1,132,447.	117,902.	202,589.
(596) GHASSAN BEJJANI MD NEUROSURGEON	40.00 0					X		2,271,446.	0	40,933.
(597) CHRISTOPHER SCHMIDT MD ORTHOPAEDIC SURGEON	40.00 0					X		1,591,509.	0	33,606.
<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 **▶ 6721**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(598) VINAY BADHWAR MD CARDIOTHORACIAC SURGEON	40.00 0					X		1,590,810.	0	22,046.
(599) THOMAS GLEASON MD CARDIOTHORACIAC SURGEON	40.00 0					X		1,604,801.	0	24,636.
(600) ROBERT KAUFMANN MD ORTHOPAEDIC SURGEON	40.00 0					X		1,533,767.	0	25,315.
(601) STACEY ARMSTRONG FORMER VICE PRESIDENT	0 0						X	223,745.	0	31,226.
(602) CYNTHIA DORUNDO FORMER PRESIDENT	0 0						X	492,880.	0	28,200.
(603) MERLE TAYLOR FORMER BOARD SECRETARY	0 0						X	201,775.	0	23,368.
(604) ROGER MCCAULEY FORMER TREASURER AND CFO	0 0						X	133,224.	49,278.	10,494.
(605) JASON ROEBACK FORMER BOARD MEMBER AND PRESID	0 0						X	492,219.	0	29,406.
(606) DONNA JASKO FORMER BOARD MEMBER AND SECRE	0 0						X	201,720.	0	17,370.
(607) BRIAN FRITZ FORMER BOARD TREASURER/ CFO	0 0						X	186,701.	0	27,753.
(608) DEBORAH REDMOND FORMER VICE PRESIDENT	0 0						X	178,308.	108,850.	35,130.
<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 **▶** 6721

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(609) SANDRA DANOFF ----- FORMER SR VP STRAT PLANNING	0 ----- 0						X	352,000.	0	34,531.
(610) SUSAN MAMMARELLA ----- FORMER OFFICER	0 ----- 0						X	193,082.	0	29,323.
(611) ELIZABETH CONCORDIA ----- FORMER EXECUTIVE VP UPMC	0 ----- 0						X	1,993,465.	0	97,120.
<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 **▶** 6721

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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	472,865.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,016,300.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	23,460,894.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	16,243,016.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	36,145,045.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		1,612,418.					
	<b>h Total. Add lines 1a-1f . . . . .</b>			77,338,120.				
	<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT REV	<b>Business Code</b>	900099	6,608,349,572.	6,607,559,576.	789,996.	
<b>b</b> OTHER PATIENT SERV			900099	348,975,757.	348,975,757.			
<b>c</b> OTHER PROG SRV REV			900099	3,489,253,707.	3,487,919,810.	1,333,897.		
<b>d</b> RENTAL INCOME			900099	17,023,231.	17,023,231.			
<b>e</b> JOINT VENTURE REVENUE			900099	9,444,189.	9,444,189.			
<b>f</b> All other program service revenue . . . . .								
<b>g Total. Add lines 2a-2f . . . . .</b>				10,473,046,456.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 . . . . .			19,446,153.			19,446,153.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		337,332,875.	15,846,631.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			333,454,643.	382,411.		
		<b>c</b> Gain or (loss) . . . . .			3,878,232.	15,464,220.		
	<b>d</b> Net gain or (loss) . . . . .				19,342,453.		19,342,453.	
	<b>8a</b> Gross income from fundraising events (not including \$ 659,331. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	ATCH 3		262,694.			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		555,822.			
		<b>c</b> Net income or (loss) from fundraising events. ATCH 4 . . . . .				-293,128.		-293,127.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>			60,090.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities. ATCH 5 . . . . .				-60,090.		-60,090.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory. . . . .				0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> _____								
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total. Add lines 11a-11d . . . . .</b>				0				
<b>12 Total revenue. See instructions . . . . .</b>				10,588,819,964.	10,470,922,563.	2,123,893.	38,435,389.	

**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> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .	24,689,653.	24,689,653.		
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 . . . . .	90,203,951.	41,322,524.	48,881,427.	
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 . . . . .	3,941,815,157.	3,386,784,394.	555,030,763.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	114,282,866.	87,301,483.	26,981,383.	
9 Other employee benefits . . . . .	373,831,219.	333,073,672.	40,757,547.	
10 Payroll taxes . . . . .	197,554,349.	169,593,016.	27,961,333.	
11 Fees for services (non-employees):				
a Management . . . . .	20,234,699.	15,843,982.	4,390,717.	
b Legal . . . . .	19,526,072.	2,657,516.	16,868,556.	
c Accounting . . . . .	4,559,958.		4,559,958.	
d Lobbying . . . . .	2,571,650.		2,571,650.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	1,339,257.		1,339,257.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). . . . .	77,581,123.	75,634,066.	1,947,057.	
12 Advertising and promotion . . . . .	31,391,057.	31,391,057.		
13 Office expenses . . . . .	78,590,995.	49,014,257.	29,553,177.	23,561.
14 Information technology . . . . .	111,395,494.	38,948,571.	72,446,923.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	220,762,817.	196,806,278.	23,552,302.	404,237.
17 Travel . . . . .	21,118,217.	16,205,396.	4,912,821.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	2,705,139.	2,272,238.	432,901.	
20 Interest . . . . .	9,646,979.	5,868,978.	3,778,001.	
21 Payments to affiliates . . . . .	17,226,750.	17,226,750.		
22 Depreciation, depletion, and amortization . . . . .	365,206,020.	365,206,020.		
23 Insurance . . . . .	98,299,642.	90,768,110.	7,531,532.	
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 -----	2,383,074,209.	2,383,074,209.		
b DRUGS -----	569,749,008.	569,749,008.		
c MEDICAL/PATIENT SUPPLIES -----	391,021,616.	391,021,616.		
d MEDICAL IMPLANTS -----	250,832,220.	250,832,220.		
e All other expenses -----	978,728,899.	863,966,195.	110,288,103.	4,474,601.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	10397939016.	9,409,251,209.	983,785,408.	4,902,399.
26 <b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	10,784,167.	<b>1</b>	57,928,186.
	<b>2</b> Savings and temporary cash investments	100,311,875.	<b>2</b>	2,182,572.
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	1,100,610,611.	<b>4</b>	1,502,857,106.
	<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	150,618,913.	<b>7</b>	118,807,113.
	<b>8</b> Inventories for sale or use	32,933,089.	<b>8</b>	33,158,070.
	<b>9</b> Prepaid expenses and deferred charges	27,373,867.	<b>9</b>	13,996,155.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6707829167.		
	<b>b</b> Less: accumulated depreciation	10b 3741835723.		
	<b>11</b> Investments - publicly traded securities	211,607,722.	<b>11</b>	226,770,505.
	<b>12</b> Investments - other securities. See Part IV, line 11	196,239,940.	<b>12</b>	189,963,017.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	14,150,698.	<b>14</b>	26,851,533.
	<b>15</b> Other assets. See Part IV, line 11	1,443,688,862.	<b>15</b>	1,472,252,139.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,276,733,210.	<b>16</b>	6,610,759,840.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	381,278,929.	<b>17</b>	379,207,314.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	6,196,724.	<b>19</b>	15,148,493.
	<b>20</b> Tax-exempt bond liabilities	73,854,696.	<b>20</b>	72,252,123.
	<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	3,436,639.	<b>23</b>	3,268,566.
	<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	690,428,104.	<b>25</b>	941,672,744.
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,155,195,092.	<b>26</b>	1,411,549,240.
<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	4,484,299,773.	<b>27</b>	4,569,318,663.
	<b>28</b> Temporarily restricted net assets	402,469,791.	<b>28</b>	394,375,921.
	<b>29</b> Permanently restricted net assets	234,768,554.	<b>29</b>	235,516,016.
	<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	5,121,538,118.	<b>33</b>	5,199,210,600.
	<b>34</b> Total liabilities and net assets/fund balances	6,276,733,210.	<b>34</b>	6,610,759,840.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,588,819,964.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,397,939,016.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	190,880,948.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,121,538,118.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	440,154.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-113,648,620.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,199,210,600.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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? . . . . .	X	
<b>b</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.	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

**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.)
- 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 or IRC section (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	03			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) 2014

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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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; 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 2014 (line 6, column (f) divided by line 11, column (f)) 98.04%; 15 Public support percentage from 2013 Schedule A, Part II, line 14 100.00%; 16a 33 1/3% support test - 2014. 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 [X]; 16b 33 1/3% support test - 2013. 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 - 2014. 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 - 2013. 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,822,563.	2,084,347.	3,611,858.	6,147,543.	6,111,437.	19,777,748.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	1,654,369,080.	1,832,382,946.	2,331,283,142.	2,525,378,024.	2,809,839,629.	11,153,252,821.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .					47,898.	47,898.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	<b>1,656,191,643.</b>	<b>1,834,467,293.</b>	<b>2,334,895,000.</b>	<b>2,531,525,567.</b>	<b>2,815,998,964.</b>	<b>11,173,078,467.</b>
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b. . . . .						0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						<b>11,173,078,467.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6. . . . .	1,656,191,643.	1,834,467,293.	2,334,895,000.	2,531,525,567.	2,815,998,964.	11,173,078,467.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	5,540,070.	6,909,294.	4,478,038.	2,280,331.	4,640,510.	23,848,243.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	5,540,070.	6,909,294.	4,478,038.	2,280,331.	4,640,510.	23,848,243.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	<b>1,661,731,713.</b>	<b>1,841,376,587.</b>	<b>2,339,373,038.</b>	<b>2,533,805,898.</b>	<b>2,820,639,474.</b>	<b>11,196,926,710.</b>
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	99.79 %
16 Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.75 %

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	.21 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	<b>18</b>	.25 %

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . . . .			
e	Excess from 2014 . . . . .			

**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 (42)

PUBLIC CHARITY STATUS

REASON FOR NON-PRIVATE FOUNDATION STATUS

UPMC PRESBYTERIAN SHADYSIDE: FOUNDATION STATUS 3

CHILDREN'S HOSPITAL OF PITTSBURGH OF THE 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 11 ;TYPE 1

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

COMMUNITY FAMILY HEALTH CENTERS, INC.: FOUNDATION STATUS 3

UPMC EMERGENCY MEDICINE, INC.: FOUNDATION STATUS 9

SUGARCREEK STATION: FOUNDATION STATUS 3

**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).

UPMC VISITING NURSES ASSOCIATION : FOUNDATION STATUS 9 CRANBERRY PLACE:

FOUNDATION STATUS 9

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

DONAHUE & 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 3

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 9

HOME NURSING AGENCY HOSPICE: FOUNDATION STATUS 9

PART I REASON FOR PUBLIC CHARITY STATUS

11 G ENTITY: UPMC HORIZON COMMUNITY HEALTH FOUNDATION (I) NAME OF  
SUPPORTED ORGANIZATION: UPMC HORIZON (II) EIN: 25-0523970 (III)TYPE OF  
ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (V)

**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).

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

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: 23-1875070, 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:

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



**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).

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 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 of Contributors**

**2014**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) 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
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UPMC GROUP**

Employer identification number  
20-8295721

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 343,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 289,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 182,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 97,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 51,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 139,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 44,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 398,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 39,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 351,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 138,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 22,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 18,146,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 41,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 78,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 162,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 200,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 82,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 400,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 261,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 866,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 1,751,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 31,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 846,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 269,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 113,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 258,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 190,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ 20,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ 15,987.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ 34,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UPMC GROUP**

Employer identification number  
20-8295721

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ 9,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ 208,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ 4,374,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ 315,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ 92,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 124,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 6,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 18,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 12,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 108,541.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 1,856,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 21,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UPMC GROUP**

Employer identification number  
20-8295721

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ 26,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ 36,550.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ 154,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ 106,354.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
66	----- ----- -----	\$ 14,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> UPMC GROUP	<b>Employer identification number</b> 20-8295721
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ ----- 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	----- ----- -----	\$ ----- 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
71	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
72	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **UPMC GROUP**

Employer identification number  
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 164,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 172,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 113,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 1,170,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 1,833,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 181,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 30,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 8,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 19,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 7,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 116,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 45,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 47,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 43,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UPMC GROUP**

Employer identification number  
20-8295721

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 149,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 41,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 15,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 19,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 47,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 682,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 172,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 8,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 14,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 889,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 26,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 5,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 7,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 24,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 36,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 9,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 28,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 8,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UPMC GROUP**

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ 28,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	----- ----- -----	\$ 9,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	----- ----- -----	\$ 17,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	----- ----- -----	\$ 37,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	----- ----- -----	\$ 78,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	----- ----- -----	\$ 9,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$ 126,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 57,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 608,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 18,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	----- ----- -----	\$ 29,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	----- ----- -----	\$ 22,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	----- ----- -----	\$ 23,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	----- ----- -----	\$ 24,603.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	----- ----- -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	----- ----- -----	\$ ----- 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	----- ----- -----	\$ ----- 7,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	----- ----- -----	\$ ----- 17,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	----- ----- -----	\$ ----- 75,597.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	----- ----- -----	\$ 12,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	----- ----- -----	\$ 15,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	----- ----- -----	\$ 16,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	----- ----- -----	\$ 53,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	----- ----- -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	----- ----- -----	\$ 21,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	----- ----- -----	\$ 7,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	----- ----- -----	\$ 217,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$ 44,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 88,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 8,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 8,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 5,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 8,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	----- ----- -----	\$ ----- 5,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	----- ----- -----	\$ ----- 5,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	----- ----- -----	\$ ----- 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	----- ----- -----	\$ ----- 9,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	----- ----- -----	\$ ----- 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 7,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 14,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 14,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	----- ----- -----	\$ ----- 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	----- ----- -----	\$ ----- 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	----- ----- -----	\$ ----- 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	----- ----- -----	\$ ----- 131,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	----- ----- -----	\$ ----- 96,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	----- ----- -----	\$ ----- 46,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	----- ----- -----	\$ 229,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	----- ----- -----	\$ 56,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	----- ----- -----	\$ 12,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	----- ----- -----	\$ 27,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	----- ----- -----	\$ 41,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$ 33,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183		\$ 10,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185		\$ 11,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 20,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 26,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 47,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	----- ----- -----	\$ 150,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	----- ----- -----	\$ 34,912.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	----- ----- -----	\$ 8,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	----- ----- -----	\$ 27,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	----- ----- -----	\$ 8,397.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	----- ----- -----	\$ 265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ 9,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 426,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 49,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	----- ----- -----	\$ 10,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	----- ----- -----	\$ 1,486,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	----- ----- -----	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 17,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 28,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	----- ----- -----	\$ ----- 6,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	----- ----- -----	\$ ----- 143,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	----- ----- -----	\$ ----- 47,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	----- ----- -----	\$ ----- 22,831,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	----- ----- -----	\$ ----- 76,913.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225		\$ 1,774,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226		\$ 415,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227		\$ 53,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228		\$ 10,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	----- ----- -----	\$ 136,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	----- ----- -----	\$ 393,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	----- ----- -----	\$ 254,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	----- ----- -----	\$ 83,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	----- ----- -----	\$ 25,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	----- ----- -----	\$ 373,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	----- ----- -----	\$ 20,581.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	----- ----- -----	\$ 9,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	----- ----- -----	\$ 6,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	----- ----- -----	\$ 49,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	----- ----- -----	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$ 20,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243		\$ 20,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244		\$ 10,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UPMC GROUP**

Employer identification number  
20-8295721

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	----- ----- -----	\$ 10,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	----- ----- -----	\$ 11,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	----- ----- -----	\$ 8,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	----- ----- -----	\$ 7,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	----- ----- -----	\$ 6,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UPMC GROUP**

Employer identification number  
20-8295721

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	----- ----- -----	\$ 293,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	----- ----- -----	\$ 26,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UPMC GROUP**

Employer identification number  
20-8295721

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	----- ----- -----	\$ ----- 61,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	----- ----- -----	\$ ----- 216,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	----- ----- -----	\$ ----- 361,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	----- ----- -----	\$ ----- 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	----- ----- -----	\$ ----- 114,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	----- ----- -----	\$ 21,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	----- ----- -----	\$ 12,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	----- ----- -----	\$ 25,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	----- ----- -----	\$ 36,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	----- ----- -----	\$ ----- 64,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	----- ----- -----	\$ ----- 60,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	----- ----- -----	\$ ----- 83,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	----- ----- -----	\$ ----- 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	----- ----- -----	\$ ----- 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278		\$ 20,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279		\$ 58,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280		\$ 30,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282		\$ 32,971.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UPMC GROUP</b>	Employer identification number <b>20-8295721</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	----- ----- -----	\$ ----- 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	----- ----- -----	\$ ----- 283,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	----- ----- -----	\$ ----- 89,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	----- ----- -----	\$ ----- 6,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	----- ----- -----	\$ ----- 16,801.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <u>UPMC GROUP</u>	Employer identification number <u>20-8295721</u>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
22	BOOKS ----- ----- -----	\$ 41,183.	06/30/2015
23	HOUSEHOLD/CLOTHES ----- ----- -----	\$ 78,606.	06/30/2015
24	MISCELLANEOUS ----- ----- -----	\$ 162,199.	06/30/2015
25	TOYS ----- ----- -----	\$ 200,455.	06/30/2015
70	STOCK ----- ----- -----	\$ 5,000.	06/30/2015
71	STOCK ----- ----- -----	\$ 5,000.	06/30/2015

Name of organization UPMC GROUP

Employer identification number

20-8295721

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
72	STOCK	\$ 5,000.	06/30/2015
106	FORMULA	\$ 889,372.	06/30/2015
65	STOCK	\$ 106,354.	06/30/2015
222	MISCELLANEOUS	\$ 76,913.	06/30/2015
62	ADVERTISING	\$ 36,550.	06/30/2015
73	MISCELLANEOUS ITEMS LESS THAN \$5,000	\$ 5,786.	06/30/2015

Name of organization **UPMC GROUP**

Employer identification number

20-8295721

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ 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," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization UPMC GROUP	Employer identification number 20-8295721
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**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) 2014



**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> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		106,172.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,465,478.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			2,571,650.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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

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

2014

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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" to 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" to Form 990, Part IV, line 7.

Table with 2 columns: Description, 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, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. 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. b 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) 2014

**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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	78,194,073.	70,441,468.	56,817,352.	52,723,527.	47,318,207.
b Contributions	3,025,269.	923,102.	11,379,037.	7,157,850.	1,124,392.
c Net investment earnings, gains, and losses	2,374,362.	9,371,849.	5,188,406.	-952,531.	6,919,371.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,143,322.	2,542,346.	2,943,327.	2,111,494.	2,638,443.
f Administrative expenses					
g End of year balance	80,450,382.	78,194,073.	70,441,468.	56,817,352.	52,723,527.

- 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 in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  | X   |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | X   |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		149,114,007.		149,114,007.
b Buildings		3783422430.	1876932625.	1,906,489,805.
c Leasehold improvements		90,185,650.	51,024,183.	39,161,467.
d Equipment		2436789248.	1751270673.	685,518,575.
e Other		248,317,832.	62,608,242.	185,709,590.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,965,993,444.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<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" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	716,576,813.
(2) BENEFICIAL INT IN FOUNDATIONS	415,378,146.
(3) INVESTMENTS WITH RELATED ORGS	180,177,838.
(4) LONG TERM BUILDING LEASE	29,358,117.
(5) L-T OTHER INVEST	116,767.
(6) INVEST IN JOINT VENTURES	49,397,559.
(7) OTHER ASSETS	60,037,079.
(8) DUE FROM RESTRICTED FUNDS	21,209,820.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	1,472,252,139.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	697,217,962.
(3) DUE TO THIRD PARTY PAYORS	28,486,710.
(4) INSURANCE CLAIMS LIABILITIES	110,577,300.
(5) OTHER CURRENT & LT LIABILITIES	42,056,435.
(6) PATIENT DEP/CRED BALANCES	36,900,363.
(7) PENSION LIABILITIES	26,433,974.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	941,672,744.

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" to Form 990, Part IV, line 12a.

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE PAGE 5

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**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 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, 2015, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

- ▶ 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).

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	53,757.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	HEALTH CARE EDUCATION	527,961.
(3) EUROPE			PROGRAM SERVICES	HEALTH CARE EDUCATION	1,011,496.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	6,109.
(5) NORTH AMERICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	114,539.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	HEALTH CARE EDUCATION	203,083.
(7) SOUTH AMERICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	86,688.
(8) SOUTH ASIA			PROGRAM SERVICES	HEALTH CARE EDUCATION	86,059.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	28,695.
(10) EAST ASIA AND THE PACIFIC			INVESTMENTS		62,161.
(11) EUROPE			INVESTMENTS		22,356.
(12) NORTH AMERICA			INVESTMENTS		2,829.
(13) SUB-SAHARAN AFRICA			INVESTMENTS		13,821.
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total, . . . . .					2,219,554.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					2,219,554.

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

Schedule F (Form 990) 2014

**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 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 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" to 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

**2014**

**Open to Public Inspection**

Employer identification number  
20-8295721

**Part I**

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 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" to 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	ANDY RUSSELL	11.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	496,247.	147,730.	278,048.	922,025.
	<b>2</b> Less: Contributions . . . . .	356,543.	120,252.	182,536.	659,331.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	139,704.	27,478.	95,512.	262,694.
Direct Expenses	<b>4</b> Cash prizes . . . . .			0	
	<b>5</b> Noncash prizes . . . . .	3,703.	10,997.	11,062.	25,762.
	<b>6</b> Rent/facility costs . . . . .		38,025.	72,191.	110,216.
	<b>7</b> Food and beverages . . . . .	111,265.	32,058.	52,887.	196,210.
	<b>8</b> Entertainment . . . . .	4,295.	2,500.	7,423.	14,218.
	<b>9</b> Other direct expenses . . . . .	185,179.	13,087.	11,149.	209,415.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				555,821.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-293,127.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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

**2014**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to 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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			102,417,920.		102,417,920.	1.38
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			899,658,426.	717,703,943.	181,954,483.	2.44
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			18,920,392.	14,468,480.	4,451,912.	.06
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			1,020,996,738.	732,172,423.	288,824,315.	3.88
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			66,376,716.	1,886,617.	64,490,099.	.87
<b>f</b> Health professions education (from Worksheet 5) . . . . .			248,982,538.	81,667,006.	167,315,532.	2.25
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			158,506,931.	76,218,832.	82,288,099.	1.10
<b>h</b> Research (from Worksheet 7) . . . . .			170,100,000.		170,100,000.	2.28
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			17,494,983.		17,494,983.	.24
<b>j</b> Total Other Benefits . . . . .			661,461,168.	159,772,455.	501,688,713.	6.74
<b>k</b> Total. Add lines 7d and 7j. . . . .			1,682,457,906.	891,944,878.	790,513,028.	10.62

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

Schedule H (Form 990) 2014

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

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

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	1,676,761,825.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	1,951,188,421.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-274,426,596.
8 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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 UPMC ONCOLOGY CO MGM	ONCOLOGY SERVICE	50.00000		50.00000
2 HAMOT SURGERY CENTER	OUTPATIENT SURGERY CTR	51.00000		49.00000
3 VIA ONCOLOGY LLC	ONCOLOGY PATHWAYS	66.80000		27.80000
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? 20

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 200 LOTHROP STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965480 163301	X	X		X		X	X			A
<b>2</b> UPMC SHADYSIDE 5230 CENTRE AVENUE PITTSBURGH PA 15232 WWW.UPMC.COM EIN: 25-0965480 163301	X	X		X		X	X			A
<b>3</b> UPMC SOUTH SURGERY CENTER 1300 OXFORD DRIVE PITTSBURGH PA 15102 WWW.UPMC.COM EIN: 25-0965480 09621500	X								OUTPATIENT AMBULATORY & SURGICAL CENTER	A
<b>4</b> MAGEE-WOMENS HOSPITAL OF UPMC 300 HALKET STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965420 650301	X	X		X		X	X			A
<b>5</b> CHILDREN'S HOSPITAL OF UPMC 4401 PENN AVE PITTSBURGH PA 15224 WWW.UPMC.COM EIN: 25-0402510 291201	X	X	X	X		X	X			A
<b>6</b> CHILDREN'S NORTH 2599 WEXFORD-BAYNE ROAD SEWICKLEY PA 15143 WWW.UPMC.COM EIN: 25-0402510 291201	X								OUTPATIENT AMBULATORY & SURGICAL CENTER	A
<b>7</b> UPMC MERCY 1400 LOCUST STREET PITTSBURGH PA 15219 WWW.UPMC.COM EIN: 25-0965429 13610100	X	X		X			X			A
<b>8</b> UPMC PASSAVANT 9100 BABCOCK BLVD PITTSBURGH PA 15237 WWW.UPMC.COM EIN: 25-0965451 400401	X	X				X	X			A
<b>9</b> UPMC PASSAVANT CRANBERRY 1 ST FRANCIS WAY CRANBERRY TWP PA 16066 WWW.UPMC.COM EIN: 25-0965451 400401	X	X				X	X			A
<b>10</b> UPMC ST. MARGARET 815 FREEPORT ROAD PITTSBURGH PA 15215 WWW.UPMC.COM EIN: 23-2875070 195901	X	X		X			X			A

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group 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, implementation strategies, and excise taxes.

**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</u> % and FPG family income limit for eligibility for discounted care of <u>400</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 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? . . . . .	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<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? . . . . .	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
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 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)		
<b>Billing and Collections</b>			
<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
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input type="checkbox"/> 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**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		X
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used 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)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .		X
If "Yes," explain in Section C.			
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .		X
If "Yes," explain in Section C.			

**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 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 PROCESS INCLUDED FACE-TO-FACE MEETINGS WITH COMMUNITY ADVISORY COUNCILS, AS WELL AS USE OF AN ONLINE SURVEY TOOL - EFFECTIVELY ENGAGING THE COMMUNITIES OF EACH UPMC HOSPITAL IN A BROAD, SYSTEMATIC WAY. APPENDIX D OF EACH HOSPITAL CHNA 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)

SEE RESPONSES TO PART VI, LINES 2, 4 & 5: THESE DISCLOSURES APPLY CONSISTENTLY TO ALL HOSPITAL FACILITIES ON THE UPMC GROUP 990.

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 CHNA DOCUMENT AND COMMUNITY HEALTH STRATEGIC



**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.

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 20 ENTITIES LISTED IN PART V, SECTION A.

**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? 104

Name and address	Type of Facility (describe)
<b>1</b> UNIVERSITY OF PITTSBURGH PHYSICIANS 200 LOTHROP STREET PITTSBURGH PA 15213	PHYSICIAN SERVICES
<b>2</b> UPMC COMMUNITY MEDICINE, INC 200 LOTHROP STREET PITTSBURGH PA 15213	PHYSICIAN SERVICES
<b>3</b> UPMC EMERGENCY MEDICINE, INC 200 LOTHROP STREET PITTSBURGH PA 15213	ER PHYSICIANS SERVICES
<b>4</b> ERIE PHYSICIAN NETWORK-UPMC INC. 3535 PINE AVENUE ERIE PA 16504	PHYSICIAN SERVICES
<b>5</b> WEST MIFFLIN IMAGING (MAG) 1907 LEBANON CHURCH RD WEST MIFFLIN PA 15122	IMAGING CENTER
<b>6</b> UPMC AT OXFORD DRIVE 600 OXFORD DRIVE PITTSBURGH PA 15146	IMAGING CENTER
<b>7</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 720 PENN AVENUE PITTSBURGH PA 15221	OUTPATIENT SERVICES
<b>8</b> MAGEE-WOMENS HOSPITAL UPMC (MAG) FIFTH AVENUE COMMONS 905 WATSON ST PITTSBURGH PA 15219	OUTPATIENT SERVICES
<b>9</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 4075 MONROEVILLE BLVD 2 STE 330 MONROEVILLE PA 15146	OUTPATIENT SERVICES
<b>10</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 559 MILLER AVENUE CLAIRTON PA 15025	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) 1630 ARLINGTON AVENUE PITTSBURGH PA 15210	OUTPATIENT SERVICES
<b>2</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 4075 MONROEVILLE BLVD 2 STE 225 MONROEVILLE PA 15146	OUTPATIENT SERVICES
<b>3</b> MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 2599 WEXFORD-BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES & IMAGING CENTER
<b>4</b> MAGEE-WOMENS CARE SOUTH HILLS (MAG) 1300 OXFORD DRIVE BETHEL PARK PA 15102	OUTPATIENT SERVICES & IMAGING CENTER
<b>5</b> MAGEE-WOMENS CARE PLEASANT HILLS (MAG) 850 CLAIRTON BLVD, STE 2100 PLEASANT HILLS PA 15236	OUTPATIENT SERVICES
<b>6</b> WOMEN'S SPECIALTY CTR AT HILLMAN CANCER 5115 CENTER AVENUNE, STE G, 3RD FLR PITTSBURGH PA 15232	IMAGING SERVICES
<b>7</b> WOMEN'S IMAGING NORTH OF MAGEE-WOMENS 9000 BROOKTREE ROAD #402 WEXFORD PA 15090	IMAGING SERVICES
<b>8</b> MAGEE-CRANBERRY BREAST IMAGING (MAG) 3 ST. FRANCIS WAY CRANBERRY TWP PA 16066	IMAGING SERVICES
<b>9</b> MAGEE ULTRASOUND-BEAVER (MAG) 690 STATE AVENUE BEAVER PA 15009	IMAGING SERVICES
<b>10</b> MAGEE WOMEN CARE CENTER (MAG) 969 GREENTREE ROAD PITTSBURGH PA 15220	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> ULTRA SOUND SERVICES (MAG) 8955 STATE ROUTE 30 IRWIN PA 15642	IMAGING SERVICES
<b>2</b> MAGEE WOMENS HOSPITAL OF UPMC (MAG) 815 FREEPORT ROAD, STE 2160 PITTSBURGH PA 15215	IMAGING SERVICES
<b>3</b> MAGEE WOMENS HOSPITAL OF UPMC (MAG) 5957 LINCOLN HIGHWAY IRWIN PA 15642	IMAGING SERVICES
<b>4</b> UPMC CANCER CENTER BEAVER (MAG) 1030 BEAVER HOLLOW RD BEAVER PA 15009	ONCOLOGY SERVICES
<b>5</b> UPMC CANCER CENTER WASHINGTON (MAG) 470 JOHNSON ROAD, STE 10 WASHINGTON PA 15301	ONCOLOGY SERVICES
<b>6</b> UPMC CANCER CENTER SEWICKLEY (MAG) 1600 CORAOPOLIS HEIGHTS ROAD CORAOPOLIS PA 15108	ONCOLOGY SERVICES
<b>7</b> UPMC CANCER CENTER AT NATRONA HEIGHTS MA 1604 BURTNER ROAD NATRONA HEIGHTS PA 15065	ONCOLOGY SERVICES
<b>8</b> UPMC CANCER CENTER AT UPMC ST MARG MAG 200 DELAFIELD ROAD PITTSBURGH PA 15215	ONCOLOGY SERVICES
<b>9</b> UPMC CANCER CENTER UPPER ST CLAIR (MAG) 2000 OXFORD DRIVE, STE 500 BETHEL PARK PA 15102	ONCOLOGY SERVICES
<b>10</b> UPMC CANCER CENTER AT MONROEVILLE MAG 400 OXFORD DRIVE MONROEVILLE PA 15146	ONCOLOGY SERVICES

Schedule H (Form 990) 2014

**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 AT UPMC PASSAVANT MAG 9100 BABCOCK BLVD PITTSBURGH PA 15237	ONCOLOGY SERVICES
<b>2</b> UPMC MERCY GREENTREE (MHP) 969 GREENTREE ROAD PITTSBURGH PA 15220	OUTPATIENT SERVICES & IMAGING SERVICES
<b>3</b> UPMC MERCY BRENTWOOD (MHP) 4190 BROWNSVILLE ROAD PITTSBURGH PA 15227	OUTPATIENT SERVICES
<b>4</b> UPMC CENTER FOR SPORTS MEDICINE (MHP) 3200 S WATER STREET PITTSBURGH PA 15203	OUTPATIENT SERVICES
<b>5</b> UPMC ST MARGARET (SMH) 100 DELAFIELD ROAD PITTSBURGH PA 15215	OUTPATIENT SERVICES
<b>6</b> UPMC ST. MARGARET (SMH) 1604 BURTNER ROAD NATRONA HEIGHTS PA 15065	OUTPATIENT SERVICES
<b>7</b> VASCULAR SURGERY AND VEIN CENTER (SMH) 200 DELAFIELD ROAD, STE 4050 PITTSBURGH PA 15215	OUTPATIENT SERVICES
<b>8</b> UPMC ST. MARGARET DERMATOLOGY (SMH) 2585 FREEPORT ROAD, STE 204 PITTSBURGH PA 15238	OUTPATIENT SERVICES
<b>9</b> UPMC NATRONA HEIGHTS MULTISPECIALTY (SMH) 1800 UNION AVENUE NATRONA HEIGHTS PA 15065	OUTPATIENT SERVICES
<b>10</b> GERIATRIC CARE CENTER (SMH) 1215 HULTON ROAD OAKMONT PA 15139	OUTPATIENT SERVICES

Schedule H (Form 990) 2014

**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> THORACIC SURGERY CENTER (SMH) 200 DELAFIELD ROAD, STE 4050 PITTSBURGH PA 15215	OUTPATIENT SERVICES
<b>2</b> WOMANCARE CENTER (HRZ) 875 N HERMITAGE ROAD HERMITAGE PA 16148	AMBULATORY SERVICES, PHYSICIAN, IMAGING SERVICES
<b>3</b> MERCER DIAGNOSTICS CENTER (HRZ) 737 GREENVILLE ROAD MERCER PA 16137	AMBULATORY SERVICES
<b>4</b> NEW WILMINGTON DIAGNOSTIC CENTER (HRZ) 565 NESHANNOCK DRIVE NEW WILMINGTON PA 16142	AMBULATORY SERVICES
<b>5</b> OCCUPATIONAL & ENVIRONMENTAL MED (HRZ) 1980 GREEN STREET FARRELL PA 16121	AMBULATORY SERVICES
<b>6</b> OCCUPATIONAL REHABILITATION SERVICES HRZ 2120 LIKENS LANE FARRELL PA 16121	REHABILITATION SERVICES
<b>7</b> OCCUPATIONAL REHABILITATION SERVICES HRZ 26 CONNEAUT LAKE ROAD GREENVILLE PA 16125	REHABILITATION SERVICES
<b>8</b> REGIONAL CENTER FOR SLEEP DISORDERS (HRZ) 1980 GREEN STREET FARRELL PA 16121	AMBULATORY SERVICES
<b>9</b> GREENVILLE MEDICAL CTR FOR RADIOLOGY HRZ 90 SHENANGO STREET GREENVILLE PA 16125	IMAGING SERVICES
<b>10</b> UPMC HORIZON NEW CASTLE ONCOLOGY (HRZ) 2602 WILMINGTON ROAD, STE 101 NEW CASTLE PA 16105	ONCOLOGY SERVICES

Schedule H (Form 990) 2014

**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 HORIZON GREENVILLE ONCOLOGY (HRZ) 103 WOODFIELD DRIVE GREENVILLE PA 16125	ONCOLOGY SERVICES
<b>2</b> UPMC HORIZON PARKSIDE ORTHOPEDICS (HRZ) 1599 N HERMITAGE ROAD HERMITAGE PA 16148	OUTPATIENT SERVICES
<b>3</b> UPMC HORIZON PARKSIDE ORTHOPEDICS (HRZ) 2807 WILMINGTON ROAD NEW CASTLE PA 16105	OUTPATIENT SERVICES
<b>4</b> UPMC HORIZON PAIN MANAGEMENT (HRZ) 30 CONNEAUT LAKE ROAD GREENVILLE PA 16125	OUTPATIENT SERVICES
<b>5</b> UPMC NORTHWEST MRI CENTER (NWH) 1671 ALLEGHENY BLVD RENO PA 16343	IMAGING SERVICES
<b>6</b> MAGEE WOMEN'S SPECIALTY SERVICES AT UPMC 1008 SOUTH FIFTH AVENUE, STE 203 CLARION PA 16214	IMAGING SERVICES
<b>7</b> MAGEE WOMEN'S SPECIALTY SERVICES AT UPMC 1310 LIBERTY STREET FRANKLIN PA 16323	IMAGING SERVICES
<b>8</b> UPMC NORTHWEST CTR FOR WOUND TREATMENT 6885 US HIGHWAY 322, STE 4 FRANKLIN PA 16323	OUTPATIENT SERVICES
<b>9</b> CLARION FAMILY PRACTICE (NWH) 22681 ROUTE 68 CLARION PA 16214	OUTPATIENT SERVICES
<b>10</b> UPMC PASSAVANT-CRANBERRY CAMPUS (PAS) 3 ST FRANCIS WAY CRANBERRY TWP PA 16066	OUTPATIENT SERVICES

Schedule H (Form 990) 2014

**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 PASSAVANT-CRANBERRY CAMPUS (PAS) 20130 ROUTE 19 CRANBERRY TWP PA 16066	OUTPATIENT SERVICES
<b>2</b> UPMC CENTER FOR WOUND HEALING PASSAVANT 2030 MACKENZIE WAY, STE 400 CRANBERRY TWP PA 16066	OUTPATIENT SERVICES
<b>3</b> UPMC HEART AND VASCULAR INSTITUTE PAS 9365 MCKNIGHT ROAD, STE 700 PITTSBURGH PA 15237	OUTPATIENT SERVICES
<b>4</b> UPMC MCKEESPORT CARDIAC REHABILITATION 2001 LINCOLN WAY WHITE OAK PA 15131	OUTPATIENT SERVICES
<b>5</b> CHILDREN'S EAST (CHP) 4055 MOSSIDE BOULEVARD MONROEVILLE PA 15146	OUTPATIENT SERVICES
<b>6</b> CHILDREN'S HOSPITAL WEXFORD (CHP) 11279 PERRY HWY WEXFORD PA 15090	OUTPATIENT SERVICES
<b>7</b> CHILDREN'S HOSPITAL PITTSBURGH (CHP) 3420 FIFTH AVENUE PITTSBURGH PA 15237	OUTPATIENT SERVICES
<b>8</b> UPMC DIGESTIVE HEALTH AND ENDOSCOPY PUH 1000 INTEGRITY DRIVE, STE 110 PITTSBURGH PA 15235	OUTPATIENT SERVICES
<b>9</b> WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 100 N BELLEFIELD AVE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
<b>10</b> WESTERN PSYCH INSTITUTE AND CLINIC PUH 1011 BINGHAM STREET PITTSBURGH PA 15203	OUTPATIENT BEHAVIORAL HEALTH

Schedule H (Form 990) 2014



**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 1835 CENTRE AVENUE PITTSBURGH PA 15219	OUTPATIENT BEHAVIORAL HEALTH
<b>2</b> WESTERN PSYCH INSTITUTE AND CLINIC PUH 2599 WEXFORD BAYNE ROAD, STE 1000 SEWICKLEY PA 15143	OUTPATIENT BEHAVIORAL HEALTH
<b>3</b> WESTERN PSYCH INSTITUTE AND CLINIC PUH 300 HALKET STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
<b>4</b> WESTERN PSYCH INSTITUTE AND CLINIC PUH 310 FISK STREET PITTSBURGH PA 15201	OUTPATIENT BEHAVIORAL HEALTH
<b>5</b> WESTERN PSYCH INSTITUTE AND CLINIC PUH 3501 FORBES AVENUE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
<b>6</b> WESTERN PSYCH INSTITUTE AND CLINIC PUH 378 BURROWS STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
<b>7</b> UPMC PRESBYTERIAN SHADYSIDE PUH 4055 MONROEVILLE BLVD MONROEVILLE PA 15146	OUTPATIENT BEHAVIORAL HEALTH
<b>8</b> WESTERN PSYCH INSTITUTE AND CLINIC PUH 4117 LIBERTY AVENUE PITTSBURGH PA 15224	OUTPATIENT BEHAVIORAL HEALTH
<b>9</b> WESTERN PSYCH INSTITUTE AND CLINIC PUH 6714 KELLY STREET PITTSBURGH PA 15208	OUTPATIENT BEHAVIORAL HEALTH
<b>10</b> UPMC HAMOT CARDIAC FITNESS CENTER (HMT) 3330 PEACH STREET ERIE PA 16508	OUTPATIENT SERVICES

Schedule H (Form 990) 2014

**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> HEART AND VASCULAR INSTITUTE (HMT) 120 EAST 2ND STREET ERIE PA 16507	OUTPATIENT SERVICES
<b>2</b> IMAGING CENTER AT STERLING SQUARE (HMT) 3406 PEACH STREET ERIE PA 16508	IMAGING SERVICES
<b>3</b> UPMC HAMOT WOMEN'S IMAGING (HMT) 104 EAST 1ST STREET ERIE PA 16507	OUTPATIENT SERVICES
<b>4</b> UPMC HAMOT SLEEP DISORDERS CENTER (HMT) 4022 ZUCK RD ERIE PA 16506	OUTPATIENT SERVICES
<b>5</b> UPMC HAMOT SPORTS MEDICINE (HMT) 100 PEACH STREET ERIE PA 16507	OUTPATIENT SERVICES
<b>6</b> UPMC HAMOT INFUSION CENTER (HMT) 215 HOLLAND ST ERIE PA 16507	OUTPATIENT SERVICES
<b>7</b> GREAT LAKES HOME HEALTHCARE (HMT) 1700 PEACH STREET ERIE PA 16501	OUTPATIENT SERVICES
<b>8</b> GREAT LAKES HOSPICE (HMT) 1700 PEACH STREET ERIE PA 16501	OUTPATIENT SERVICES
<b>9</b> UPMC CANCER CENTER INDIANA (EAST) 850 HOSPITAL RD INDIANA PA 15701	ONCOLOGY SERVICES
<b>10</b> UPMC CANCER CENTER JEFFERSON (MAG) 1907 LEBANON CHURCH RD WEST MIFFLIN PA 15122	ONCOLOGY SERVICES

Schedule H (Form 990) 2014

**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 UNIONTOWN (MCK) 100 WOODLAWN AVE, STE 300 UNIONTOWN PA 15401	ONCOLOGY SERVICES
<b>2</b> JOHN P. MURTHA REGIONAL CANCER CENTER 337 SOMERSET ST JOHNSTOWN PA 15901	ONCOLOGY SERVICES
<b>3</b> UPMC BEDFORD ORTHOPEDICS (BDF) 249 HOSPITAL DRIVE, STE 1 EVERETT PA 15537	OUTPATIENT SERVICES
<b>4</b> UPMC MERCY SOUTH SIDE (MER) 2000 MARY STREET PITTSBURGH PA 15203	OUTPATIENT SERVICES
<b>5</b> UPMC PASSAVANT (PAS) ONE ST. FRANCIS WAY CRANBERRY TOWNSHIP PA 16066	OUTPATIENT SERVICES
<b>6</b> UPMC LEMIEUX COMPLEX (PUH) 8000 CRANBERRY SPRINGS DR. CRANBERRY TOWNSHIP PA 16066	OUTPATIENT SERVICES
<b>7</b> REGIONAL HEALTH SERVICES (RHS) 201 STATE STREET ERIE PA 16550	PHYSICIAN SERVICES
<b>8</b> CRANBERRY PLACE (CRN) 5 ST FRANCIS WAY CRANBERRY TOWNSHIP PA 16066	SKILLED NURSING FACILITY
<b>9</b> UPMC HERITAGE SHADYSIDE (HER) 5701 PHILLIPS AVENUE PITTSBURGH PA 15217	SKILLED NURSING FACILITY
<b>10</b> SUGAR CREEK STATION (SCR) 315 CAUSEWAY DRIVE FRANKLIN PA 16323	SKILLED NURSING FACILITY

Schedule H (Form 990) 2014

**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> CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 1604 BURTNER ROAD NATRONA HEIGHTS PA 15065	OUTPATIENT SERVICES
<b>2</b> CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 205 MILLERS RUN ROAD BRIDGEVILLE PA 15017	OUTPATIENT SERVICES
<b>3</b> CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 2619 WEXFORD BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES
<b>4</b> CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 1907 LEBANON CHURCH ROAD WEST MIFFLIN PA 15122	OUTPATIENT SERVICES
<b>5</b>  	
<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

2015 FINANCIAL ASSISTANCE INCOME GUIDELINES

**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.

F/S FINANCIAL 100% PATIENT 0% FINANCIAL 85% PATIENT 15%

ASSISTANCE

1 \$23,340  
 2 \$31,460  
 3 \$39,580  
 4 \$47,700  
 5 \$55,820  
 6 \$63,940  
 7 \$72,060  
 8 \$80,180  
 + \$8,120

ASSISTANCE

\$46,680  
 \$62,920  
 \$79,160  
 \$95,400  
 \$111,640  
 \$127,880  
 \$144,120  
 \$160,360  
 \$16,240

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. 4. MEDICAL

**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.

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 ONLY THE EXPENSES RELATED TO ENTITIES WITHIN THE UPMC GROUP WHO



**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.
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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.

PROVIDE PATIENT CARE. FROM THESE ENTITIES' 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

\$7,450,266,600

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.
- 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.
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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**

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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

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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

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ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART V SECTION D LINE 1

THE UNIVERSITY OF PITTSBURGH PHYSICIANS HAD 606 CLINICAL LOCATIONS AS OF  
JUNE 30, 2015.

PART V SECTION D LINE 2

UPMC COMMUNITY MEDICINE, INC. HAD 247 CLINICAL LOCATIONS AS OF JUNE 30,  
2015.

PART V SECTION D LINE 3

UPMC EMERGENCY MEDICINE, INC. HAD 15 LOCATIONS AS OF JUNE 30, 2015.

PART V SECTION D LINE 4

ERIE PHYSICIAN NETWORK-UPMC INC. HAD 8 LOCATIONS AS OF JUNE 30, 2015.

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PART V SECTION D LINE 97

REGIONAL HEALTH SERVICES HAD 42 LOCATIONS AS OF JUNE 30, 2015.

PART V SECTION D LINE 1 & 3

UNIVERSITY OF PITTSBURGH PHYSICIANS AND EMERGENCY MEDICINE, INC.

COLLECTIVELY OPERATED 10 URGENT CARE CENTERS AS OF JUNE 30, 2015.

PART VI LINE 3 COMMUNICATION OF FINANCIAL ASSISTANCE

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

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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.

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 \$25 BILLION IN FISCAL 2015. UPMC ALSO SUPPORTS MUNICIPALITIES, COUNTIES, AND THE STATE THROUGH APPROXIMATELY \$136 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 TO THE COMMUNITIES UPMC



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SERVES. IN ADDITION, UPMC 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 IS AN INTEGRAL PART OF UPMC'S OVERALL SUPPLY CHAIN MANAGEMENT STRATEGY.

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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 \$104 MILLION IN FISCAL 2015. ENVIRONMENTAL IMPROVEMENTS - UPMC PURSUES A POLICY OF AWARD-WINNING ENVIRONMENTAL RESPONSIBILITY THAT REDUCES ITS ENVIRONMENTAL FOOTPRINT WHILE BUILDING AND GROWING. IN 2014, UPMC EARNED SUSTAINABLE PITTSBURGH'S HIGHEST RECOGNITION LEVEL OF ITS SUSTAINABLE BUSINESS COMPACT; THE EVALUATION PROCESS INCLUDED A COMPREHENSIVE, EXTERNAL PERFORMANCE ASSESSMENT EMPHASIZING THE REGIONAL IMPACT OF SUSTAINABILITY. MANY OF UPMC'S FACILITIES INCLUDE HEALING GARDENS FOR PATIENTS, FAMILIES, AND EMPLOYEES. UPMC PRESBYTERIAN-SHADYSIDE EARNED RECOGNITION BY THE PENNSYLVANIA HORTICULTURAL SOCIETY FOR ITS HEALING GARDENS. 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

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LAWRENCEVILLE LOCATION, THE UPMC PASSAVANT PAVILION, MAGEE WOMENS HOSPITAL OF UPMC'S INPATIENT ADDITION, UPMC'S CORPORATE HEADQUARTERS IN 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 BUILDING IN DOWNTOWN PITTSBURGH AND THE NEW SOUTH CAMPUS OF CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC. UPMC ACTIVELY PARTICIPATED IN THE U.S. DEPARTMENT OF ENERGY'S BETTER BUILDING CHALLENGE, AND SHARED CREATIVE ENERGY SAVING STRATEGIES WITH OTHER ORGANIZATIONS. ADDITIONALLY, UPMC PARTICIPATES IN THE GREEN BUILDING ALLIANCES PITTSBURGH 2030 DISTRICT INITIATIVES. A LIGHTING CONTROL DEMONSTRATION PROJECT WAS SHARED WITH THE CITY OF PITTSBURGH, WHICH USED THE INSIGHT AND DEMONSTRATION AS A BASIS TO REVISE MUNICIPAL-LAW REGULATING PUBLIC PARKING GARAGE LIGHTING PERFORMANCE REQUIREMENTS FOR IMPROVED SAFETY. AS A PARTICIPANT IN THE SUSTAINABLE PITTSBURGH'S GREEN WORKPLACE CHALLENGE, UPMC HOSTED A REGIONAL AIR QUALITY WORKSHOP WITH AN EMPHASIS ON AIR QUALITY IMPROVEMENT THROUGH AIR POLLUTION EXPOSURE REDUCTION AND PREVENTION.

UPMC SECURED A STATE-FUNDED GRANT TO ACQUIRE 27 COMPRESSED NATURAL GAS

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(CNG) EMPLOYEE TRANSIT SHUTTLE BUSES; UPMC'S TRANSITION FROM DIESEL/BIODIESEL TO ALL CNG WILL BE COMPLETE BY 2020. THROUGH MULTIPLE STATE-FUNDED GRANTS, UPMC INSTALLED 21 LEVEL II ELECTRIC VEHICLE CHARGE STATIONS AT HOSPITAL FACILITIES IN SOUTHWESTERN PENNSYLVANIA. UPMC DOES NOT ASSESS A FEE FOR USING EV CHARGE STATIONS ON ITS PROPERTIES. BASED ON OBSERVED ACCESS, MOST OF THE EV CHARGE STATIONS ARE INDICATING INCREASING USAGE.

IN DEMONSTRATING REGIONAL STEWARDSHIP, UPMC ACTIVELY COLLABORATES IN COMMUNITY-BASED INITIATIVES. IN 2015, UPMC EMPLOYEES PARTICIPATED IN EARTH DAY EVENTS INCLUDING A SPRING CLEAN UP IN COLLABORATION WITH THE MOUNT WASHINGTON COMMUNITY DEVELOPMENT CORPORATION. THE UPMC PASSAVANT GREEN TEAM PARTNERED WITH OTHER NON-PROFIT COMMUNITY PARTNERS SUCH AS GLOBAL LINKS, GOODWILL, THE PITTSBURGH CENTER FOR CREATIVE REUSE, AND OTHERS IN THEIR ANNUAL REUSEFEST - TAKING IN NEARLY 12,000 POUNDS OF MATERIAL FOR REUSE. 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

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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 CO-SPONSOR COMMUNITY BASED HOUSEHOLD HAZARDOUS WASTE COLLECTION EVENTS THROUGHOUT THE REGION. UPMC 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 2015, UPMC SUPPORTED 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

**Part VI Supplemental Information**

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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 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. 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. IN 2015, UPMC WAS FORMALLY RECOGNIZED AS ONE

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OF THE TOP MILITARY FRIENDLY® EMPLOYERS IN THE COUNTRY, AND WAS AMONG THE TOP 20 MILITARY FRIENDLY® HEALTH CARE AND PHARMACEUTICAL INDUSTRY EMPLOYERS. 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 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. IN FISCAL YEAR 2015, UPMC, THE UNIVERSITY OF PITTSBURGH, AND CARNEGIE MELLON UNIVERSITY

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ENTERED INTO THE PITTSBURGH HEALTH DATA ALLIANCE, WHICH WILL LEVERAGE BIG DATA TO REVOLUTIONIZE HEALTH CARE AND WELLNESS. INNOVATIONS PRODUCED THROUGH THE ALLIANCE WILL BE SPUN OFF AS COMPANIES, WHICH WILL FURTHER ECONOMIC DEVELOPMENT IN THE REGION. A CENTERPIECE OF UPMC'S WORKFORCE DEVELOPMENT PORTFOLIO, THE ORGANIZATION'S \$100-MILLION MATCHING GRANT TO THE PITTSBURGH PROMISE, ENTERED ITS NINTH YEAR IN FISCAL 2015. UPMC'S COMMITMENT TO THIS PROGRAM HAS HELPED MORE THAN 6,000 STUDENTS FROM THE PITTSBURGH PUBLIC SCHOOLS ATTEND COLLEGE WITH PARTICIPATING STUDENTS DEMONSTRATING POST-SECONDARY EDUCATION RETENTION RATES EQUAL TO OR BETTER THAN NATIONAL AVERAGES.

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 2015. KEY ALLIANCES INCLUDED RELATIONSHIPS



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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 GREATER PITTSBURGH COMMUNITY FOOD BANK; THE UNITED WAY; THE WE CAN!© PROGRAM TO FOSTER YOUTH HEALTH; AND THE INDEPENDENT FOUNDATIONS OF UPMC'S COMMUNITY HOSPITALS. THROUGH PARTICIPATION 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 DISTRESSED COMMUNITIES. ADDITIONALLY, UPMC'S PARTICIPATION IN VARIOUS TAX CREDIT PROGRAMS PROVIDES TUITION AND PROGRAM ASSISTANCE TO STUDENTS FROM PRE-K THROUGH COLLEGE WHO OTHERWISE WOULD NOT HAVE THE FINANCIAL

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RESOURCES TO ATTEND.

UPMC COMPLETED A MAJOR UNDERTAKING IN FISCAL YEAR 2013 TO STRENGTHEN AND BROADEN ITS COMMUNITY INPUT AND PARTNERSHIPS THROUGH THE IRS-MANDATED COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. TO ENSURE THAT UPMC'S COMMUNITY-FOCUSED EFFORTS ARE MOST EFFECTIVELY ADDRESSING THE NEEDS OF THE INDIVIDUALS AND COMMUNITIES IT SERVES, THE ORGANIZATION WORKED WITH COMMUNITY STAKEHOLDERS AND PUBLIC HEALTH EXPERTS TO IDENTIFY COMMUNITY HEALTH NEEDS AND DETERMINE HOW TO COLLABORATE MOST EFFECTIVELY TO ADDRESS THESE NEEDS. UPMC ACTIVELY ENGAGED ITS HOSPITAL BOARDS, ASSEMBLED COMMUNITY ADVISORY GROUPS, AND OBTAINED INPUT DIRECTLY FROM THE COMMUNITIES IT SERVES. THE END RESULT WAS A STRATEGIC PLAN FOR EACH UPMC LICENSED HOSPITAL 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. CHNA REPORTS

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AND STRATEGIC PLANS FOR EACH UPMC HOSPITAL CAN BE FOUND ON UPMC'S

WEBSITE:

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

S-ASSESSMENT.ASPX. IN 2014 AND 2015 UPMC BEGAN THE PROCESS OF IMPLEMENTING EACH HOSPITAL'S STRATEGIC PLAN TO IMPROVE COMMUNITY HEALTH. PROGRAMS AND INITIATIVES FOCUSED ON THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE JUNE 30, 2013 COMMUNITY HEALTH NEEDS ASSESSMENTS INCLUDING: 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. UPMC HOSPITALS' IMPLEMENTATION PLANS 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.

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THE BOARD OF DIRECTORS AT EACH UPMC HOSPITAL REGULARLY MONITORS THE PROGRESS OF THE COMMUNITY HEALTH IMPROVEMENT PLANS. DURING FISCAL YEAR 2014 AND 2015 UPMC HOSPITALS MADE MEASURABLE PROGRESS IN ALL AREAS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENTS. 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 ESTABLISHMENT OF OPERATING INFRASTRUCTURE, 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 AND 2015 INCLUDE: TAKE CARE AND IMMUNIZE CAMPAIGN-A NEW EFFORT TO INCREASE AWARENESS ABOUT THE BENEFITS OF VACCINATIONS, ESPECIALLY IN SCHOOL-AGED CHILDREN. APPROXIMATELY 365,000 INDIVIDUALS WERE REACHED. HEALTH SCREENINGS AND WELLNESS FAIRS - 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.

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HEALTH EDUCATION PROGRAMS TARGETING TRADITIONALLY UNDERSERVED POPULATIONS

-THOUSANDS PARTICIPATED IN EDUCATION PROGRAMS ON TOPICS 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. 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. IN ADDITION, UPMC ESTABLISHED THE AGING

INSTITUTE AT UPMC MCKEESPORT TO OFFER THE COMMUNITY LINKS TO SUPPORT

SERVICES FOR FAMILIES AND CAREGIVERS.

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).

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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

**2014**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule I (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 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" to 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 PO BOX 908 WEXFORD, PA 15090	25-1627978	501(C)3	15,900.				CHARITABLE DONATION
(2) ADVISORY BOARD ON AUTISM AND RELATED DIS 35 WILSON ST PITTSBURGH, PA 15223	25-1760214	501(C)3	7,667.				AUTISM SUPPORT
(3) ALLEGHENY CONF ON COMMUNITY DEVELOPMENT 11 STANWIX STREET PITTSBURGH, PA 15222	25-0965213	501(C)3	293,000.				COMMUNITY DEVEL
(4) ALLEGHENY COUNTY ONE SMITHFIELD STREET PITTSBURGH, PA 15222	25-6001017	GOVERNMENT	14,400.				CHARITABLE DONATION
(5) ALLEGHENY COUNTY MEDICAL SOCIETY 713 RIDGE AVE PITTSBURGH, PA 15213	25-6064355	501(C)3	12,680.				CHARITABLE DONATION
(6) AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)3	124,975.				CANCER RESEARCH
(7) AMERICAN DIABETES ASSOCIATION 100 W STATION SQ DR PGH, PA 15219	13-1623888	501(C)3	52,500.				DIABETES RESEARCH
(8) AMERICAN HEART ASSOCIATION 777 PENN AVE PITTSBURGH, PA 15235	13-5613797	501(C)3	518,250.				HEART DISEASE RES
(9) AMERICAN LUNG ASSOCIATION 810 RIVER AVE PITTSBURGH, PA 15212	25-1825116	501(C)3	10,000.				LUNG DISEASE RES
(10) AMERICAN RED CROSS 225 BLVD OF THE ALLIES PITTSBURGH, PA 15222	25-0965231	501(C)3	10,887.				CHARITABLE DONATION
(11) ANIMAL FRIENDS 562 CAMP HORNE ROAD PITTSBURGH, PA 15237	25-0951565	501(C)3	105,193.				CHARITABLE DONATION
(12) ANIMAL RESCUE LEAGUE 6620 HAMILTON AVENUE PITTSBURGH, PA 15206	25-0325750	501(C)3	6,000.				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 ▶

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

Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
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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 (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) ARTHRITIS FOUNDATION 790 HOLIDAY DRIVE PITTSBURGH, PA 15220	25-0983073	501(C)3	61,250.				ARTHRITIS RESEARCH
(2) ATTACK THEATRE INC 2425 LIBERTY AVE PITTSBURGH, PA 15222	20-1909284	501(C)3	20,000.				CHARITABLE DONATION
(3) AUTISM SPEAKS 8035 MCKNIGHT ROAD PITTSBURGH, PA 15237	20-2329938	501(C)3	7,500.				AUTISM RESEARCH
(4) BEAVER COUNTY EDUCATIONAL TRUST P.O. BOX 216 BEAVER, PA 15009	25-1381854	501(C)3	10,000.				EDUCATION
(5) BEST OF THE BATCH FOUNDATION 2000 WEST STREET MUNHALL, PA 15120	24-1900914	501(C)3	7,600.				CHARITABLE DONATION
(6) BLOOMFIELD LITTLE ITALY DAYS INC 2549 PENN AVE PITTSBURGH, PA 15222	46-0691769	N/A	10,000.				CHARITABLE DONATION
(7) BOROUGH OF GREENVILLE 125 MAIN ST. GREENVILLE, PA 16125	25-6000376	GOVERNMENT	35,000.				CHARITABLE DONATION
(8) BOYS AND GIRLS CLUBS OF WESTERN PA 630 WASHINGTON AVENUE PITTSBURGH, PA 15106	25-1206970	501(C)3	16,000.				COMMUNITY DEVEL
(9) CANCER CARING CENTER 4117 LIBERTY AVE PITTSBURGH, PA 15224	25-1547942	501(C)3	15,250.				CANCER RESEARCH
(10) CARNEGIE INSTITUTE 4400 FORBES AVE PITTSBURGH, PA 15213	25-0965280	501(C)3	63,500.				EDUCATION
(11) CATHOLIC CHARITIES FREE HEALTH CARE CTR 212 NINTH STREET PITTSBURGH, PA 15222	25-1326213	501(C)3	38,500.				CHARITABLE DONATION
(12) CENTRAL CATHOLIC HIGH SCHOOL 4720 5TH AVENUE PITTSBURGH, PA 15213	20-0478989	501(C)3	5,695.				EDUCATION

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Schedule I (Form 990) (2014)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

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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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(1) CHILDRENS HOME OF PITTSBURGH 5324 PENN AVE PITTSBURGH, PA 15224	25-0965292	501(C)3	7,700.				COMMUNITY LEVEL
(2) CHILDREN'S HOSPITAL FOUNDATION 4401 PENN AVENUE PITTSBURGH, PA 15224	25-1865744	501(C)3	251,332.				CHARITABLE DONATION
(3) CHILDRENS MUSEUM OF PGH 10 CHILDREN'S WAY PITTSBURGH, PA 15212	25-1379704	501(C)3	6,000.				COMMUNITY LEVEL
(4) CITY OF FARRELL 500 ROEMER BLVD. FARRELL, PA 16121	25-6000858	GOVERNMENT	36,450.				CHARITABLE DONATION
(5) CITY THEATRE 1300 BINGHAM ST PITTSBURGH, PA 15203	25-1554580	501(C)3	10,000.				CHARITABLE DONATION
(6) CIVIC LIGHT OPERA ASSOC OF GREATER PGH 719 LIBERTY AVE PITTSBURGH, PA 15222	25-6000890	501(C)3	28,000.				CHARITABLE DONATION
(7) COMMUNITY COLLEGE OF ALLEGHENY COUNTY 8701 PERRY HWY PITTSBURGH, PA 15237	25-6075057	GOVERNMENT	8,000.				EDUCATION
(8) COMMUNITY HUMAN SERVICES CORP 374 LAWN ST PITTSBURGH, PA 15213	25-1219610	501(C)3	144,102.				COMMUNITY LEVEL
(9) COMMUNITY LIVER ALLIANCE 612 SHADY OAK CT MARS, PA 16046	46-1909171	501(C)3	55,000.				CHARITABLE DONATION
(10) CRANBERRY TOWNSHIP COMMUNITY CHEST 2525 ROCHESTER ROAD CRANBERRY TWP, PA 16066	25-1484323	501(C)3	25,000.				COMMUNITY LEVEL
(11) CROHNS AND COLITIS FOUNDATION OF AMERICA 580 S AIKEN AVE PITTSBURGH, PA 15232	13-6193105	501(C)3	5,250.				CROHNS & COLITIS RES
(12) CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 20814	25-1155227	501(C)3	22,500.				CYSTIC FIBROSIS RES

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(1) DAPPER DAN CHARITIES 34 BLVD OF THE ALLIES PITTSBURGH, PA 15222	23-7216540	501(C)3	17,500.				CHARITABLE DONATION
(2) DELTA FOUNDATION OF PITTSBURGH 911 GALVESTON AVE PITTSBURGH, PA 15233	23-2874576	501(C)3	35,000.				CHARITABLE DONATION
(3) DEPAUL SCHOOL FOR HEARING AND SPEECH 6202 ALDER ST PITTSBURGH, PA 15206	25-0965321	501(C)3	9,000.				EDUCATION
(4) DOLLAR ENERGY FUND INC PO BOX 42329 PITTSBURGH, PA 15203	25-1442933	501(C)3	12,800.				CHARITABLE DONATION
(5) DORIS DUKE ACADEMY 5150 CENTRE AVENUE PITTSBURGH, PA 15232	25-0965591	501(C)3	10,000.				CHARITABLE DONATION
(6) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)3	220,000.				EDUCATION
(7) EAST LIBERTY FAMILY 6023 HARVARD ST PITTSBURGH, PA 15206	25-1417228	501(C)3	92,500.				CHARITABLE DONATION
(8) EASTERN MINORITY SUPPLIER DEVELOP CO 425 6TH AVE PITTSBURGH, PA 15219	25-1236796	501(C)3	11,600.				CHARITABLE DONATION
(9) EPILEPSY FOUNDATION WESTERN CENTRAL PA 1501 REEDSDALE ST PITTSBURGH, PA 15233	23-7241930	501(C)3	50,000.				EPILEPSY RESEARCH
(10) ERIE COMMUNITY FOUNDATION 459 WEST SIXTH ST ERIE, PA 16507	25-6032032	501(C)3	5,500.				COMMUNITY DEVEL
(11) ERIE PROMOTIONS AND EXPOS INC 5398 B SPIRES DR ERIE, PA 16509	25-1634036	N/A	5,873.				CHARITABLE DONATION
(12) EYE AND EAR FOUNDATION 203 LOTHROP ST PITTSBURGH, PA 15213	25-1439732	501(C)3	10,600.				CHARITABLE DONATION

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<b>(1)</b> FAMILY GUIDANCE INC 307 DUFF ROAD SEWICKLEY, PA 15143	25-1128116	501(C)3	10,000.				COMMUNITY LEVEL
<b>(2)</b> FAMILY HOSPICE AND PALLIATIVE CARE 50 MOFFETT STREET PITTSBURGH, PA 15243	25-1529649	501(C)3	12,300.				CHARITABLE DONATION
<b>(3)</b> FAMILY HOUSE INC 242 MCKEE PLACE PITTSBURGH, PA 15213	25-1519959	501(C)3	129,500.				COMMUNITY LEVEL
<b>(4)</b> FARRELL AREA SCHOOL DISTRICT 1600 ROEMER BLVD FARRELL, PA 16121	76-4325097	GOVERNMENT	35,035.				EDUCATION
<b>(5)</b> FRATERNAL ASSOC OF PROF PARAMEDICS PO BOX 8454 PITTSBURGH, PA 15220	25-1368007	501(C)3	6,000.				CHARITABLE DONATION
<b>(6)</b> GATEWAY MEDICAL SOCIETY 1835 CENTRE AVE PITTSBURGH, PA 15219	02-0704699	501(C)3	37,500.				CHARITABLE DONATION
<b>(7)</b> GREATER PGH COMMUNITY FOOD BANK 1601 BRIGHTON ROAD PITTSBURGH, PA 15212	25-1420599	501(C)3	5,193.				COMMUNITY LEVEL
<b>(8)</b> GREENVILLE AREA SCHOOL DISTRICT 9 DONATION ROAD GREENVILLE, PA 16125	25-6011926	GOVERNMENT	35,100.				EDUCATION
<b>(9)</b> HAIR PEACE CHARITIES 102 CLEVELAND AVENUE PITTSBURGH, PA 15202	56-2524841	501(C)3	7,500.				CHARITABLE DONATION
<b>(10)</b> HAMOT HEALTH FOUNDATION 300 STATE ST ERIE, PA 16507	25-1400999	501(C)3	34,000.				COMMUNITY LEVEL
<b>(11)</b> HERITAGE HEALTH FOUNDATION INC 820 BRADDOCK AVENUE BRADDOCK, PA 15104	25-1442838	501(C)3	60,000.				CHARITABLE DONATION
<b>(12)</b> HILL HOUSE ASSOCIATION 1835 CENTRE AVE PITTSBURGH, PA 15219	25-1146128	501(C)3	75,800.				CHARITABLE DONATION

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(1) HISTORICAL SOC OF W PA 1810 FUNSTON AVE PITTSBURGH, PA 15235	25-6089948	501(C)3	29,500.				COMMUNITY LEVEL
(2) HOME NURSING AGENCY FOUNDATION 201 CHESTNUT AVE ALTOONA, PA 16603	25-1467014	501(C)3	15,000.				COMMUNITY LEVEL
(3) JAMESON HEALTHCARE FOUNDATION 1211 WILMINGTON AVE NEW CASTLE, PA 16105	25-1536037	501(C)3	7,250.				COMMUNITY LEVEL
(4) JEWISH FEDERATION OF GREATER PITTSBURGH 234 MCKEE PLACE PITTSBURGH, PA 15213	25-1017602	501(C)3	50,000.				COMMUNITY LEVEL
(5) JUNIOR ACHIEVEMENT 1 EDUCATION WAY COLORADO SPRINGS, CO 80906	25-0983059	501(C)3	11,750.				COMMUNITY LEVEL
(6) JUVENILE DIABETES RESEARCH FOUNDATION 960 PENN AVE PITTSBURGH, PA 15222	23-1907729	501(C)3	42,500.				DIABETES RESEARCH
(7) KIDS VOICE 437 GRANT STREET PITTSBURGH, PA 15219	25-0983060	501(C)3	6,500.				CHARITABLE DONATION
(8) LADIES HOSPITAL AID SOCIETY 200 LOTHROP STREET PITTSBURGH, PA 15213	23-7257527	501(C)3	208,750.				CHARITABLE DONATION
(9) LAROCHE COLLEGE 9000 BARCOCK BLVD PITTSBURGH, PA 15237	25-1125048	501(C)3	6,200.				EDUCATION
(10) LAWRENCEVILLE CORP 100 43RD ST PITTSBURGH, PA 15201	25-0983059	501(C)3	7,500.				CHARITABLE DONATION
(11) LAWRENCEVILLE UNITED INC 4839 BUTLER STREET PITTSBURGH, PA 15201	23-3070601	501(C)3	8,000.				CHARITABLE DONATION
(12) LUMINARI INC 219 RICHLAND LN PITTSBURGH, PA 15208	26-4196781	501(C)3	15,000.				CHARITABLE DONATION

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(1) MAGEE WOMEN'S RESEARCH INSTITUTE & FDN 3339 WARD ST PITTSBURGH, PA 15213	25-1462312	501(C)3	2,610,000.				EDUCATION & RES
(2) MARCH OF DIMES 5168 CAMPBELLS RUN RD PITTSBURGH, PA 15205	13-1846366	501(C)3	7,500.				CHARITABLE DONATION
(3) MARIO LEMIEUX FOUNDATION 816 FIFTH AVENUE PITTSBURGH, PA 15219	23-1708231	501(C)3	87,500.				CHARITABLE DONATION
(4) MATTRESS FACTORY LTD 500 SAMPSONIA WAY PITTSBURGH, PA 15212	25-1338941	501(C)3	10,000.				CHARITABLE DONATION
(5) MCKEESPORT HOSPITAL FOUNDATION 1500 FIFTH AVENUE PITTSBURGH, PA 15132	25-1380418	501(C)3	19,980.				HEALTH CARE SUPPORT
(6) HERITAGE VALLEY BEAVER FOUNDATION 420 ROUSER ROAD MOON TOWNSHIP, PA 15108	25-1441516	501(C)3	34,564.				COMMUNITY DEVEL
(7) MENTORING PARTNERSHIP OF SOUTHWESTERN PA 1901-15 CENTRE AVE PITTSBURGH, PA 15219	23-2876447	501(C)3	39,260.				COMMUNITY DEVEL
(8) MIGHTY PENGUINS SLED HOCKEY INC 123 DUNEDIN DR CHESWICK, PA 15024	25-5095701	501(C)3	15,000.				CHARITABLE DONATION
(9) MON YOUGH CHAMBER OF COMMERCE 201 LYSE BLVD MCKEESPORT, PA 15132	23-2917105	501(C)6	5,670.				CHARITABLE DONATION
(10) MONROEVILLE AREA CHAMBER OF COMMERCE 2790 MOSSIDE BLVD MONROEVILLE, PA 15146	25-1293687	501(C)6	5,340.				CHARITABLE DONATION
(11) MT ARARAT COMMUNITY ACTIVITY CENTER 271 PAULSON AVENUE PITTSBURGH, PA 15206	25-1628168	501(C)3	10,500.				CHARITABLE DONATION
(12) MUNICIPALITY OF MONROEVILLE 2700 MONROEVILLE BLVD MONROEVILLE, PA 15146	25-6004094	GOVERNMENT	10,500.				CHARITABLE DONATION

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<b>(1)</b> NAMI 4721 MCKNIGHT ROAD PITTSBURGH, PA 15237	25-1477291	501(C)3	21,250.				CHARITABLE DONATION
<b>(2)</b> NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	13-1673104	501(C)3	22,400.				KIDNEY DISEASE RES
<b>(3)</b> NATL ASSOC ADVANCEMENT OF COLORED PEOPLE 2203 WYLIE AVE PITTSBURGH, PA 15219	25-6086867	501(C)3	8,500.				CHARITABLE DONATION
<b>(4)</b> NATL OVARIAN CANCER COALITION 6507 WILKINS AVENUE PITTSBURGH, PA 15217	65-0628064	501(C)3	20,500.				OVARIAN CANCER RES
<b>(5)</b> NEGRO EDUCATIONAL EMERGENCY DRIVE 332 FIFTH AVENUE PITTSBURGH, PA 15222	25-6070821	501(C)3	20,000.				CHARITABLE DONATION
<b>(6)</b> NEW PITTSBURGH COURIER PUBLISHING CO INC 315 E CARSON ST PITTSBURGH, PA 15219	25-1181398	501(C)3	10,000.				CHARITABLE DONATION
<b>(7)</b> NIGHTINGALE AWARDS OF PA 185 WEST CRESTLYN DRIVE YORK, PA 17402	23-2567118	501(C)3	7,500.				CHARITABLE DONATION
<b>(8)</b> OAKLAND BUSINESS IMPROVEMENT DISTRICT 235 ATWOOD ST PITTSBURGH, PA 15213	25-6000879	501(C)3	77,000.				CHARITABLE DONATION
<b>(9)</b> OAKLAND TRANSPORTATION MGMT ASSOC 235 ATWOOD STREET PITTSBURGH, PA 15213	25-1701562	501(C)3	7,500.				CHARITABLE DONATION
<b>(10)</b> OPERA THEATER OF PGH INC PO BOX 11018 PITTSBURGH, PA 15232	25-1342994	501(C)3	10,000.				CHARITABLE DONATION
<b>(11)</b> OREF 6300 N RIVER RD ROSEMONT, IL 60019	36-6009467	501(C)3	10,000.				CHARITABLE DONATION
<b>(12)</b> OUR CLUBHOUSE 2816 SMALLMAN STREET PITTSBURGH, PA 15222	25-1845284	501(C)3	17,500.				CHARITABLE DONATION

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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) OUR HEARTS TO YOUR SOLES 1704 CHESTNUT CT SEWICKLEY, PA 15143	43-2063268	501(C)3	10,000.				CHARITABLE DONATION
(2) PA BASEBALL AND SOFTBALL COACHES CLINIC P.O. BOX 1752 MEDIA, PA 19063	23-1967414	501(C)3	7,000.				CHARITABLE DONATION
(3) PA FOP 100TH LLC 1428 BANKSVILLE ROAD PITTSBURGH, PA 15216	25-0900023	501(C)3	15,000.				CHARITABLE DONATION
(4) PA GERIATRICS SOCIETY 713 RIDGE AVE PITTSBURGH, PA 15213	25-1650976	501(C)3	6,000.				CHARITABLE DONATION
(5) PA HEALTH CARE QUALITY ALLIANCE PO BOX 15896 PHILADELPHIA, PA 19103	26-3850733	501(C)3	25,000.				CHARITABLE DONATION
(6) PASSAVANT HOSPITAL FOUNDATION 9100 BABCOCK BOULEVARD PITTSBURGH, PA 15237	25-1407815	501(C)3	206,914.				COMMUNITY DEVEL
(7) PENN STATE UNIVERSITY 17 OLD MAIN UNIVERSITY PARK, PA 16802	25-1500292	501(C)3	8,500.				EDUCATION
(8) PENNSYLVANIA RESOURCE COUNCIL 64 S. 14TH STREET PITTSBURGH, PA 15203	23-6403971	501(C)3	14,000.				CHARITABLE DONATION
(9) PEOPLES OAKLAND 3433 BATES ST PITTSBURGH, PA 15213	23-7407933	501(C)3	34,102.				CHARITABLE DONATION
(10) PERSAD CENTER INC 5150 PENN AVE PITTSBURGH, PA 15224	25-1234680	501(C)3	40,000.				CHARITABLE DONATION
(11) PGH METRO AREA HISPANIC CHAMBER COMMERCE 6 LOOP STREET PITTSBURGH, PA 15215	20-0734226	501(C)3	10,000.				CHARITABLE DONATION
(12) PHN FOUNDATION 62-66 E STATE STREET SHARON, PA 16146	41-2188011	501(C)3	30,000.				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) (2014)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**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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<b>(1)</b> PITTSBURGH ACTION AGAINST RAPE 81 SOUTH 19TH STREET PITTSBURGH, PA 15203	25-1253675	501(C)3	5,500.				CHARITABLE DONATION
<b>(2)</b> PITTSBURGH ARTS AND LECTURES 301 S. CRAIG STREET PITTSBURGH, PA 15213	25-1657947	501(C)3	12,500.				CHARITABLE DONATION
<b>(3)</b> PITTSBURGH BALLET THEATRE INC 2900 LIBERTY AVE PITTSBURGH, PA 15201	23-7101094	501(C)3	36,500.				CHARITABLE DONATION
<b>(4)</b> PITTSBURGH FELLOWS 405 FREDERICK AVENUE SEWICKLEY, PA 15143	36-4618424	501(C)3	7,500.				CHARITABLE DONATION
<b>(5)</b> PITTSBURGH FILMMAKERS 477 MELWOOD AVE PITTSBURGH, PA 15213	25-1229210	501(C)3	10,000.				CHARITABLE DONATION
<b>(6)</b> PITTSBURGH IRISH AND CLASSICAL THEATRE PO BOX 23607 PITTSBURGH, PA 15222	23-2874694	501(C)3	10,000.				CHARITABLE DONATION
<b>(7)</b> PITTSBURGH OPERA 2425 LIBERTY AVE PITTSBURGH, PA 15222	25-1073139	501(C)3	13,500.				COMMUNITY DEVELOPMEN
<b>(8)</b> PITTSBURGH PUBLIC THEATER CORP 621 PENN AVE PITTSBURGH, PA 15222	23-7398683	501(C)3	10,000.				CHARITABLE DONATION
<b>(9)</b> PITTSBURGH SOCIAL VENTURE PARTNERS P.O. BOX 95 ALLISON PARK, PA 15101	25-1893152	501(C)3	15,000.				CHARITABLE DONATION
<b>(10)</b> PITTSBURGH STEELWHEELERS 83 WESTMINSTER PL PITTSBURGH, PA 15209	25-1358502	501(C)3	15,000.				CHARITABLE DONATION
<b>(11)</b> PITTSBURGH SYMPHONY 600 PENN AVENUE PITTSBURGH, PA 15222	25-0986052	501(C)3	10,000.				CHARITABLE DONATION
<b>(12)</b> PITTSBURGH THREE RIVERS MARATHON 310 GRANT ST PITTSBURGH, PA 15219	26-2524046	501(C)3	10,000.				CHARITABLE DONATION

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(1) PITTSBURGH WINE FESTIVAL LLC 1 PNC CTR PITTSBURGH, PA 15222	20-3730209	N/A	50,000.				CHARITABLE DONATION
(2) POISE FOUNDATION 2228 WYLIE AVE PITTSBURGH, PA 15219	25-1303426	501(C)3	30,500.				CHARITABLE DONATION
(3) POSSIBLE MISSIONS INC 16516 EL CAMINO REAL 126 HOUSTON, TX 77602	76-0677748	501(C)3	12,000.				CHARITABLE DONATION
(4) POWER 7445 CHURCH ST PITTSBURGH, PA 15218	25-1643651	501(C)3	6,667.				CHARITABLE DONATION
(5) PRESBYTERIAN SENIOR CARE 1215 HULTON RD OAKMONT, PA 15139	25-1495780	501(C)3	7,500.				CHARITABLE DONATION
(6) PRESQUE ISLE PARTNERSHIP 301 PENNINSULA DR ERIE, PA 16505	25-1737521	501(C)3	10,000.				CHARITABLE DONATION
(7) QUANTUM THEATRE 218 N HIGHLAND AVE PITTSBURGH, PA 15206	25-1760895	501(C)3	25,000.				CHARITABLE DONATION
(8) RACER PRODUCTIONS INC 122 VISTA DEL RIO DR MORGANTOWN, WV 26508	55-0701274	N/A	45,000.				CHARITABLE DONATION
(9) REAL TIMES WHOS WHO PUBLISHING LLC 3700 CORPORATE DRIVE COLUMBUS, OH 43231	26-4163198	N/A	10,000.				CHARITABLE DONATION
(10) REHABILITATION AND COMMUNITY PROV ASSOC 2101 N FRONT ST HARRISBURG, PA 17110	22-2839539	501(C)3	18,000.				COMMUNITY DEVEL
(11) SERVICE ACCESS & MANAGEMENT INC/BEHAVIORAL 227 NORTH FIFTH STREET READING, PA 19601	23-2735283	501(C)3	25,962.				CHARITABLE DONATION
(12) SHADYSIDE CHAMBER OF COMMERCE 5541 WALNUT ST PITTSBURGH, PA 15232	25-1373067	501(C)6	5,350.				CHARITABLE DONATION

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Schedule I (Form 990) (2014)

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(1) SHENANGO VALLEY CHAMBER OF COMMERCE 41 CHESTNUT AVENUE SHARON, PA 16146	25-1039261	501(C)6	9,585.				CHARITABLE DONATION
(2) SILK SCREEN ASIAN AMERICAN 424 SOUTH 27TH ST PITTSBURGH, PA 15203	20-2602704	501(C)3	15,000.				CHARITABLE DONATION
(3) SMART FUTURES 401 WOOD ST PITTSBURGH, PA 15222	30-0263715	501(C)3	15,000.				CHARITABLE DONATION
(4) SOJOURNER HOUSE 5460 PENN AVENUE PITTSBURGH, PA 15206	25-1737004	501(C)3	10,000.				CHARITABLE DONATION
(5) ST ANTHONY CHARITABLE FOUNDATION 2000 CORPORATE DRIVE WEXFORD, PA 15090	25-0986055	501(C)3	6,250.				CHARITABLE DONATION
(6) ST MARGARET FOUNDATION 815 FREEPORT ROAD PITTSBURGH, PA 15215	25-1520340	501(C)3	7,500.				CHARITABLE DONATION
(7) ST PAUL HOMES 339 E JAMESTOWN RD GREENVILLE, PA 16125	25-0773080	501(C)3	10,451.				CHARITABLE DONATION
(8) STEEL CITY DRAGON BOAT ASSOC INC 326 MARBERRY DRIVE PITTSBURGH, PA 15216	20-2353564	501(C)3	7,500.				CHARITABLE DONATION
(9) SUSAN G. KOMEN PITTSBURGH AFFILIATE 1133 S BRADDOCK AVE PGH, PA 15218	75-1835298	501(C)3	53,500.				CHARITABLE DONATION
(10) T CONN SPORTS INC 528 SKYLINE DRIVE BELLE VERNON, PA 15012	22-3902543	N/A	16,000.				CHARITABLE DONATION
(11) THE AMERICAN IRELAND FUND 1133 PROSPECT ROAD PITTSBURGH, PA 15227	25-1306992	501(C)3	25,000.				CHARITABLE DONATION
(12) THE CENTER THAT C A R E S 2701 CENTRE AVENUE PITTSBURGH, PA 15219	25-1823715	501(C)3	25,000.				CHARITABLE DONATION

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(1) THE CHAMBER OF COMMERCE INC 5000 BROOKTREE RD WEXFORD, PA 15090	25-1374594	501(C)6	10,805.				CHARITABLE DONATION
(2) THE FIRST TEE OF PITTSBURGH 5370 SCHENLEY DRIVE PITTSBURGH, PA 15217	01-0867393	501(C)3	25,000.				CHARITABLE DONATION
(3) THE FRIENDSHIP CIRCLE OF PITTSBURGH INC 5872 NORTHUMBERLAND ST PITTSBURGH, PA 15217	20-8950616	501(C)3	6,800.				CHARITABLE DONATION
(4) THE MIDWIFE CENTER FOR BIRTH AND WOMENS 2825 PENN AVE PITTSBURGH, PA 15222	25-1864282	501(C)3	7,500.				COMMUNITY DEVEL
(5) THE NATIONAL PANCREAS FOUNDATION 647 BOYLSTON ST BOSTON, MA 02116	23-2935929	501(C)3	10,000.				CHARITABLE DONATION
(6) THE REGIONAL OPPORTUNITY CENTER 707 GRANT STREET PITTSBURGH, PA 15219	20-2939474	501(C)3	15,000.				CHARITABLE DONATION
(7) THE SALVATION ARMY 44 SOUTH 9TH STREET PITTSBURGH, PA 15203	58-0660607	501(C)3	10,100.				CHARITABLE DONATION
(8) THE TWENTY FIVE CLUB 204 CRAFT AVENUE PITTSBURGH, PA 15213	25-0965420	501(C)3	15,000.				CHARITABLE DONATION
(9) THE UNITED WAY 1250 PENN AVENUE PITTSBURGH, PA 15230	25-1043578	501(C)3	468,900.				CHARITABLE DONATION
(10) THE WOMEN GIRLS FND OF SOUTHWESTERN PA 100 W STATION SQ DR PITTSBURGH, PA 15219	74-3055311	501(C)3	25,000.				CHARITABLE DONATION
(11) THELMA LOVETE YMCA 2114 CENTRE AVENUE PITTSBURGH, PA 15219	27-2990653	501(C)3	10,000.				CHARITABLE DONATION
(12) THIEL COLLEGE OFFICE OF ADMIN GREENVILLE, PA 16125	25-0965576	501(C)3	7,200.				EDUCATION

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<b>(1)</b> TICKETS FOR KIDS FOUNDATION 139 FREEPORT ROAD PITTSBURGH, PA 15215	02-0559825	501(C)3	13,100.				COMMUNITY LEVEL
<b>(2)</b> PITTSBURGH FELLOWS 405 FREDERICK AVENUE SEWICKLEY, PA 15143	36-4618424	501(C)3	52,000.				CHARITABLE DONATION
<b>(3)</b> TURTLE CREEK VALLEY COG 723 BRADDOCK AVENUE BRADDOCK, PA 15104	25-1250510	501(C)3	10,000.				CHARITABLE DONATION
<b>(4)</b> UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	25-0965591	501(C)3	9,284,523.				EDUCATION
<b>(5)</b> UPMC ALTOONA FOUNDATION 620 HOWARD AVE ALTOONA, PA 16601	23-1352155	501(C)3	10,000.				CHARITABLE DONATION
<b>(6)</b> UPMC CANCER CENTER 5150 CENTRE AVENUE PITTSBURGH, PA 15232	25-0965591	501(C)3	11,000.				CHARITABLE DONATION
<b>(7)</b> UPMC HAMOT AID SOCIETY 201 STATE STREET, ERIE, PA 16550	25-6039041	501(C)3	19,968.				COMMUNITY LEVEL
<b>(8)</b> UPMC HORIZON COMMUNITY HEALTH FOUNDATION 2200 MEMORIAL DRIVE PITTSBURGH, PA 16121	25-0523970	501(C)3	14,202.				COMMUNITY LEVEL
<b>(9)</b> UPTOWN PARTNERS OF PITTSBURGH PO BOX 53074 PITTSBURGH, PA 15219	54-0560925	501(C)3	20,000.				CHARITABLE DONATION
<b>(10)</b> URBAN LEAGUE OF GREATER PGH 610 WOOD STREET PITTSBURGH, PA 15222	25-0965592	501(C)3	31,000.				CHARITABLE DONATION
<b>(11)</b> URBAN REDEVELOPMENT AUTH OF PITTSBURGH 1901 CENTRE AVE PITTSBURGH, PA 15219	25-1644683	501(C)3	10,000.				CHARITABLE DONATION
<b>(12)</b> VENANGO COUNTY 206 SENECA STREET OIL CITY, PA 16301	25-1240475	GOV'T	6,500,000.				DONATED FACILITY

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(1) VETERANS OF FOREIGN WARS OF THE US 471 E CHURCH RD KING OF PRUSSIA, PA 19406	23-2200495	501(C)19	10,000.				CHARITABLE DONATION
(2) VOLUNTEERS OF AMERICA 1650 MAIN STREET PITTSBURGH, PA 15215	23-1932916	501(C)3	12,500.				CHARITABLE DONATION
(3) WESLEY SPECTRUM SERVICES 221 PENN AVE PITTSBURGH, PA 15221	25-1686715	501(C)3	7,500.				CHARITABLE DONATION
(4) WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DR PITTSBURGH, PA 15222	25-1053485	501(C)3	35,000.				CHARITABLE DONATION
(5) WESTERN PSYCHIATRIC INSTITUTE & CLINIC 3811 OHARA ST PITTSBURGH, PA 15213	25-1804746	501(C)3	254,000.				CHARITABLE DONATION
(6) WESTMINSTER COLLEGE 319 S MARKET ST NEW WILMINGTON, PA 16172	25-0981156	501(C)3	5,775.				EDUCATION
(7) WESTMORELAND CHAMBER OF COMMERCE 241 TOLLGATE HILL RD GREENSBURG, PA 15601	25-0523468	501(C)6	5,750.				CHARITABLE DONATION
(8) WHC GLOBAL HEALTH INC 72 FAIR OAKS DR PITTSBURGH, PA 15238	46-4792408	N/A	52,500.				CHARITABLE DONATION
(9) WOODLANDS FOUNDATION 134 SHENOT ROAD WEXFORD, PA 15090	25-1818538	501(C)3	6,000.				CHARITABLE DONATION
(10) WORLD AFFAIRS COUNCIL OF PITTSBURGH 500 GRANT STREET PITTSBURGH, PA 15219	25-1064871	501(C)3	10,000.				CHARITABLE DONATION
(11) WORLD SERIES TOURNAMENTS INC 12 N JEFFERSON AVE CANONSBURG, PA 15317	30-0061092	501(C)3	7,000.				CHARITABLE DONATION
(12) WORLD VISION INC 210 OVERLOOK DRIVE SEWICKLEY, PA 15143	95-1922279	501(C)3	15,000.				CHARITABLE DONATION

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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) WPIAL 615 IRON CITY DRIVE PITTSBURGH, PA 15205	23-1382410	501(C)3	21,050.				COMMUNITY DEVELOPMEN
(2) WQED MULTIMEDIA 4802 FIFTH AVENUE PITTSBURGH, PA 15213	25-1010296	501(C)3	10,000.				CHARITABLE DONATION
(3) YMCA OF GREATER PITTSBURGH 420 FORT DUQUENSE BVLD PITTSBURGH, PA 15222	25-0969497	501(C)3	31,049.				COMMUNITY DEVELOPMEN
(4) YOUTHPLACES 711 WEST COMMONS PITTSBURGH, PA 15212	43-2068912	501(C)3	9,000.				CHARITABLE DONATION
(5) YMCA OF GREATER PITTSBURGH 305 WOOD STREET PITTSBURGH, PA 15222	25-0965639	501(C)3	10,000.				CHARITABLE DONATION
(6) HOME NURSING AGENCY FOUNDATION 201 CHESTNUT AVE ALTOONA, PA 16601	25-1467014	501(C)3	106,354.				CHARITABLE DONATION
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 172.

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

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

Schedule I (Form 990) (2014)

**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, 2015 INCLUSIVE OF AMOUNTS REPORTED ABOVE AND INCLUSIVE OF AMOUNTS PAID BY ALL UPMC ENTITIES IS IN EXCESS OF \$191M.

**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

**2014**

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

**4** During the year, did any person listed in 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 in 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 in 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" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>	X	
<b>9</b>	X	

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

Schedule J (Form 990) 2014



**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 in 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RALPH ALDINGER, DO BOARD MEMBER	(i)	321,326.	22,831.	5,384.	13,000.	16,757.	379,298.	0
	(ii)	0	0	0	0	0	0	0
2 DAVID BAER MD BOARD MEMBER	(i)	247,488.	35,498.	3,489.	20,800.	17,803.	325,078.	0
	(ii)	0	0	0	0	0	0	0
3 BETH CLARK DO BOARD MEMBER	(i)	142,252.	13,514.	324.	6,281.	6,543.	168,914.	0
	(ii)	0	0	0	0	0	0	0
4 NICOLE DEBOLT, DO BOARD MEMBER	(i)	322,250.	0	800.	7,800.	16,350.	347,200.	0
	(ii)	0	0	0	0	0	0	0
5 CHRISTOPHER SAMUEL MD BOARD MEMBER	(i)	457,000.	0	2,399.	18,200.	16,117.	493,716.	0
	(ii)	0	0	0	0	0	0	0
6 MARIO WILFONG CFO AND VP ADMIN	(i)	105,982.	26,595.	306.	8,359.	15,831.	157,073.	0
	(ii)	0	0	0	0	0	0	0
7 ROGER P WINN PRESIDENT	(i)	146,920.	150,000.	91,983.	20,862.	18,020.	427,785.	15,560.
	(ii)	0	0	0	0	0	0	0
8 CANDI CASTLEBERRY-SINGL BOARD VICE CHAIR	(i)	246,878.	125,000.	6,033.	36,827.	15,577.	430,315.	4,245.
	(ii)	0	0	0	0	0	0	0
9 TAMRA MINNIER BOARD MEMBER	(i)	304,545.	325,000.	41,129.	70,308.	14,323.	755,305.	35,500.
	(ii)	0	0	0	0	0	0	0
10 DOUGLAS GARRETSON PRESIDENT	(i)	200,545.	98,000.	2,843.	17,730.	15,184.	334,302.	0
	(ii)	0	0	0	0	0	0	0
11 DONALD GOODMAN TREASURER AND CFO	(i)	159,532.	52,000.	778.	15,257.	18,617.	246,184.	0
	(ii)	0	0	0	0	0	0	0
12 THOMAS INGLESBY MD BOARD CHAIR AND PRES	(i)	355,736.	0	0	0	93,025.	448,761.	0
	(ii)	0	0	0	0	0	0	0
13 ANITA CICERO BOARD MEMBER, SEC AND TREAS	(i)	325,944.	0	1,093.	18,200.	3,600.	348,837.	0
	(ii)	0	0	0	0	0	0	0
14 NICHOLAS BARCELLONA TREASURER AND CFO	(i)	144,670.	105,000.	240.	12,300.	17,360.	279,570.	0
	(ii)	0	0	0	0	0	0	0
15 CHRISTOPHER A GESSNER PRESIDENT	(i)	421,316.	310,000.	22,824.	70,220.	18,931.	843,291.	17,500.
	(ii)	0	0	0	0	0	0	0
16 KIMBERLY MOSES BOARD SECRETARY	(i)	116,231.	37,000.	351.	5,646.	7,078.	166,306.	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	ANDREW NOWALK BOARD MEMBER	(i)	74,348.	28,701.	44,475.	7,356.	2,689.	157,569.	0
		(ii)	0	0	0	0	0	0	0
2	JAMES GAVIN PRESIDENT	(i)	290,478.	259,500.	39,917.	55,362.	18,263.	663,520.	31,215.
		(ii)	0	0	0	0	0	0	0
3	JAMES GIAMMARCO CHIEF FINANCIAL OFFICER	(i)	155,886.	92,333.	1,190.	16,496.	9,315.	275,220.	0
		(ii)	0	0	0	0	0	0	0
4	KENNETH NASH MD BOARD MEMBER	(i)	83,301.	59,282.	952.	10,965.	1,044.	155,544.	0
		(ii)	0	0	0	0	0	0	0
5	CLAUDIA ROTH PHD BOARD MEMBER	(i)	600,418.	240,000.	116,167.	20,823.	10,831.	988,239.	97,622.
		(ii)	0	0	0	0	0	0	0
6	STACEY ARMSTRONG FORMER VICE PRESIDENT	(i)	177,185.	46,000.	560.	15,460.	15,766.	254,971.	0
		(ii)	0	0	0	0	0	0	0
7	RANDALL KOLB MD BOARD MEMBER AND PRESIDENT	(i)	188,898.	0	5,291.	15,362.	15,377.	224,928.	0
		(ii)	0	0	0	0	0	0	0
8	ROBERT BLOSAT BOARD MEMBER, VP AND COO	(i)	389,077.	229,167.	34,175.	72,930.	21,015.	746,364.	29,425.
		(ii)	0	0	0	0	0	0	0
9	ROBERT B DEVLIN ESQ BOARD SECRETARY	(i)	168,978.	84,000.	2,326.	17,760.	22,558.	295,622.	0
		(ii)	0	0	0	0	0	0	0
10	FRANCIS SOLANO MD BOARD MEMBER AND PRESIDENT	(i)	557,263.	280,000.	27,867.	45,502.	19,318.	929,950.	25,101.
		(ii)	0	0	0	0	0	0	0
11	DEBORAH S BRODINE BOARD MEMBER AND PRESIDENT	(i)	267,550.	270,000.	21,879.	49,632.	21,214.	630,275.	20,625.
		(ii)	0	0	0	0	0	0	0
12	STEPHEN NIMMO ESQ BOARD MEMBER AND SECRETARY	(i)	266,605.	226,000.	75,850.	61,690.	20,141.	650,286.	27,310.
		(ii)	0	0	0	0	0	0	0
13	JEROME SHAFFER BOARD MEMBER TREASURER AND CFO	(i)	187,146.	105,000.	1,323.	19,600.	15,588.	328,657.	0
		(ii)	0	0	0	0	0	0	0
14	DANIEL GRANT VICE PRES AND COO	(i)	0	0	0	0	0	0	0
		(ii)	169,902.	71,000.	1,553.	16,142.	16,681.	275,278.	0
15	DAVID A NACE MD BOARD MEMBER	(i)	117,742.	26,569.	44,240.	11,546.	1,090.	201,187.	0
		(ii)	0	0	0	0	0	0	0
16	WILLIAM A NIGRO TREASURER AND CFO	(i)	0	0	0	0	0	0	0
		(ii)	125,572.	18,000.	140.	10,170.	6,852.	160,734.	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	BRYANT WESLEY ESQ SECRETARY	(i) 146,112.	(ii) 73,500.	(iii) 454.	12,088.	5,795.	237,949.	0
	(ii)	0	0	0	0	0	0	0
2	BRYAN DONOHUE MD BOARD MEMBER AND PRESIDENT	(i) 648,706.	(ii) 68,458.	(iii) 10,260.	20,800.	22,160.	770,384.	0
	(ii)	0	0	0	0	0	0	0
3	TIMOTHY GAUL BOARD MEMBER	(i) 252,177.	(ii) 0	(iii) 2,367.	20,292.	15,112.	289,948.	0
	(ii)	0	0	0	0	0	0	0
4	KOTAYYA KONDAVEETI MD BOARD MEMBER	(i) 450,000.	(ii) 0	(iii) 0	0	0	450,000.	0
	(ii)	0	0	0	0	0	0	0
5	TAMRA MINTON BOARD SECRETARY	(i) 158,284.	(ii) 45,000.	(iii) 1,393.	10,646.	6,777.	222,100.	0
	(ii)	0	0	0	0	0	0	0
6	RAJESH SEHGAL BOARD MEMBER	(i) 373,414.	(ii) 0	(iii) 351.	7,800.	15,509.	397,074.	0
	(ii)	0	0	0	0	0	0	0
7	MARK SEVCO PRESIDENT	(i) 267,330.	(ii) 215,000.	(iii) 17,332.	53,124.	21,316.	574,102.	16,332.
	(ii)	0	0	0	0	0	0	0
8	ROBERT VOINCHET BOARD MEMBER	(i) 240,924.	(ii) 195,000.	(iii) 76,393.	45,962.	22,602.	580,881.	74,525.
	(ii)	0	0	0	0	0	0	0
9	COLLEEN BRENNAN TREASURER AND CFO	(i) 177,831.	(ii) 63,000.	(iii) 1,345.	17,280.	19,100.	278,556.	0
	(ii)	0	0	0	0	0	0	0
10	TERRENCE LEWIS ESQ SECRETARY	(i) 135,967.	(ii) 43,500.	(iii) 267.	11,242.	8,594.	199,570.	0
	(ii)	0	0	0	0	0	0	0
11	PAUL MARK PARIS MD BOARD MEMBER	(i) 142,500.	(ii) 450.	(iii) 2,408.	11,439.	926.	157,723.	0
	(ii)	0	0	0	0	0	0	0
12	RICHARD WADAS MD BOARD MEMBER AND PRESIDENT	(i) 461,515.	(ii) 121,725.	(iii) 4,600.	10,400.	17,336.	615,576.	0
	(ii)	0	0	0	0	0	0	0
13	PHILIP M CACCHIONE BOARD CHAIR AND PRESIDENT	(i) 426,109.	(ii) 2,500.	(iii) 95,628.	20,800.	16,492.	561,529.	0
	(ii)	0	0	0	0	0	0	0
14	SHERYL KASHUBA ESQ SECRETARY AND CLO	(i) 217,289.	(ii) 149,000.	(iii) 4,362.	35,161.	8,986.	414,798.	2,868.
	(ii)	0	0	0	0	0	0	0
15	SCOTT LAMMIE BOARD MEMBER, TREASURER AND CF	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii)	411,588.	420,000.	23,731.	165,595.	22,838.	1,043,752.	17,500.
16	JOHN LOVELACE BOARD MEMBER AND PRESIDENT	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii)	343,724.	310,000.	28,080.	74,606.	12,444.	768,854.	17,500.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHEN PERKINS MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	306,773.	176,000.	21,681.	49,209.	21,480.	575,143.	8,660.
2 V. JAMES FIORENZO PRESIDENT	(i)	371,583.	206,000.	48,402.	62,148.	16,752.	704,885.	41,090.
	(ii)	0	0	0	0	0	0	0
3 STEPHEN DANCH TREASURER AND CFO	(i)	285,194.	93,500.	21,682.	29,701.	16,041.	446,118.	7,776.
	(ii)	0	0	0	0	0	0	0
4 PHILIP FREEMAN PRESIDENT	(i)	187,583.	30,094.	10,841.	14,141.	18,035.	260,694.	0
	(ii)	0	0	0	0	0	0	0
5 ELEANOR MEDVED BOARD MEMBER	(i)	155,366.	93,000.	776.	14,560.	16,852.	280,554.	0
	(ii)	0	0	0	0	0	0	0
6 ROBERT PACKER PRESIDENT	(i)	371,300.	35,856.	21,537.	57,200.	2,261.	488,154.	0
	(ii)	0	0	0	0	0	0	0
7 GREGG LAVERICK CHIEF FINANCIAL OFFICER	(i)	203,987.	16,800.	814.	46,385.	741.	268,727.	0
	(ii)	0	0	0	0	0	0	0
8 DIANA WOY BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	136,561.	1,957.	224.	32,183.	6,252.	177,177.	0
9 REBECCA WILLNECKER BOARD MEMBER	(i)	216,239.	0	2,409.	26,816.	421.	245,885.	0
	(ii)	0	0	0	0	0	0	0
10 TULLIO ESTRADA MD BOARD MEMBER	(i)	521,878.	0	11,354.	18,200.	18,444.	569,876.	0
	(ii)	0	0	0	0	0	0	0
11 DONALD OWREY PRESIDENT	(i)	219,478.	150,000.	18,382.	42,713.	18,541.	449,114.	2,240.
	(ii)	0	0	0	0	0	0	0
12 ROY J SARTORI DO BOARD MEMBER	(i)	257,313.	33,539.	2,000.	13,000.	14,797.	320,649.	0
	(ii)	0	0	0	0	0	0	0
13 THOMAS BURICH PRESIDENT	(i)	142,858.	9,800.	1,383.	15,378.	5,920.	175,339.	0
	(ii)	0	0	0	0	0	0	0
14 EDWARD MARINZEL BOARD MEMBER	(i)	193,394.	80,000.	15,486.	30,586.	20,717.	340,183.	11,674.
	(ii)	0	0	0	0	0	0	0
15 JOHN KUZMISHIN BOARD MEMBER, TREAS, SEC & CFO	(i)	358,079.	275,800.	16,371.	74,413.	6,699.	731,362.	14,703.
	(ii)	0	0	0	0	0	0	0
16 CAREY ANDREW-JAJA BOARD MEMBER	(i)	352,624.	0	9,616.	20,800.	17,477.	400,517.	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	RICHARD BEIGI MD BOARD MEMBER	(i) 122,205.	(ii) 59,250.	(iii) 321.	12,735.	1,379.	195,890.	0
		(ii) 0	0	0	0	0	0	0
2	LESLIE C DAVIS BOARD MEMBER AND PRESIDENT	(i) 542,289.	(ii) 420,000.	(iii) 120,274.	123,548.	19,353.	1,225,464.	116,173.
		(ii) 0	0	0	0	0	0	0
3	AMY BUSH BOARD SECRETARY	(i) 161,146.	(ii) 55,000.	(iii) 314.	12,145.	6,769.	235,374.	0
		(ii) 0	0	0	0	0	0	0
4	JOSE CABALLE MD BOARD MEMBER	(i) 318,184.	(ii) 1,572.	(iii) 9,997.	15,363.	2,969.	348,085.	0
		(ii) 0	0	0	0	0	0	0
5	CYNTHIA DORUNDO FORMER PRESIDENT	(i) 175,212.	(ii) 205,000.	(iii) 112,668.	10,145.	18,055.	521,080.	15,966.
		(ii) 0	0	0	0	0	0	0
6	SANDY RADER BOARD MEMBER	(i) 201,367.	(ii) 119,000.	(iii) 1,392.	18,748.	19,237.	359,744.	377.
		(ii) 0	0	0	0	0	0	0
7	CHRISTOPHER STOCKHAUSEN TREASURER AND CFO	(i) 128,087.	(ii) 65,000.	(iii) 582.	11,550.	7,149.	212,368.	0
		(ii) 0	0	0	0	0	0	0
8	MERLE TAYLOR FORMER BOARD SECRETARY	(i) 146,473.	(ii) 55,000.	(iii) 302.	7,108.	16,260.	225,143.	0
		(ii) 0	0	0	0	0	0	0
9	WILLIAM COOK BOARD MEMBER AND PRESIDENT	(i) 395,187.	(ii) 310,000.	(iii) 17,280.	66,518.	22,968.	811,953.	16,275.
		(ii) 0	0	0	0	0	0	0
10	JOHN MCKEATING MD BOARD MEMBER	(i) 355,510.	(ii) 43,772.	(iii) 3,395.	13,000.	17,897.	433,574.	0
		(ii) 0	0	0	0	0	0	0
11	RANDALL BOGCESS BOARD MEMBER	(i) 352,172.	(ii) 42,171.	(iii) 4,600.	10,400.	16,129.	425,472.	0
		(ii) 0	0	0	0	0	0	0
12	DAVID GIBBONS BOARD MEMBER AND PRESIDENT	(i) 314,308.	(ii) 205,000.	(iii) 11,379.	49,811.	7,595.	588,093.	9,741.
		(ii) 0	0	0	0	0	0	0
13	DAVID MCCANDLESS MD BOARD MEMBER	(i) 260,665.	(ii) 29,601.	(iii) 3,629.	16,400.	14,795.	325,090.	0
		(ii) 0	0	0	0	0	0	0
14	ROGER MCCAULEY FORMER TREASURER AND CFO	(i) 0	0	(iii) 133,224.	4,000.	767.	137,991.	0
		(ii) 48,874.	0	404.	0	5,727.	55,005.	0
15	JASON ROEBACK FORMER BOARD MEMBER AND PRESID	(i) 269,949.	(ii) 118,319.	(iii) 103,951.	15,122.	14,284.	521,625.	17,377.
		(ii) 0	0	0	0	0	0	0
16	WILLIAM SHAFFNER ESQ BOARD MEMBER	(i) 182,596.	(ii) 89,000.	(iii) 21,001.	34,562.	20,172.	347,331.	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	JAMES W BOYLE MD BOARD MEMBER	(i) 332,261.	(ii) 26,792.	(iii) 3,262.	18,200.	18,955.	399,470.	0
		(ii) 0	0	0	0	0	0	0
2	ERIC CARTWRIGHT BOARD MEMBER	(i) 260,150.	(ii) 180,000.	(iii) 30,429.	63,514.	21,586.	555,679.	25,557.
		(ii) 0	0	0	0	0	0	0
3	DAVID T MARTIN PRESIDENT	(i) 442,534.	(ii) 410,000.	(iii) 71,802.	84,536.	22,439.	1,031,311.	65,225.
		(ii) 0	0	0	0	0	0	0
4	DANIEL R SULLIVAN MD BOARD FIRST VICE CHAIR	(i) 290,000.	(ii) 63,000.	(iii) 59,859.	20,800.	1,962.	435,621.	0
		(ii) 0	0	0	0	0	0	0
5	DONNA JASKO FORMER BOARD MEMBER AND SECRE	(i) 81,317.	(ii) 40,000.	(iii) 80,403.	7,251.	10,119.	219,090.	0
		(ii) 0	0	0	0	0	0	0
6	JOHN INNOCENTI PRESIDENT	(i) 457,108.	(ii) 545,000.	(iii) 82,817.	118,500.	19,787.	1,223,212.	73,425.
		(ii) 0	0	0	0	0	0	0
7	FRANZISKA JOVIN MD BOARD MEMBER	(i) 250,366.	(ii) 53,422.	(iii) 749.	17,390.	17,359.	339,286.	0
		(ii) 0	0	0	0	0	0	0
8	EDWARD T KARLOVICH CFO ACADEMIC COMM HOSPITALS	(i) 369,512.	(ii) 595,000.	(iii) 119,276.	103,031.	20,394.	1,207,213.	66,563.
		(ii) 0	0	0	0	0	0	0
9	EILEEN SIMMONS CHIEF FINANCIAL OFFICER	(i) 219,834.	(ii) 150,000.	(iii) 3,533.	22,589.	10,652.	406,608.	2,813.
		(ii) 0	0	0	0	0	0	0
10	DENNIS SCULLY MD BOARD MEMBER	(i) 230,032.	(ii) 66,342.	(iii) 6,335.	16,400.	14,551.	333,660.	0
		(ii) 0	0	0	0	0	0	0
11	AJAIPAL KANG MD BOARD MEMBER	(i) 851,304.	(ii) 736,304.	(iii) 1,873.	18,200.	25,560.	1,633,241.	0
		(ii) 0	0	0	0	0	0	0
12	NATHAN MOORE MD BOARD MEMBER	(i) 231,988.	(ii) 58,737.	(iii) 19,818.	18,077.	19,884.	348,504.	0
		(ii) 0	0	0	0	0	0	0
13	LYNN RUPP PRESIDENT	(i) 183,491.	(ii) 70,000.	(iii) 576.	14,429.	9,009.	277,505.	0
		(ii) 0	0	0	0	0	0	0
14	BRAD DINGER TREASURER AND CFO	(i) 147,057.	(ii) 19,000.	(iii) 265.	11,717.	14,647.	192,686.	0
		(ii) 0	0	0	0	0	0	0
15	JOHN R CARROLL ASST SEC AND VP ADMIN	(i) 145,312.	(ii) 35,000.	(iii) 2,922.	27,297.	20,156.	230,687.	0
		(ii) 0	0	0	0	0	0	0
16	ALEXANDER J CIOCCA ESQ BOARD SECRETARY	(i) 186,348.	(ii) 134,000.	(iii) 15,635.	32,694.	16,841.	385,518.	13,011.
		(ii) 0	0	0	0	0	0	0

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EDWARD J DONNELLY III M BOARD MEMBER	(i)	283,303.	0	7,974.	20,800.	14,555.	326,632.	0
	(ii)	0	0	0	0	0	0	0
2 SANDRA MCANALLEN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	344,692.	310,000.	24,770.	65,012.	12,398.	756,872.	15,488.
3 THOMAS NEWMAN ASST TREASURER AND CFO	(i)	167,750.	122,287.	940.	16,450.	19,453.	326,880.	0
	(ii)	0	0	0	0	0	0	0
4 DAVID PATTON PRESIDENT	(i)	208,080.	130,000.	540.	33,363.	14,933.	386,916.	0
	(ii)	0	0	0	0	0	0	0
5 VALERIE C TROTT BOARD MEMBER	(i)	214,305.	150,000.	8,906.	32,193.	2,938.	408,342.	7,961.
	(ii)	0	0	0	0	0	0	0
6 NANCI CASE BOARD VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	177,536.	71,000.	1,589.	14,515.	2,112.	266,752.	0
7 RICH BONDI TREASURER AND CFO	(i)	150,135.	57,000.	309.	12,729.	16,041.	236,214.	0
	(ii)	0	0	0	0	0	0	0
8 STANLEY MARKS MD BOARD CHAIR	(i)	1,127,371.	170,000.	91,827.	247,824.	17,911.	1,654,933.	70,713.
	(ii)	930,805.	0	0	0	0	930,805.	0
9 LOUIS ALARCON BOARD MEMBER AND MEDICAL DIREC	(i)	248,656.	170,829.	55,454.	18,200.	4,445.	497,584.	0
	(ii)	0	0	0	0	0	0	0
10 DEREK ANGUS MD BOARD MEMBER AND DEPT CHAIR	(i)	365,000.	164,909.	2,665.	20,800.	3,503.	556,877.	0
	(ii)	0	0	0	0	0	0	0
11 K TY BAE MD BOARD MEMBER AND DEPT CHAIR	(i)	362,763.	223,720.	23,216.	18,206.	4,663.	632,568.	0
	(ii)	0	0	0	0	0	0	0
12 TIMOTHY ROBERT BILLIAR BOARD SECRETARY AND DEPT CHAIR	(i)	448,555.	315,564.	25,199.	29,438.	6,580.	825,336.	0
	(ii)	0	0	0	0	0	0	0
13 MICHAEL BONINGER MD BOARD MEMBER AND DEPT CHAIR	(i)	156,156.	125,000.	18,914.	31,144.	2,856.	334,070.	0
	(ii)	0	0	0	0	0	0	0
14 GREGORY BUMP MD BOARD MEMBER	(i)	127,344.	50,504.	53,016.	12,546.	2,426.	245,836.	0
	(ii)	0	0	0	0	0	0	0
15 ROBERT P EDWARDS BOARD MEMBER	(i)	336,166.	140,000.	5,090.	18,200.	4,443.	503,899.	0
	(ii)	0	0	0	0	0	0	0
16 ANN EVANS CHIEF FINANCIAL OFFICER	(i)	294,734.	306,000.	13,757.	62,123.	18,863.	695,477.	12,950.
	(ii)	0	0	0	0	0	0	0

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LOUIS D FALO JR MD BOARD MEMBER AND DEPT CHAIR	(i) 239,874.	225,000.	4,218.	34,786.	2,374.	506,252.	0
	(ii)	0	0	0	0	0	0	0
2	ROBERT M FRIEDLANDER MD BOARD MEMBER AND DEPT CHAIR	(i) 1,232,022.	148,000.	20,394.	26,334.	7,255.	1,434,005.	0
	(ii)	0	0	0	0	0	0	0
3	FREDDIE H FU MD BOARD MEMBER AND DEPT CHAIR	(i) 1,311,620.	244,580.	32,695.	32,235.	5,762.	1,626,892.	0
	(ii)	0	0	0	0	0	0	0
4	JOEL S GREENBERGER MD BOARD MEMBER AND DEPT CHAIR	(i) 272,500.	212,591.	30,881.	43,813.	2,370.	562,155.	0
	(ii)	0	0	0	0	0	0	0
5	W ALLEN HOGGE MD BOARD MEMBER AND DEPT CHAIR	(i) 342,534.	179,108.	32,435.	31,686.	4,218.	589,981.	0
	(ii)	0	0	0	0	0	0	0
6	JONAS T JOHNSON MD BOARD MEMBER/DEPT CHAIR/TREAS	(i) 525,000.	301,500.	22,654.	20,800.	5,080.	875,034.	0
	(ii)	0	0	0	0	0	0	0
7	JAMES KANG MD BOARD MEMBER AND DEPT CHAIR	(i) 1,331,480.	465,188.	5,548.	20,800.	7,148.	1,830,164.	0
	(ii)	0	0	0	0	0	0	0
8	JOON SUP LEE MD BOARD MEMBER AND DEPT CHAIR	(i) 864,328.	125,000.	57,333.	20,819.	6,261.	1,073,741.	0
	(ii)	25,000.	0	0	0	0	25,000.	0
9	DAVID A LEWIS MD BOARD MEMBER AND DEPT CHAIR	(i) 316,235.	210,273.	25,206.	25,098.	3,743.	580,555.	0
	(ii)	0	0	0	0	0	0	0
10	JAMES D LUKETICH MD BOARD MEMBER AND DEPT CHAIR	(i) 2,161,500.	250,000.	33,419.	31,093.	5,771.	2,481,783.	0
	(ii)	0	0	0	0	0	0	0
11	GEORGE MAZARIEGOS BOARD MEMBER	(i) 254,986.	0	1,564.	20,800.	3,012.	280,362.	0
	(ii)	0	0	0	0	0	0	0
12	GEORGE K MICHALOPOULOS BOARD MEMBER AND DEPT CHAIR	(i) 280,172.	175,955.	31,019.	23,924.	2,933.	514,003.	0
	(ii)	0	0	0	0	0	0	0
13	VICTOR MORELL MD BOARD MEMBER	(i) 1,737,960.	156,182.	57,112.	18,200.	7,811.	1,977,265.	0
	(ii)	0	0	0	0	0	0	0
14	JOEL B NELSON MD BOARD MEMBER AND DEPT CHAIR	(i) 566,200.	287,108.	21,131.	49,850.	5,281.	929,570.	0
	(ii)	0	0	0	0	0	0	0
15	STEPHANIE NICHOLAS BOARD MEMBER	(i) 318,911.	72,674.	1,918.	18,200.	19,939.	431,642.	0
	(ii)	0	0	0	0	0	0	0
16	MICHAEL OST MD BOARD MEMBER	(i) 423,000.	71,090.	67,120.	18,200.	3,776.	583,186.	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 CHARISSA PACELLA MD BOARD MEMBER	(i)	237,976.	53,916.	52,154.	18,200.	1,655.	363,901.	0
	(ii)	0	0	0	0	0	0	0
2 DAVID HIRSCH PERLMUTTER BOARD MEMBER AND DEPT CHAIR	(i)	345,460.	145,675.	24,913.	31,525.	5,443.	553,016.	0
	(ii)	0	0	0	0	0	0	0
3 JOHN J REILLY MD BOARD MEMBER AND DEPT CHAIR	(i)	373,602.	121,000.	22,534.	22,795.	3,443.	543,374.	0
	(ii)	0	0	0	0	0	0	0
4 JOSHUA T RUBIN MD BOARD MEMBER	(i)	173,056.	30,372.	57,927.	16,382.	2,523.	280,260.	0
	(ii)	0	0	0	0	0	0	0
5 JOEL S SCHUMAN MD BOARD MEMBER AND DEPT CHAIR	(i)	345,988.	219,545.	22,173.	23,537.	5,288.	616,531.	0
	(ii)	0	0	0	0	0	0	0
6 HYAGRIV SIMHAN BOARD MEMBER	(i)	170,997.	52,980.	607.	16,309.	2,330.	243,223.	0
	(ii)	0	0	0	0	0	0	0
7 JEANNETTE SOUTH-PAUL MD BOARD MEMBER AND DEPT CHAIR	(i)	122,382.	112,000.	3,315.	24,332.	1,271.	263,300.	0
	(ii)	0	0	0	0	0	0	0
8 JOE SUYAMA MD BOARD MEMBER	(i)	169,988.	93,470.	54,927.	18,200.	3,195.	339,780.	0
	(ii)	0	0	0	0	0	0	0
9 LAWRENCE WECHSLER MD BOARD MEMBER AND DEPT CHAIR	(i)	395,000.	126,000.	156,319.	26,063.	3,563.	706,945.	0
	(ii)	0	0	0	0	0	0	0
10 ADAM YATES MD BOARD MEMBER	(i)	190,120.	64,191.	45,536.	15,341.	2,955.	318,143.	0
	(ii)	0	0	0	0	0	0	0
11 DONALD YEALY MD BOARD MEMBER AND DEPT CHAIR	(i)	368,302.	85,118.	22,136.	28,093.	3,250.	506,899.	0
	(ii)	0	0	0	0	0	0	0
12 ROBERT GRIFFITH CHIEF FINANCIAL OFFICER	(i)	129,962.	18,000.	88.	5,294.	5,993.	159,337.	0
	(ii)	0	0	0	0	0	0	0
13 PENNY MILANOVICH PRESIDENT	(i)	190,176.	63,000.	4,601.	16,771.	6,010.	280,558.	0
	(ii)	0	0	0	0	0	0	0
14 CHARLES BOGOSTA EVP AND PRES INTL AND COMM SRV	(i)	444,268.	761,765.	62,714.	317,601.	26,867.	1,613,215.	56,577.
	(ii)	0	0	0	0	0	0	0
15 ELIZABETH CONCORDIA FORMER EXECUTIVE VP UPMC	(i)	432,133.	1,539,500.	21,832.	84,340.	12,780.	2,090,585.	17,500.
	(ii)	0	0	0	0	0	0	0
16 ROBERT A DEMICHIEI EVP AND CFO	(i)	455,245.	761,765.	21,191.	347,532.	25,963.	1,611,696.	17,500.
	(ii)	0	0	0	0	0	0	0

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL DRAWBAUGH EVP AND CIO	(i)	393,272.	736,149.	347,062.	78,676.	16,823.	1,571,982.	115,026.
	(ii)	0	0	0	0	0	0	0
2 DAVID FARNER EVP AND CHIEF OF STAFF	(i)	555,210.	1,051,997.	112,250.	430,760.	26,525.	2,176,742.	108,682.
	(ii)	0	0	0	0	0	0	0
3 PATRICK GALLAGHER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	216,269.	0	2,323.	114,000.	38,376.	370,968.	0
4 C TALBOT HEPPENSTALL JR EVP AND TREASURER	(i)	383,268.	644,000.	543,707.	310,959.	22,280.	1,904,214.	536,299.
	(ii)	0	0	0	0	0	0	0
5 DIANE HOLDER EXEC VP, PRES UPMC HEALTH PLAN	(i)	0	0	0	0	0	0	0
	(ii)	615,173.	1,215,213.	31,327.	587,824.	14,054.	2,463,591.	17,500.
6 MICHELE P JEGASOTHY ESQ SECRETARY	(i)	124,810.	71,000.	257.	11,725.	19,444.	227,236.	0
	(ii)	0	0	0	0	0	0	0
7 ARTHUR S LEVINE MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	863,301.	186,000.	66,945.	31,200.	14,614.	1,162,060.	0
8 W THOMAS MCGOUGH EVP AND CHIEF LEGAL OFFICER	(i)	595,404.	890,500.	178,611.	282,881.	20,013.	1,967,409.	166,176.
	(ii)	0	0	0	0	0	0	0
9 MARK A NORDENBERG BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	571,421.	0	296,080.	69,090.	58,713.	995,304.	0
10 GREGORY K PEASLEE EVP CHIEF HR AND ADM SRV OFF	(i)	455,937.	868,025.	119,136.	193,543.	25,271.	1,661,912.	101,904.
	(ii)	0	0	0	0	0	0	0
11 JEFFREY A ROMOFF PRESIDENT AND CEO	(i)	961,546.	3,050,000.	1,733,656.	659,203.	20,234.	6,424,639.	143,990.
	(ii)	0	0	0	0	0	0	0
12 STEVEN D SHAPIRO MD EVP AND CHIEF MEDICAL AND SC	(i)	414,248.	850,000.	71,041.	544,541.	7,312.	1,887,142.	63,905.
	(ii)	166,223.	0	23,000.	0	20,242.	209,465.	0
13 MARSHALL WEBSTER MD SENIOR VICE PRESIDENT	(i)	304,179.	723,650.	104,618.	178,904.	5,954.	1,317,305.	77,578.
	(ii)	94,902.	0	23,000.	0	17,731.	135,633.	0
14 GHASSAN BEJJANI MD NEUROSURGEON	(i)	1,794,378.	473,540.	3,528.	18,200.	22,733.	2,312,379.	0
	(ii)	0	0	0	0	0	0	0
15 CHRISTOPHER SCHMIDT MD ORTHOPAEDIC SURGEON	(i)	1,307,350.	278,749.	5,410.	18,200.	15,406.	1,625,115.	0
	(ii)	0	0	0	0	0	0	0
16 VINAY BADHWAR MD CARDIOTHORACIAC SURGEON	(i)	1,465,993.	68,333.	56,484.	15,600.	6,446.	1,612,856.	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 in 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS GLEASON MD CARDIOTHORACIC SURGEON	(i)	1,479,325.	66,667.	58,809.	18,200.	6,436.	1,629,437.	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT KAUFMANN MD ORTHOPAEDIC SURGEON	(i)	863,656.	611,873.	58,238.	18,200.	7,115.	1,559,082.	0
	(ii)	0	0	0	0	0	0	0
3 BRIAN FRITZ FORMER BOARD TREASURER/ CFO	(i)	132,457.	54,000.	244.	10,202.	17,551.	214,454.	0
	(ii)	0	0	0	0	0	0	0
4 DEBORAH REDMOND FORMER VICE PRESIDENT	(i)	85,504.	92,000.	804.	16,036.	6,869.	201,213.	0
	(ii)	107,839.	0	1,011.	0	12,225.	121,075.	0
5 SANDRA DANOFF FORMER SR VP STRAT PLANNING	(i)	0	0	352,000.	34,502.	29.	386,531.	0
	(ii)	0	0	0	0	0	0	0
6 SUSAN MAMMARELLA FORMER OFFICER	(i)	135,414.	57,000.	668.	11,830.	17,493.	222,405.	0
	(ii)	0	0	0	0	0	0	0
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

**2014**

**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

**2014**

**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 ERIE COUNTY HOSPITAL AUTHORITY	23-2302072	295200SZ3	04/11/2006	23,921,150.	HAMOT SERIES 2006 SEE SCHEDULE O		X		X		X
B ERIE COUNTY HOSPITAL AUTHORITY	23-2302072	295200TC3	07/31/2007	30,141,552.	HAMOT SERIES 2007 SEE SCHEDULE O		X		X		X
C ERIE COUNTY HOSPITAL AUTHORITY	23-2302072		05/06/2010	35,000,000.	HAMOT SERIES 2010ABC SEE SCHEDULE		X		X		X
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired						17,765,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue	25,307,118.		31,252,910.		35,000,000.			
4 Gross proceeds in reserve funds	2,155,587.							
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	277,420.		328,700.		522,137.			
8 Credit enhancement from proceeds	535,160.		500,770.					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	22,338,951.		30,423,440.		10,527,255.			
11 Other spent proceeds					23,950,608.			
12 Other unspent proceeds								
13 Year of substantial completion	2010		2010		2010			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X	X			
15 Were the bonds issued as part of an advance refunding issue?		X		X	X			
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X			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

**2014**

**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 . . . . .						246,596.		
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 qualified hedges.

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 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 qualified hedges.

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 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 hedge arrangements.

**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)

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Rows include questions about gross proceeds invested in a guaranteed investment contract (GIC), name of provider (IXIS FUNDING CORP), term of GIC (10.000), and regulatory safe harbor requirements.

Part V Procedures To Undertake Corrective Action

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Row asks: "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).

Multiple blank horizontal lines provided for entering supplemental information.

**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		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?						X		
7 Has the organization established written procedures to monitor the requirements of section 148?					X			

**Part V Procedures To Undertake Corrective Action**

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

HAMOT SERIES 2006

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

SERIES 2006 - CONSTRUCTION AND EQUIPPING OF A NEW TWO-STORY GENERATOR BUILDING TO PROVIDE EMERGENCY AND STANDBY ELECTRICAL POWER FOR THE MEDICAL CENTER AND RELATED FACILITIES, EXPANSION AND RENOVATION OF THE FACILITIES HOUSING THE IMAGING CENTER, EXPANSION OF THE RESOURCE CENTER TO HOUSE ADDITIONAL FACILITIES, RENOVATION AND CONSTRUCTION OF THE WOMEN'S AND BABIES INPATIENT SERVICES FACILITIES, AND FINANCING VARIOUS EQUIPMENT AND RENOVATION PROJECTS FOR THE MEDICAL CENTER.

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; CONSTRUCTED, RENOVATED, EQUIPPED INPATIENT AND OUTPATIENT HOSPITAL AND HEALTH CARE FACILITIES TO BE OWNED AND OPERATED BY THE MEDICAL CENTER, INCLUDING THE HAMOT WOMEN'S HOSPITAL.



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

8/31/2010 FINANCING - FINANCE CAPITAL EXPENDITURES OR REIMBURSE FOR PREVIOUSLY INCURRED CAPITAL EXPENDITURES FOR HOSPITAL AND/OR HEALTH CARE FACILITIES.

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

PART IV - LINE 2C

\$1,385,967.79 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS. REBATE COMPUTATION PERFORMED ON NOVEMBER 11, 2010.

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

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

HAMOT 8/31/2010 FINANCING

\$776.16 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS. REBATE COMPUTATION PERFORMED ON JANUARY 4, 2016. THIS BOND DOES NOT APPEAR ON PART 1, AS IT IS BELOW THE THRESHOLD.

HNA SERIES 2012

N/A

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

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).

**Open To Public Inspection**

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

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

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

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

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

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

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

Schedule L (Form 990 or 990-EZ) 2014

**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

PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PARTIES

A: NAME OF INTERESTED PERSON EDITH TZENG M.D.

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 154,436

D: DESCRIPTION OF TRANSACTION COMPENSATION

E: SHARING OF ORGANIZATIONS REVENUES NO

A: NAME OF INTERESTED PERSON ANNA ROMAN PHD

B: RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH  
PHYSICIAN BOARD MEMBER  
GEORGE MICHALOPOULOS MD

C: AMOUNT OF TRANSACTION 434,943

D: DESCRIPTION OF TRANSACTION COMPENSATION

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

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

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

**Part V Supplemental Information**

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

E: SHARING OF ORGANIZATIONS REVENUES NO

A: NAME OF INTERESTED PERSON BARBARA COHLAN MD

B: RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH PHYSICIAN BOARD MEMBER

DAVID H. PERLMUTTER

C: AMOUNT OF TRANSACTION 299,748

D: DESCRIPTION OF TRANSACTION COMPENSATION

E: SHARING OF ORGANIZATIONS REVENUES NO

A: NAME OF INTERESTED PERSON MARY JERGE

B: RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAMILY MEMBER OF UPMC HAMOT TREASURER AND CHIEF FINANCIAL OFFICER

STEPHEN DANCH

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

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

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

**Part V Supplemental Information**

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

C: AMOUNT OF TRANSACTION 19,761

D: DESCRIPTION OF TRANSACTION COMPENSATION

E: SHARING OF ORGANIZATIONS REVENUES NO

  

A: NAME OF INTERESTED PERSON MACKENZIE BEACH

B: RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAMILY MEMBER OF UPMC HAMOT BOARD MEMBER

JEFFREY BEACH

C: AMOUNT OF TRANSACTION 54,369

D: DESCRIPTION OF TRANSACTION COMPENSATION

E: SHARING OF ORGANIZATIONS REVENUES NO

  

A: NAME OF INTERESTED PERSON PATRICK PONTZER

B: RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAMILY MEMBER OF UPMC HAMOT BOARD MEMBER

RICHARD L NYGAARD

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

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

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

**Part V Supplemental Information**

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

C: AMOUNT OF TRANSACTION 63,391

D: DESCRIPTION OF TRANSACTION COMPENSATION

E: SHARING OF ORGANIZATIONS REVENUES NO

A: NAME OF INTERESTED PERSON ANN TREDWAY

B: RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAMILY MEMBER OF UPMC HAMOT BOARD MEMBER

MARY BULA

C: AMOUNT OF TRANSACTION 146,853

D: DESCRIPTION OF TRANSACTION COMPENSATION

E: SHARING OF ORGANIZATIONS REVENUES NO

A: NAME OF INTERESTED PERSON PATRICIA MCCAULEY

B: RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAMILY MEMBER OF FORMER UPMC NORTHWEST KEY EMPLOYEE ROGER MCCAULEY

C: AMOUNT OF TRANSACTION 41,032

D: DESCRIPTION OF TRANSACTION COMPENSATION

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

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

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

**Part V Supplemental Information**

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

E: SHARING OF ORGANIZATIONS REVENUES NO

E: SHARING OF ORGANIZATIONS REVENUES NO



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**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) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		41,183.	FAIR MARKET VALUE
5 Clothing and household goods . . . . .	X		78,606.	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	3.	121,354.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .	X	34.	12,050.	FAIR MARKET VALUE
19 Food inventory . . . . .	X	4.	7,660.	FAIR MARKET VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		119.	1,351,565.	
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) (2014)

**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.	889,372.	FAIR MARKET VALUE
ENTERTAINMENT	X	6.	1,774.	FAIR MARKET VALUE
ADMISSION TICKETS	X	25.	17,105.	FAIR MARKET VALUE
ACCOMMODATIONS	X	13.	9,780.	FAIR MARKET VALUE
GIFT CERTIFICATES	X	29.	3,481.	FAIR MARKET VALUE
SPORT EVENTS	X	2.	12,000.	FAIR MARKET VALUE
DISCOUNT PRINTING	X	1.	1,500.	FAIR MARKET VALUE
RENTAL ITEMS	X	1.	1,480.	FAIR MARKET VALUE
MISCELLANEOUS	X	30.	175,488.	FAIR MARKET VALUE
TOYS	X	1.	200,455.	FAIR MARKET VALUE
ADVERTISING	X	1.	36,550.	FAIR MARKET VALUE
GIFT BASKETS	X	9.	2,580.	FAIR MARKET VALUE
TOTALS		<u>119.</u>	<u>1,351,565.</u>	

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

UPMC GROUP

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 2014 OF 60,600 IS REPRESENTATIVE OF THE SUM OF ALL INDIVIDUALS EMPLOYED BY EACH OF THE 42 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 TWO (42) TAX EXEMPT ENTITIES, INCLUDING 12 HOSPITAL ENTITIES, 10 PHYSICIAN SERVICE ENTITIES, 3 SKILLED NURSING FACILITIES, AND 17 OTHER ANCILLARY SERVICE AND SUPPORT ENTITIES FROM WITHIN THE UPMC (UNIVERSITY OF PITTSBURGH MEDICAL CENTER) INTEGRATED HEALTHCARE DELIVERY SYSTEM (IHDS).

Name of the organization UPMC GROUP	Employer identification number 20-8295721
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THIS DELIVERY SYSTEM IS COMPRISED OF PREMIER HEALTHCARE PROVIDERS IN THE AREAS OF ACUTE INPATIENT HOSPITALS, CANCER TREATMENT FACILITIES, PHYSICIAN SERVICES, SKILLED NURSING FACILITIES AND OTHER ANCILLARY HEALTHCARE SUPPORT SERVICES THAT PATIENTS MAY NEED.

DURING THE FISCAL YEAR ENDED JUNE 30, 2015, THE ENTITIES WITHIN UPMC GROUP ADMITTED 190,508 INPATIENTS, RECORDED 1,118,778 INPATIENT DAYS, 634,175 EMERGENCY ROOM VISITS, 169,472 SURGERIES, AND 626 TRANSPLANTS. THEY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT COST, OF APPROXIMATELY \$616,000,000.

UPMC GROUP MEMBERS PROVIDED SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED PROGRAMS, OUTREACH PROGRAMS, SCREENINGS, EDUCATIONAL CLASSES, AND VOLUNTEER SERVICES AT A COST OF OVER \$177,000,000. UPMC GROUP ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN EXCESS OF \$337,000,000.

THE TWELVE 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, AND UPMC HAMOT.

UPMC PRESBYTERIAN SHADYSIDE (UPMC PRESBYTERIAN) 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

Name of the organization UPMC GROUP	Employer identification number 20-8295721
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PROVIDE PREMIER PROGRAMS IN PATIENT CARE, BIOMEDICAL AND HEALTH SERVICES 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, EYE AND EAR INSTITUTE, AND THE HILLMAN CANCER CENTER. UPMC PRESBYTERIAN 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 792-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(TM) 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 310-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 \$254,000,000. UPMC PRESBYTERIAN SHADYSIDE IS ACTIVELY INVOLVED IN SPONSORING MANY PROGRAMS FOR PATIENTS, CHILDREN, TEENS,

Name of the organization UPMC GROUP	Employer identification number 20-8295721
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SENIORS, AND THE COMMUNITY AS A WHOLE AND PROVIDES THE SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED PROGRAMS, OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES, AND MENTORSHIPS, WHICH ARE TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY AT LARGE, AT AN ESTIMATED COST OF \$51,000,000. UPMC PRESBYTERIAN SHADYSIDE FUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT AN ESTIMATED COST OF \$138,000,000.

UPMC PRESBYTERIAN REACHED THE COMMUNITY THROUGH MANY EDUCATIONAL PRESENTATIONS, VIDEO CONFERENCES, PODCASTS, HEALTH FAIRS AT SCHOOLS AND NEIGHBORHOOD CENTERS, FREE HEALTH SCREENINGS, AND SUPPORT GROUPS. OTHER PROGRAMS THAT BENEFITED PATIENTS AND GUESTS WERE DISCOUNTED PARKING AND USE OF THE BLUE SHUTTLE, WHICH PROVIDES FREE TRANSPORTATION FROM FAMILY HOUSE TO THE HOSPITAL. UPMC PRESBYTERIAN PROVIDED MEDICATIONS TO PATIENTS BEING DISCHARGED WHO COULD NOT AFFORD THE COST OF PRESCRIPTIONS.

INJECTION SUPPLIES WERE DONATED TO UNDER-SERVED PATIENTS RECEIVING PRESCRIPTION PRODUCTS IN WHICH THE SUPPLY WAS NEEDED FOR PROPER USE OF THE MEDICATION. 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 FOR THEIR EVENTS. FINALLY, STAFF ATTENDED NUMEROUS HEALTH FAIRS IN THE AREA. SUBJECTS COVERED INCLUDED INJURY PREVENTION, CANCER PREVENTION AND EARLY DETECTION, NUTRITION, SMOKING CESSATION, AND MANY OTHER MEDICAL ISSUES.

Name of the organization

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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.

CHILDREN'S PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICARE AND MEDICAID SHORTFALLS, AT A COST OF OVER \$23,000,000. 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 \$10,100,000. CHILDREN'S SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT AN ESTIMATED COST



Name of the organization UPMC GROUP	Employer identification number 20-8295721
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OF \$40,000,000 DURING FISCAL YEAR 2015.

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 HEALTHY 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 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 HEART, DIABETES, AND ORGAN TRANSPLANT CAMPS. THESE CAMPS PROVIDED CHILDREN WITH MEDICAL CONDITIONS THE OPPORTUNITY TO PARTICIPATE IN VARIOUS ACTIVITIES AND TO CONNECT WITH

Name of the organization

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CHILDREN WITH SIMILAR CONDITIONS.

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, 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.

Name of the organization UPMC GROUP	Employer identification number 20-8295721
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DURING FISCAL YEAR 2015, MAGEE LAUNCHED 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.

MAGEE IS ACTIVELY INVOLVED IN THE COMMUNITY, SERVING INFANTS, TEENS, WOMEN, MEN, AND THEIR FAMILIES. DURING THE FISCAL YEAR ENDED JUNE 30, 2015, MAGEE PROVIDED CHARITABLE CONTRIBUTIONS AND COMMUNITY SERVICE PROGRAMS AND SIMILAR FUNDING OF APPROXIMATELY \$11,000,000. MAGEE PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF \$18,000,000. MAGEE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$105,000,000 FOR THE FISCAL YEAR ENDED JUNE 30, 2015.

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,

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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 \$25,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2015. 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 HOSPITAL, AND PROVIDED FUNDING OF OVER \$18,000,000 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, DIABETES, SCREENINGS, AND COUNSELING. IN ADDITION, SUPPORT GROUPS FOR STROKE, BRAIN INJURY, DIABETES, AND AMPUTEES ARE OFFERED BY UPMC MERCY. UPMC MERCY ALSO PROVIDED SPIRITUAL CARE AND HEALTH CARE TO THE HOMELESS.

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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 PROVIDES JOB SHADOWING AND MENTORING EXPERIENCES FOR NURSING STUDENTS AND CLINICAL TRAINING FOR PHLEBOTOMY STUDENTS.

UPMC ST. MARGARET IS A 249-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(TM) DESIGNATED HOSPITAL. MAGNET STATUS IS 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, 2015. 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 AND SUPPORT HAVE ASSISTED THOUSANDS OF PEOPLE IN THE COMMUNITY WITH THE COST OF OVER \$2,500,000 BORNE BY THE HOSPITAL IN THE FISCAL YEAR ENDED JUNE 30, 2015.

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UPMC ST. MARGARET ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF OVER \$6,700,000 IN FISCAL YEAR 2015.

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.

PATIENTS, FAMILY MEMBERS AND MEMBERS OF THE COMMUNITY HAVE ACCESS TO THE MEDICAL LIBRARY AT UPMC ST. MARGARET. THE LIBRARY PROVIDES HEALTH AND 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 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 HOSTED ITS ANNUAL FLU VACCINATION PROGRAM FOR THE COMMUNITY, OFFERING FREE FLU SHOTS TO AREA RESIDENTS AGE 65 AND OLDER AND TO INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS. THE HOSPITAL ALSO PROVIDED FREE CAB SLIPS FOR PATIENTS, OUTPATIENTS, AND VISITORS WHO LACKED TRANSPORTATION HOME FROM THE HOSPITAL.

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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.

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, 2015, UPMC PASSAVANT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER \$42,000,000.

UPMC PASSAVANT PROVIDED MANY COMMUNITY OUTREACH AND SUPPORT PROGRAMS IN FISCAL YEAR 2015 THAT INCLUDED HEALTH FAIRS, HEALTH SCREENINGS,

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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 \$6,200,000 IN THE FISCAL YEAR ENDED JUNE 30, 2015. UPMC PASSAVANT ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2015 AT A COST OF OVER \$3,700,000.

THE COMMUNITY BENEFITED FROM MANY HEALTH FAIRS IN WHICH UPMC PASSAVANT PARTICIPATED. INFORMATION WAS OFFERED ON DIABETES, CARDIAC CARE, CANCER, NUTRITION, AND WOUND CARE. ALSO, SCREENINGS FOR DIABETES AND HIGH BLOOD PRESSURE WERE PROVIDED AND PULMONARY FUNCTION TESTING WAS MADE AVAILABLE.

UPMC PASSAVANT OFFERED ITS FOR YOUR HEALTH SERIES THAT PRESENTED LECTURES ON VARIOUS HEALTH TOPICS.

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,



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AND PAIN MANAGEMENT.

DURING THE FISCAL YEAR ENDED JUNE 30, 2015, UPMC HORIZON PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$20,000,000. THE COMMUNITIES SERVED BY UPMC HORIZON ARE LOCATED IN AN ECONOMICALLY DISTRESSED AND MEDICALLY UNDERSERVED AREA. IN THE YEAR ENDED JUNE 30, 2015, UPMC HORIZON PROVIDED COMMUNITY SERVICE PROGRAMS AND OTHER FUNDING AT A COST OF OVER \$2,500,000 AND FUNDING FOR EDUCATION AND RESEARCH COSTING APPROXIMATELY \$1,800,000.

MANY GROUPS WITHIN THE COMMUNITY BENEFITED FROM UPMC HORIZON'S DIABETES INITIATIVE THROUGH WHICH BLOOD SUGAR SCREENINGS AND EDUCATIONAL PRESENTATIONS WERE GIVEN TO DIABETES SUPPORT GROUPS TO RAISE PUBLIC AWARENESS OF THE DISEASE. UPMC HORIZON PROVIDED MEETING SPACE TO AREA SUPPORT GROUPS SUCH AS MERCER COUNTY DIABETES, MERCER COUNTY BREAST CANCER, MERCER COUNTY RDC, AND PULMONARY HYPERTENSION. THE HOSPITAL ALSO PROVIDED FREE HEEL SCREENINGS, SKILLS VERIFICATION FOR LOCAL PARAMEDICS, AND ATHLETIC TRAINING SERVICES.

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 65% OF UPMC NORTHWEST'S

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FISCAL YEAR 2015 PATIENTS WERE MEDICARE OR STATE MEDICAID PATIENTS.

DURING THE FISCAL YEAR ENDED JUNE 30, 2015, UPMC NORTHWEST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$12,700,000. THE HOSPITAL PROVIDED FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF \$4,000,000 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, CAROTID ARTERY EVALUATIONS, OSTEOPOROSIS SCREENINGS, BODY COMPOSITION, PROSTATE SCREENINGS, AND DIABETES EDUCATION. UPMC NORTHWEST PROVIDED TRANSPORTATION TO BEHAVIORAL HEALTH PATIENTS WHO WERE IN NEED UPON

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DISCHARGE FROM THE HOSPITAL.

FOUNDED IN 1894, UPMC MCKEESPORT IS A NONPROFIT ACUTE CARE COMMUNITY HOSPITAL THAT PRIMARILY SERVES THE RESIDENTS OF MCKEESPORT AND THE SURROUNDING AREA. UPMC MCKEESPORT IS A TEACHING HOSPITAL, WITH RESIDENCY PROGRAMS IN BOTH FAMILY PRACTICE AND INTERNAL MEDICINE.

UPMC MCKEESPORT PROVIDES A WIDE RANGE OF QUALITY HEALTH CARE SERVICES, REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IT IS 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. TO SERVE THIS POPULATION, THE HOSPITAL IS AN APPROVED SITE FOR THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE). AS A PACE SITE, UPMC MCKEESPORT OFFERS AN INNOVATIVE PROGRAM OF SEAMLESS HEALTH CARE TO OLDER PATIENTS. 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, 2015, UPMC MCKEESPORT PROVIDED

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CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF \$15,800,000. 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 YEAR 2015 WERE APPROXIMATELY \$2,700,000 AND \$5,900,000 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. UPMC MCKEESPORT SPONSORS A SUMMER CAMP WHICH SERVES APPROXIMATELY 100 CHILDREN. WITH RESPECT TO THE CAMP, ADMINISTRATIVE SERVICES, LAUNDRY SERVICES, AND EQUIPMENT AND SUPPLIES STORAGE WERE ALL PROVIDED BY THE HOSPITAL. 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

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OPPORTUNITIES, AND HEALTH EDUCATION.

UPMC BEDFORD IS AN ACUTE CARE GENERAL HOSPITAL, LOCATED IN EVERETT, PENNSYLVANIA, WITH UNITS FOR MEDICAL CARE, SURGICAL CARE, OBSTETRICAL CARE, INTENSIVE CARE, CORONARY CARE, AND TELEMETRY SERVICES. IT OFFERS A VARIETY OF DIAGNOSTIC CAPABILITIES, INCLUDING CT SCAN, MRI, AND LITHOTRIPSY. THE HOSPITAL OPERATES A CARDIAC-PULMONARY REHABILITATION PROGRAM, AN OUTPATIENT PROCEDURE UNIT, AND AN AMBULATORY SURGICAL UNIT. THE EMERGENCY FACILITIES INCLUDE 24-HOUR IN-HOUSE COVERAGE, A LICENSED HELIPORT FOR EMERGENCY TRANSPORT, AND TRAUMA CENTER AFFILIATION.

UPMC BEDFORD IS COMMITTED TO PROVIDING SERVICES TO ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2015, UPMC BEDFORD PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$7,100,000. THE HOSPITAL ALSO PROVIDED SERVICES, WITH AN AGGREGATE VALUE OF OVER \$1,900,000 TO THE GENERAL POPULATION THROUGH OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY.

FAMILIES BENEFITED FROM THE UPMC BEDFORD'S PREPARED CHILDBIRTH CLASSES, WHICH DISCUSSED THE BASICS OF LABOR AND DELIVERY. CHILDREN PARTICIPATED IN THE HOSPITAL'S SIBLING CLASSES WHERE THEY LEARNED HOW TO HOLD A BABY AND CHANGE A DIAPER. UPMC BEDFORD CONTRIBUTES SPACE FOR SEVERAL AREA CHARITABLE/COMMUNITY GROUPS, INCLUDING THE TOPPS BEDFORD, MULTIPLE

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SCLEROSIS SUPPORT GROUP, OVEREATERS ANONYMOUS SUPPORT GROUP, OSTOMY SUPPORT GROUP, AND BOSOM BUDDIES.

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, 2015, UPMC EAST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY \$11,000,000. THE HOSPITAL ALSO PROVIDED SERVICES WITH AN AGGREGATE VALUE OF APPROXIMATELY \$900,000 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, WEIGHT MANAGEMENT, VASCULAR HEALTH, FALL PREVENTION, HEALTHY SNACKING, AND DEPRESSION. THE HOSPITAL PROVIDED FREE BLOOD PRESSURE SCREENINGS FOR THE MALL WALKERS GROUP, AND EACH MONTH FEATURED A NEW SERVICE, SUCH AS INFORMATION ON PHARMACY, URGENT CARE, RESPIRATORY THERAPY, AND ASK THE EXPERT.

UPMC HAMOT (HAMOT) IS A 443 BED TERTIARY MEDICAL CENTER WITH SPECIALTIES

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THAT INCLUDE CARDIOLOGY, NEUROSCIENCE, CRITICAL CARE, ORTHOPEDICS, AND WOMEN'S HEALTH SERVICES. THE MEDICAL CENTER REACHES OUT TO MORE THAN 1 MILLION PEOPLE IN NORTHWESTERN PENNSYLVANIA, WESTERN NEW YORK, AND 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 \$21,700,000.

SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH DONATIONS, OUTREACH PROGRAMS, SCREENINGS, AND EDUCATIONAL CLASSES AT A COST OF \$5,300,000. HAMOT SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT AN ESTIMATED COST OF \$4,200,000 DURING FISCAL YEAR 2015.

HAMOT REACHED THE COMMUNITY THROUGH TELEVISION HEALTH SEGMENTS AS WELL AS THROUGH PRINT MEDIA. OTHER PROGRAMS OFFERED WERE CAR SEAT CHECKS, SMOKING CESSATION, BIKE SAFETY, BABY BASICS, CHILDBIRTH EDUCATION, AND INFANT AND CHILD CPR. EDUCATIONAL PRESENTATION TOPICS INCLUDED HEALTHY COMMUNICATION, ARTHRITIS AND AGING, FINDING BALANCE IN ONE'S LIFE, AND

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PREVENTING INJURIES.

THERE ARE TEN 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., AND REGIONAL HEALTH SERVICES, INC.

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 30,000 PATIENTS TREATED AT ITS FACILITIES EACH YEAR WHILE PERFORMING CUTTING-EDGE CANCER RESEARCH. AT UPMC CANCER CENTERS, MORE THAN 2,300 PHYSICIANS, SCIENTISTS, ADMINISTRATIVE STAFF, AND OTHER HEALTH CARE PROFESSIONALS WORK TOGETHER TO REDUCE THE BURDEN OF CANCER. THEY REPRESENT A VARIETY OF SPECIALTIES INCLUDING SURGICAL ONCOLOGY, MEDICAL ONCOLOGY, RADIATION ONCOLOGY, OTOLARYNGOLOGY, NEURO-ONCOLOGY, GYNECOLOGIC ONCOLOGY, PALLIATIVE CARE, AND BEHAVIORAL MEDICINE. COMBINED, THESE



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DISCIPLINES GIVE THE CANCER CENTERS A RANGE OF KNOWLEDGE WHICH COVERS VIRTUALLY ALL TYPES OF ADULT CANCER.

THE MEDICAL PROFESSIONALS AT UPMC CANCER CENTERS ENCOMPASS 13 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 180 AFFILIATED ONCOLOGISTS AT MORE THAN 35 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.

IN ADDITION TO THE MANY SERVICES OFFERED BY UPMC CANCER CENTERS, IT IS ALSO SIGNIFICANTLY INVOLVED IN THE COMMUNITY. DURING FISCAL YEAR 2015, UPMC CANCER CENTERS FUNDED MANY COMMUNITY BENEFIT PROGRAMS, CHARITABLE

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DONATIONS, AND EDUCATION AND RESEARCH COSTING OVER \$14,000,000.

HILLMAN CANCER CENTER (THE CENTER) IS THE FLAGSHIP TREATMENT AND RESEARCH FACILITY OF THE UPMC CANCER CENTERS NETWORK. HOME TO THE STATE-OF-THE-ART CLINICAL SERVICES OF UPMC CANCER CENTERS 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 FAMILIES HAVE ACCESS TO A WIDE ARRAY OF EDUCATIONAL, COUNSELING, NUTRITIONAL AND GENETIC RESOURCES.

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

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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.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

UPP INCLUDES 2,348 ACADEMIC PHYSICIANS AND ALLIED HEALTH CARE PROVIDERS.

THE PHYSICIANS' SPECIALTIES INCLUDE: ANESTHESIOLOGY, CRITICAL CARE MEDICINE, CARDIOVASCULAR SERVICES, UROLOGY, PHYSICAL MEDICINE AND REHABILITATION, EMERGENCY MEDICINE, FAMILY MEDICINE, PATHOLOGY, PSYCHIATRY, RADIOLOGY, RADIATION ONCOLOGY, INTERNAL MEDICINE, ORTHOPAEDICS, NEUROLOGY, NEUROSURGERY, PEDIATRICS, OBSTETRICS AND GYNECOLOGY, SURGERY, DERMATOLOGY, OPHTHALMOLOGY, OTOLARYNGOLOGY, AND HEART, LUNG AND ESOPHAGEAL SURGERY, AS WELL AS SUB SPECIALTIES WITHIN EACH OF THESE BROAD CATEGORIES. UPP PHYSICIANS ARE ALSO MEMBERS OF THE FACULTY OF THE UNIVERSITY OF PITTSBURGH'S SCHOOL OF MEDICINE. AS FACULTY, THEY EDUCATE MEDICAL STUDENTS AND DOCTORS IN TRAINING. IN ADDITION TO CLINICAL PATIENT CARE AND RESIDENT EDUCATION, MANY UPP PHYSICIANS ARE INVOLVED IN CUTTING-EDGE MEDICAL RESEARCH.

ONE OF THE PRIMARY EXEMPT PURPOSES AND MISSIONS OF UPP IS TO PROVIDE QUALITY AND ACCESSIBLE MEDICAL CARE TO THE PUBLIC, WITHOUT REGARD FOR A

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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 \$29,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2015. 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.

IN TOTAL, UPP PROVIDED COMMUNITY SERVICE PROGRAMS AND DONATIONS OF \$1,500,000 AND FUNDED APPROXIMATELY \$87,000,000 IN MEDICAL EDUCATION AND RESEARCH IN THE FISCAL YEAR ENDED JUNE 30, 2015.

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IT IS THE MISSION OF UPMC COMMUNITY MEDICINE, INC. (CMI) TO PROVIDE HIGH-QUALITY AND ACCESSIBLE PATIENT CARE THROUGH PRIMARY CARE PHYSICIANS AND OTHER PHYSICIAN/MEDICAL SPECIALTIES AT UPMC AND ITS AFFILIATED HOSPITALS AND HEALTH CARE ENTITIES.

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 \$3,900,000 IN THE FISCAL YEAR ENDED JUNE 30, 2015. 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 \$61,000,000.

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AS A PART OF ITS MISSION, CMI PHYSICIANS AND STAFF PROVIDE SERVICES TO THE COMMUNITY THROUGH VARIOUS PROGRAMS WHICH ARE TARGETED TO PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY AT LARGE 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 TIMELY MEDICAL TOPICS WHICH ARE DESIGNED TO IMPROVE THE QUALITY OF PATIENT CARE AND PATIENT OUTCOMES.

CMI PROVIDES PHYSICIAN AND MEDICAL SERVICES THROUGHOUT WESTERN PENNSYLVANIA AND THE TRI-STATE AREA IN BOTH URBAN AND RURAL SETTINGS, INCLUDING MANY UNDERSERVED AREAS. SOME OF THESE AREAS WOULD HAVE NO OTHER PHYSICIAN PRESENCE OTHERWISE.

REGIONAL HEALTH SERVICES, INC. (RHS) OFFERS PHYSICIAN SERVICES. ITS MISSION IS TO SERVE PATIENTS AND THE COMMUNITY THROUGH CLINICAL EXCELLENCE, ALIGNMENT OF PHYSICIANS, AND OUTPATIENT SERVICES. RHS IS COMPRISED OF NETWORKS OF PHYSICIANS OFFERING SPECIALTY SERVICES, PRIMARY CARE SERVICES, AND SPORTS MEDICINE. THE PHYSICIANS PRACTICE IN MULTIPLE LOCATIONS AND PROVIDE SERVICES THAT INCLUDE PLASTIC SURGERY, EMERGENCY ROOM, INTENSIVISTS, HOSPITALISTS, GENERAL SURGERY, RADIOLOGY,

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CARDIOVASCULAR CARE, AND OUTPATIENT PHYSICAL THERAPY SERVICES. RHS PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, AT A COST OF APPROXIMATELY \$3,200,000 IN THE FISCAL YEAR ENDED JUNE 30, 2015, AS WELL AS \$3,200,000 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 CARE, AT A COST OF OVER \$6,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2015.

COMMUNITY FAMILY HEALTH CENTERS, INC. (CFHC) IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES, AND PROVIDED ALL SERVICES REGARDLESS OF PATIENTS' ABILITY TO PAY. CFHC HAS THREE PRIMARY ACTIVITIES: 1) TO ASSIST IN DEVELOPING AND MAINTAINING A

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NEIGHBORHOOD HEALTH CENTER AND TO PROVIDE HEALTHCARE SERVICES TO PATIENTS AND THEIR FAMILIES IN THE UNDERSERVED SURROUNDING COMMUNITIES, REGARDLESS OF THEIR ABILITY TO PAY; 2) TO TRAIN AND EDUCATE FAMILY PRACTICE PHYSICIANS AND RESIDENTS OF MEDICAL PROGRAMS WHO SERVE IN THE SURROUNDING COMMUNITY; AND 3) TO PROVIDE ADDITIONAL PROGRAMS AND SERVICES TO EDUCATE AND BENEFIT THE SURROUNDING COMMUNITIES.

CFHC CURRENTLY OPERATES A NEIGHBORHOOD HEALTH CENTER TO SERVE PATIENTS IN MANY DIVERSE SECTORS OF THE PITTSBURGH COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. SERVICES PROVIDED AT THE HEALTH CENTER INCLUDE CARE FOR THE ENTIRE FAMILY, SUCH AS SICK AND WELL-CHILD VISITS, WOMEN'S HEALTH CARE, TOTAL ADULT HEALTH CARE, AND CARE FOR OLDER ADULTS. CFHC ALSO OFFERS FAMILY PLANNING AND PREGNANCY CARE, INCLUDING DELIVERY; CARE FOR EMOTIONAL, MARITAL, AND SOCIAL PROBLEMS; SPORTS MEDICINE AND TREATMENT OF MINOR INJURIES, INCLUDING FRACTURES; TREATMENT OF MINOR SKIN PROBLEMS; HOUSE CALLS IN THE AREA IF NEEDED; LABORATORY SERVICES; AND RADIOLOGY SERVICES.

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, 2015, SUGARCREEK STATION PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF OVER \$1,600,000.

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, 2015, CRANBERRY PLACE PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY \$2,300,000.

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, 2015, THE HERITAGE SHADYSIDE PROVIDED FREE OR UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY \$3,100,000.

UPMC HORIZON 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 QUALITY OF LIFE FOR

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RESIDENTS IN THE UPMC HORIZON SERVICE AREA. THEY PROVIDED ASSISTANCE TO COMMUNITY BENEFIT PROGRAMS AND DONATIONS FOR THE COMMUNITY AT A COST OF OVER \$961,000.

UPMC VISITING NURSES ASSOCIATION (VNA) IS RANKED BY THE NATIONAL ASSOCIATION OF HOME CARE PROVIDERS AS THE LARGEST PENNSYLVANIA HOME HEALTH PROVIDER AND NUMBER 14 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, 2015, HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION PROVIDED \$519,000 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 SUPPORTIVE ADULT DAY CARE SERVICES TO CLIENTS IN CAMBRIA AND BEDFORD COUNTIES. THE AGENCY ALSO PROVIDED PRIVATE DUTY SERVICES TO CLIENTS WITH LIVING ASSISTANCE AND SUPPORTIVE SERVICES. FOR THE FISCAL YEAR ENDED JUNE 30, 2015, HOME NURSING AGENCY COMMUNITY SERVICES PROVIDED \$40,000 IN UNCOMPENSATED CARE.

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

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NATION. THE AGING INSTITUTE'S INFORMATION AND REFERRAL LINE PROVIDES ACCESS TO INFORMATION, SERVICES, AND RESOURCES FOR OLDER ADULTS, CAREGIVERS, RESEARCHERS, EDUCATORS AND PROFESSIONALS THROUGH ADVOCACY SERVICES FOCUSED ON GUIDANCE AND SUPPORT. EACH CALL IS HANDLED BY A SOCIAL WORKER WHO PROVIDES APPROPRIATE COUNSELING AND SUPPORT BASED ON A THOROUGH NEEDS ASSESSMENT. THE SOCIAL WORKER ALSO PROVIDES OUTREACH AND EDUCATION. THE LIVING-AT-HOME PROGRAM PROVIDES CHRONIC CARE MANAGEMENT TO HELP MAINTAIN INDEPENDENCE AND FUNCTION OF THE ELDERLY BY COORDINATING THEIR CARE, PROVIDING EDUCATION ABOUT THEIR CONDITIONS, AND ASSISTING THEM IN MANAGING THEIR MEDICATIONS AND OBTAINING SERVICES THROUGH COMMUNITY RESOURCES. THIS PROGRAM ALSO PROVIDES HEALTH SELF-MANAGEMENT INFORMATION THROUGH SENIOR CENTERS AND HOUSING.

UPMC COMMUNITY PROVIDER SERVICES PROVIDED OVER \$4,900,000 IN SUPPORT FOR COMMUNITY BENEFIT PROGRAMS IN THE FISCAL YEAR ENDED JUNE 30, 2015.

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION (COMMUNITY CARE) IS A BEHAVIORAL HEALTH MANAGED CARE ORGANIZATION (BH-MCO) WHICH MANAGES BEHAVIORAL HEALTH SERVICES FOR APPROXIMATELY 1.4 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

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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 MANAGES BEHAVIORAL HEALTH SERVICES, AS WELL AS TREATMENT FOR DRUG AND ALCOHOL ABUSE TO MEDICAL ASSISTANCE ENROLLEES UNDER CONTRACTS WITH CERTAIN PENNSYLVANIA COUNTIES AND WITH THE COMMONWEALTH OF PENNSYLVANIA PURSUANT TO THE HEALTHCHOICES MANAGED CARE PROGRAM THAT WAS ESTABLISHED BY 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.

WITH A NETWORK OF APPROXIMATELY 4,000 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.

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UPMC OVERSEAS SUPPORTS THE INTERNATIONAL ORGAN TRANSPLANTATION PROGRAM OF UPMC PRESBYTERIAN SHADYSIDE BY COORDINATING THE PURCHASE OF 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 THE 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

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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 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 317,450 MEDICAL ASSISTANCE MEMBERS AND 18,611 HEALTHY PA MEMBERS DURING FISCAL YEAR 2015. ADDITIONALLY 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,



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INCLUDING THE AGED, BLIND, AND DISABLED, AND HAS BEEN VERY SUCCESSFUL IN MEETING THE NEEDS OF THIS UNIQUE POPULATION. UPMC FOR YOU ASSISTED THE COMMUNITY WITH OVER \$1,400,000 IN CHARITABLE DONATIONS IN FISCAL YEAR 2015.

THE CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA WAS ORIGINALLY FORMED IN 1978 TO BRING THE CITY OF PITTSBURGH AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE TOGETHER TO IMPROVE THE QUALITY AND DELIVERY OF EMERGENCY MEDICAL SERVICES IN PITTSBURGH. 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. STAT MEDEVAC IS THE REGION'S ONLY HELICOPTER SERVICE WITH THREE SINGLE PILOT INSTRUMENT RATED HELICOPTERS. 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, EDUCATION AND RESEARCH GOVERNED BY A GROUP OF TERTIARY CARE AND COMMUNITY HOSPITALS AND A LEADING UNIVERSITY IN CONCERT WITH A MAJOR METROPOLITAN MUNICIPALITY. THE CENTER HAS BECOME THE WORLD'S LEADING INSTITUTE FOR THE ADVANCEMENT OF EMERGENCY MEDICINE RESEARCH AND EDUCATION, AND MOST

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IMPORTANTLY, PATIENT CARE. DURING FISCAL YEAR 2015, THE CENTER FOR EMERGENCY MEDICINE PROVIDED UNCOMPENSATED CARE AT COST OF OVER \$5,300,000.

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 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 (92%). PLEASE SEE THE UPMC PARENT FORM 990 FOR MORE INFORMATION.

QUESTION 2: MULTIPLE UPMC OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY

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EMPLOYEES HAVE RELATIONSHIPS BY VIRTUE OF THE FACT THAT THEY ARE ALSO OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES OF UPMC SUBSIDIARIES AND AFFILIATES. THESE RELATIONSHIPS ARE NOT SEPARATELY DISCLOSED BELOW BECAUSE THEY ARE NOT "BUSINESS RELATIONSHIPS" FOR THE PURPOSES OF THE FORM 990.

QUESTION 6: MOST OF THE UPMC GROUP ENTITIES HAVE A SOLE MEMBER, WHICH IS UPMC PARENT. A SMALL NUMBER OF GROUP ENTITIES HAVE MORE THAN ONE MEMBER.

IN ALL CASES, THE MEMBERS ARE EXEMPT ORGANIZATIONS. ULTIMATELY THE GROUP ENTITIES AND THEIR RESPECTIVE MEMBERS (IF THE MEMBER(S) ARE NOT UPMC PARENT) ARE CONTROLLED BY UPMC PARENT.

QUESTION 7A AND B: IN THE CASE OF MOST OF THE UPMC GROUP ENTITIES, THE MEMBER(S) APPOINT A SIGNIFICANT PORTION OF THE ENTITIES' BOARDS OF DIRECTORS (IF NOT THE ENTIRE BOARD). IN THE CASE OF MOST OF THE GROUP ENTITIES, THE MEMBER(S) ALSO HAVE THE RIGHT TO INITIATE, APPROVE OR OVERTURN ACTIONS OF THE ENTITIES' BOARDS. IN ADDITION, THE MEMBERS' ACTIONS, IF THE MEMBER(S) IS NOT UPMC PARENT, IS IN MOST CASES SUBJECT TO THE OVERALL AUTHORITY OF THE UPMC PARENT BOARD.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE  
SECTION B: POLICIES

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

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MEMBER GOVERNING BODIES. WITH RESPECT TO THE REMAINING MEMBERS, UPMC'S AUTHORITY IS LIMITED SLIGHTLY BUT STILL SIGNIFICANT, ENCOMPASSING MAJOR MATTERS INCLUDING FINANCIAL AND TAX MATTERS. THE COMPLETED GROUP FORM 990 WAS REVIEWED BY THE UPMC CHIEF FINANCIAL OFFICER, MEMBERS OF THE CORPORATE TAX DEPARTMENT, MEMBERS OF THE CORPORATE LEGAL DEPARTMENT, AND OTHER MEMBERS OF UPMC'S MANAGEMENT PRIOR TO ITS FILING. VARIOUS SECTIONS OF THE 990 WERE ALSO REVIEWED BY THE CHIEF EXECUTIVE OFFICER OF UPMC AND COMMITTEES OF UPMC'S BOARD OF DIRECTORS, AS APPLICABLE. FOR EXAMPLE, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD REVIEWED SECTIONS RELATED TO COMPENSATION AND RELATED PARTY TRANSACTIONS. IN ADDITION, THE BOARD OF DIRECTORS ESTABLISHED A 990 SUBCOMMITTEE, COMPRISED OF THE CHAIRS OF THE UPMC BOARD, EXECUTIVE COMPENSATION COMMITTEE, ETHICS AND COMPLIANCE COMMITTEE, FINANCE COMMITTEE AND AUDIT COMMITTEE, WHICH REVIEWED THE ENTIRE COMPLETED FORM 990. ADDITIONALLY THE FORM 990 IS REVIEWED BY AN OUTSIDE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO AS PART OF THE PROCESS SIGNS THE RETURN AS PAID PREPARER. AFTER THIS REVIEW BUT PRIOR TO FILING, THE FULL UPMC BOARD OF DIRECTORS WAS NOTIFIED THAT THE COMPLETED FORM 990 WAS AVAILABLE FOR REVIEW ON THE BOARD'S SECURE WEBSITE. ALSO PRIOR TO FILING, MANAGEMENT PROVIDED THE OPPORTUNITY FOR ALL BOARD MEMBERS OF THE FULL UPMC BOARD TO ASK ANY QUESTIONS OR RAISE ANY COMMENTS ON THE FULL RETURN THEY WERE PROVIDED.

QUESTION 12C: UPMC REQUIRES KEY EMPLOYED AND NON-EMPLOYED PERSONNEL TO COMPLY WITH ITS CONFLICT OF INTEREST POLICIES WHEN THEY ENGAGE IN UPMC-RELATED BUSINESS.

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PERSONS COVERED BY THE POLICIES INCLUDE:

-UPMC BOARD MEMBERS, BOARD COMMITTEE MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES

-UPMC PHYSICIANS AND NON-PHYSICIAN EMPLOYEES WHO HOLD A POSITION OF INFLUENCE

-IDENTIFIED NON-EMPLOYED MEMBERS OF THE UPMC MEDICAL STAFF WHO HOLD A POSITION OF INFLUENCE OR TRUST

-INDIVIDUALS CONDUCTING CLINICAL RESEARCH AT UPMC, WHETHER OR NOT THEY ARE EMPLOYED BY UPMC.

THESE 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

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DEVELOPED AND IMPLEMENTED A SEPARATE TAX QUESTIONNAIRE DISTRIBUTED TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ANNUALLY THAT SPECIFICALLY ADDRESSES DISCLOSURE REQUIREMENTS OF FORM 990.

QUESTION 15A AND B: TO SUPPORT UPMC'S MISSION AND AS SET FORTH IN THE UPMC BYLAWS, THE BOARD OF DIRECTORS HAS FORMED AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") AND DELEGATED TO IT THE RESPONSIBILITY FOR ESTABLISHMENT AND IMPLEMENTATION OF OFFICER AND KEY EMPLOYEE TOTAL COMPENSATION PROGRAMS. AS PART OF THIS RESPONSIBILITY THE COMMITTEE REPORTS REGULARLY TO THE BOARD OF DIRECTORS. WITH BOARD OF DIRECTORS APPROVAL, THE COMMITTEE HAS ADOPTED A FORMAL CHARTER, WHICH INCLUDES THE ESTABLISHMENT OF A COMPENSATION PHILOSOPHY AND RELATED POLICIES WITH RESPECT TO THE TOTAL COMPENSATION PAID BY UPMC TO ITS OFFICERS AND KEY EMPLOYEES. THE UPMC TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES IS PREDICATED UPON AN INCENTIVE COMPENSATION COMPONENT. THIS COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA IN THE CONTEXT OF APPROPRIATE RISK TAKING. THESE CRITERIA DIRECTLY SUPPORT UPMC'S MISSION AND INCLUDE: PATIENT QUALITY AND SATISFACTION, COMMUNITY BENEFITS, OPERATIONAL AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND STRATEGIC BUSINESS INITIATIVES AMONG OTHERS. THE TOTAL COMPENSATION PROGRAM IS INTEGRATED WITH AND REINFORCES THE UPMC BUSINESS PLANNING CYCLE AS WELL AS MANAGEMENT DEVELOPMENT AND SUCCESSION PLANNING PROCESSES. IT IS THE COMMITTEE'S JUDGMENT THAT THE STRUCTURE OF THE TOTAL

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COMPENSATION PROGRAM IS VITAL TO, AND STRONGLY SUPPORTIVE OF, THE HIGH LEVEL OF ONGOING SUCCESS OF UPMC AND FOSTERS THE RETENTION OF CRITICAL OFFICER AND KEY EMPLOYEE TALENT. THE TOTAL COMPENSATION DETERMINATION PROCESS UTILIZED BY THE COMMITTEE IS INTENDED TO SATISFY THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" AS SET FORTH IN THE REGULATIONS TO SECTION 4958 OF THE INTERNAL REVENUE CODE ("CODE"). THIS MEANS THAT COMPENSATION PROGRAMS AND LEVELS ARE APPROVED IN ADVANCE BY THE COMMITTEE WHICH IS COMPOSED ENTIRELY OF OUTSIDE DIRECTORS WHO DO NOT HAVE A CONFLICT OF INTEREST, AS DEFINED BY THE RELEVANT REGULATIONS, WITH RESPECT TO THE COMPENSATION PROGRAM AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON A BROAD RANGE OF APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATIONS. THE COMMITTEE THEN CONTEMPORANEOUSLY DOCUMENTS, IN FORMAL MEETING MINUTES, THE BASIS AND REASONS FOR ITS DETERMINATIONS. THE TOTAL COMPENSATION PROGRAM IS DESIGNED AND ADMINISTERED IN ACCORDANCE WITH THE UPMC BYLAWS, SOUND BUSINESS PRACTICES, THE TENETS OF COMMON LAW BUSINESS JUDGMENT AND FIDUCIARY RESPONSIBILITY AS WELL AS ADHERENCE TO ALL RELEVANT FEDERAL, STATE AND LOCAL LAWS. IN ADDITION TO CODE SECTION 4958, AS SET FORTH ABOVE, THIS INCLUDES BUT IS NOT LIMITED TO CODE SECTION 501(C)(3) AND THE APPLICABLE REGULATIONS THEREUNDER AS WELL AS ALL LAWS AND REGULATIONS PROHIBITING PRIVATE INUREMENT, PRIVATE BENEFIT TRANSACTIONS AND DISCRIMINATION. FURTHER, THE COMMITTEE HAS IDENTIFIED AND ADOPTED, AS APPROPRIATELY MODIFIED FOR UPMC, COMPENSATION PROGRAM "BEST PRACTICES" FROM THE BUSINESS WORLD (E.G. SARBANES OXLEY, SEC, ETC.). THE COMMITTEE BELIEVES THAT WHILE THESE PRACTICES ARE NOT REQUIRED IN THE TAX EXEMPT SECTOR, THEY ARE IN THE BEST INTERESTS OF THE

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ORGANIZATION AND FURTHER SUPPORT UPMC'S NONPROFIT MISSION. IN ACCORDANCE WITH THE ABOVE, DETERMINATION OF TOTAL COMPENSATION FOR THE CEO IS MADE EXCLUSIVELY BY THE COMMITTEE. DETERMINATION OF TOTAL COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS RECOMMENDED BY THE CEO AND SUBJECT TO REVIEW AND APPROVAL BY THE COMMITTEE. THE COMMITTEE, WHICH MEETS AT LEAST FOUR TIMES A YEAR, OBTAINS PROFESSIONAL ADVICE FROM ITS OWN EXPERTS, INCLUDING ACCOUNTANTS, EXECUTIVE COMPENSATION CONSULTANTS AND LEGAL COUNSEL.

QUESTION 16A AND B: UPMC HAS A FORMAL WRITTEN POLICY PERTAINING TO JOINT VENTURES BETWEEN UPMC TAX-EXEMPT ENTITIES AND TAXABLE ENTITIES. THE POLICY EMPLOYS AN INTERNAL PROCEDURE FOR REVIEW OF ALL TRANSACTIONS INVOLVING POTENTIAL PARTICIPATION IN JOINT VENTURES AND SIMILAR ARRANGEMENTS TO ENSURE THAT SUCH ENTITIES OPERATE IN ACCORDANCE WITH APPLICABLE IRS POLICIES AND WITHIN UPMC'S CHARITABLE PURPOSES.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE  
SECTION C: DISCLOSURE

QUESTION 19: UPMC'S PUBLIC WEBSITE (WWW.UPMC.COM) MAKES ITS FINANCIAL RESULTS, CONFLICT OF INTEREST PROCESS, AND VARIOUS INFORMATION ABOUT THE GOVERNANCE AND OVERSIGHT AVAILABLE TO THE PUBLIC. ADDITIONAL INFORMATION MAY BE SUPPLIED UPON SPECIFIC REQUEST FOR DATA NOT POSTED TO THE WEB SITE.

PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS



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PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5) THE SPONSORING ENTITY OF UPMC GROUP, UPMC, HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS RECEIVED; INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES; CERTAIN OTHER HIGHLY PAID EMPLOYEES; CERTAIN PROFESSIONAL CONTRACTORS; AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS ALONG WITH ALL MEMBERS OF THE GROUP IN THE UPMC GROUP RETURN. THE COMPENSATION AMOUNTS LISTED REPRESENT THE FULL AND COMPLETE COMPENSATION PACKAGES PAID TO THE INDIVIDUALS FOR PERFORMING THEIR ASSIGNED DUTIES AT UPMC. A PORTION OF THE COMPENSATION DISCLOSED MAY RELATE TO EARNED AND PREVIOUSLY REPORTED DEFERRED COMPENSATION. A PORTION OF THE BENEFITS DISCLOSED MAY RELATE TO EARNED BUT UNPAID DEFERRED COMPENSATION. ALL SALARIES AND BENEFITS REPORTED ARE BASED ON INDIVIDUALS' OPERATIONAL POSITIONS AND ARE NOT FOR SERVICES PERFORMED AS DIRECTORS OR BOARD MEMBERS. BOARD POSITIONS ARE ALL VOLUNTEER AND UNPAID.

PART VII OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES INDIVIDUALS THAT HOLD REPORTING POSITIONS WITH MORE THAN ONE ORGANIZATION ARE LISTED SEPARATELY IN PART VII WITH REGARD TO EACH ENTITY. INDIVIDUALS ARE COMPENSATED FOR OPERATIONAL ROLES ONLY, NOT FOR DUTIES PERFORMED AS DIRECTORS OR BOARD MEMBERS. COMPENSATION DISCLOSED FOR PERSONS WHOSE ROLE IS LISTED AS BOARD MEMBER IS COMPENSATION FROM THE SAME OR RELATED ORGANIZATION FOR AN OPERATIONAL ROLE AND NOT FOR THE DISCLOSED PERSON'S ROLE AS A BOARD MEMBER. ALL BOARD POSITIONS FOR ALL GROUP ENTITIES ARE

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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.

## PART XI RECONCILIATION OF NET ASSETS

NET TRANSFERS TO EXEMPT PARENT	-113,775,790
NET RESTRICTED/SPF ACTIVITY	6,072,920
OTHER INCREASES/DECREASES IN FUND BALANCE	489,300
PARTNERSHIP/JV INVESTMENTS	-16,833,477
CURRENCY ADJUSTMENTS	-3,864,335
CHANGE IN BENEFICIAL INTEREST	-6,415,329
TRANSFERS TO EXEMPT AFFILIATES	-5,520,891
ADDITION OF GROUP MEMBERS	26,198,982
TOTAL	-113,648,620

## 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

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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 1

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990, 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 225 NORTH SHORE DRIVE PITTSBURGH, PA 15212	GENERAL CONTRACTOR	37,846,206.
CENTERS FOR REHAB SERVICES 625 WALNUT STREET MCKEESPORT, PA 15132	REHAB SERVICES	32,378,598.
MOSITES CONSTRUCTION COMPANY 4839 CAMPBELLS RUN ROAD PITTSBURGH, PA 15205	GENERAL CONTRACTOR	23,393,689.
MEDICOR ASSOCIATES INC 120 EAST 2ND STREET ERIE, PA 16507	MEDICAL SERVICES	18,858,604.
RYCON CONSTRUCTION 2525 LIBERTY AVENUE PITTSBURGH, PA 15222	GENERAL CONTRACTOR	16,351,120.

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ATTACHMENT 2

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FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME	19,446,153.			19,446,153.

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ATTACHMENT 2 (CONT'D)

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
TOTALS	<u>19,446,153.</u>			<u>19,446,153.</u>

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
STEELEER STYLE	356,543.
ANDY RUSSELL CELEBRITY CLASSIC	120,252.
CHILDREN'S BALL	56,208.
UPMC GOLF OUTING	52,019.
HORIZON FOUNDATION GOLF OUTING	21,575.
HVI GOLF OUTING	7,146.
BOO BALL	12,350.
LUAU	14,358.
CHARLES E COPELAND GOLF OUTING	10,531.
UPMC EAST GOLF OUTING	8,349.
TOTAL	<u>659,331.</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	139,704.	304,442.	-164,738.
ANDY RUSSELL CELEBRITY CLASSIC	27,478.	96,667.	-69,189.

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ATTACHMENT 4 (CONT'D)FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
CHILDREN'S BALL	7,542.	39,575.	-32,033.
UPMC GOLF OUTING	39,344.	32,625.	6,719.
HORIZON FOUNDATION GOLF OUTING	10,200.	30,028.	-19,828.
HVI GOLF OUTING	4,875.	5,842.	-967.
BOO BALL	1,210.	4,914.	-3,704.
LUAU	3,040.	6,604.	-3,564.
CHARLES E COPELAND GOLF OUTING	14,149.	17,247.	-3,098.
UPMC EAST GOLF OUTING	15,152.	17,878.	-2,726.
TOTALS	<u>262,694.</u>	<u>555,822.</u>	<u>-293,128.</u>

ATTACHMENT 5FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GAMING ACTIVITY		60,090.	-60,090.
TOTALS		<u>60,090.</u>	<u>-60,090.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UPMC ITALY S.R.L. PIAZZA SETT ANGELI 1090134	HEALTHCARE	IT	44,779,141.	28,225,991.	UPMC OVERSEA
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UPMC SENIOR COMMUNITIES, INC. 25-1574736 600 GRANT STREET PITTSBURGH, PA 15219	SR. LIVING	PA	501(C)(3)	9	UPMC	X	
(2) PITTSBURGH LIFETIME CARE COMMUNITY 25-1335247 600 GRANT STREET PITTSBURGH, PA 15219	CCRC	PA	501(C)(3)	9	UPMC SR COMM	X	
(3) CANTERBURY PLACE 25-0965334 600 GRANT STREET PITTSBURGH, PA 15219	SR. LIVING	PA	501(C)(3)	9	UPMC SR COMM	X	
(4) SENECA PLACE 72-1562844 600 GRANT STREET PITTSBURGH, PA 15219	SR LIVING	PA	501(C)(3)	9	UPMC SR COMM	X	
(5) SHADYSIDE HOSPITAL SUPPORTING FOUNDATION 26-0303394 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	11(A) I	UPMC	X	
(6) UPMC LEE 25-0613830 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	501(C)(3)	3	UPMC	X	
(7) PITTSBURGH CARE PARTNERSHIP, INC. 25-1753852 600 GRANT STREET PITTSBURGH, PA 15219	ADULTDAYCARE	PA	501(C)(3)	9	UPMC	X	

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

Schedule R (Form 990) 2014

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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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Employer identification number

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**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UPMC CENTER FOR HIGH VALUE HEALTHCARE 600 GRANT STREET PITTSBURGH, PA 15219 45-2178782	RESEARCH	PA	501(C)(3)	7	UPMC	X	
(2) SHADYSIDE HOSPITAL FOUNDATION 532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232 25-1290546	FOUNDATION	PA	501(C)(3)	11(C) III	UPMC PRESBY	X	
(3) PASSAVANT HOSPITAL FOUNDATION 9100 BABCOCK BLVD PITTSBURGH, PA 15237 25-1407815	FOUNDATION	PA	501(C)(3)	11(B) II	UPMC PASS	X	
(4) UPMC NORTHWEST FOUNDATION 100 FARFIELD DRIVE SENECA, PA 16346 25-1483624	FOUNDATION	PA	501(C)(3)	11(D) III	UPMC NORTHWE	X	
(5) ST. MARGARET FOUNDATION 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 600 GRANT STREET PITTSBURGH, PA 15219 25-1865744	FOUNDATION	PA	501(C)(3)	7	UPMC CHP	X	
(7) MAGEE-WOMEN RES INST AND FOUNDATION 600 GRANT STREET PITTSBURGH, PA 15219 25-1462311	FOUNDATION	PA	501(C)(3)	7	N/A		X

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

Schedule R (Form 990) 2014

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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).

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KANE COMMUNITY HOSPITAL 4372 ROUTE 6 KANE, PA 16735 25-0998168	HOSPITAL	PA	501(C)(3)	3	UPMC HAMOT		X
(2) GREAT LAKES PHYSICIAN PRACTICE 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219 46-4186362	PHYSICIANS	NY	501(C)(3)	3	RHS	X	
(3) HAMOT HEALTH FOUNDATION 302 FRENCH ST ERIE, PA 16507 25-1400999	FOUNDATION	PA	501(C)(3)	11(B)II	UPMC HAMOT	X	
(4) SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HA 1330 W. 26TH ST ERIE, PA 16508 25-1317492	BEHAVIORAL	PA	501(C)(3)	7	UPMC HAMOT	X	
(5) UPMC MULTISPECIALTY GROUP, INC. 9104 BABCOCK BLVD, STE 2120 PITTSBURGH, PA 15237 47-1869395	HEALTHCARE	PA	501(C)(3)	3	UPMC	X	
(6)							
(7)							

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

Schedule R (Form 990) 2014



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LILIANE S. KAUFMANN MOB ASSOC 600 GRANT STREET	MED OFFICE BL	PA	UPMC PRESBY/SHA	RELATED	894,605.	0		X	0	X		93.5136
(2) SENECA HILLS ASSISTED LIVING. 600 GRANT STREET	ASSISTED LIVI	PA	N/A		0	0			0			
(3) ST. MARGARET MEDICAL ARTS ASSO 600 GRANT STREET	MED OFFICE BL	PA	N/A		0	0			0			
(4) CORE NETWORK, LLC 25-1786209 600 GRANT STREET	HEALTHCARE	PA	UPMC COMM PROVI	RELATED	2,730,911.	9,327,806.		X	0			76.0090
(5) UPMC JEFFERSON REGIONAL HOME H 600 GRANT STREET	HOMECARE	PA	UPMC COMM PROVI	RELATED	0	0		X	0			
(6) LIFE HOME CARE, L.P. 25-184783 600 GRANT STREET	HOMECARE	PA	UPMC COMM PROV	RELATED	0	0		X	0	X		100.0000
(7) SHADYSIDE MEDICAL CENTER ASSOC 600 GRANT STREET	MED OFFICE BL	PA	N/A		0	0			0			

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) H.C.PHARMACY CENTRAL, INC. 25-1364192 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY CO-O	PA	VARIOUS	C	1,687,317.	257,557.	78.5700	X	
(2) CHILDREN'S COMMUNITY CARE 25-1781887 600 GRANT STREET PITTSBURGH, PA 15219	PEDIATRIC SVC	PA	UPMC CHP	C	97,479,684.	9,632,321.	100.0000	X	
(3) UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL DUBLIN 18 SANDYFORD, EI	CANCER TREATM	EI	N/A	C	0	0	100.0000	X	
(4) UPMC PHYSICIAN SERVICES HOLDING COMPANY 25-1877017 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C					X
(5) HEMATOLOGY ONCOLOGY ASSOC 42-1648357 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					X
(6) ONCOLOGY HEMATOLOGY ASSOC 25-1762980 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					X
(7) TRI-STATE NEUROSURGICAL ASSOCIATES 25-1458655 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHARTWELL PA, LP 25-1729714 600 GRANT STREET	HOMEHEALTH	PA	UPMC COMM PROV	RELATED	18,448,892.	29,563,297.		X	0	X		94.9855
(2) LIFE CARE HOME SERVCS NORTHWES 1647 SASSAFRAS STREET	HOME HEALTH S	PA	HAMOT	RELATED	3,810,661.	7,130,567.		X	0	X		100.0000
(3) HAMOT-KCH REAL ESTATE VENTURE 300 STATE STREET ERIE, PA 1650	MEDICAL OFFIC	PA	HAMOT	RELATED	2,599.	238,567.		X	0	X		51.0000
(4) HAMOT SURGERY CENTER, LLC 25-1 200 STATE STREET ERIE, PA 1650	AMBULATORY SU	PA	HAMOT	RELATED	1,830,100.	3,567,969.		X	0			51.0000
(5) EPN-HAMOT URGENT CARE, LLC 27- 600 GRANT STREET	URGENT CARE	PA	ERIE PHYS.NETWO	RELATED	155,516.	3,707,578.		X	0			100.0000
(6) MOUNTAIN VIEW MEDICAL ONCOLOGY 600 GRANT STREET, 58TH FLOOR	HEALTHCARE	PA	UPMC MCKEESPORT	RELATED	39,909.	0		X	0	X		51.0000
(7) VIA ONCOLOGY, LLC 37-1754667 5750 CENTRE AVENUE, STE 500	ONCOLOGY PATHWAYS	PA	UN.PGH.CN SRVCS	RELATED	-751,786.	1,199,996.		X	0			66.8000

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) RENAISSANCE FAMILY PRACTICE - UPMC, INC 26-2942406 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					X
(2) UPMC HOLDING COMPANY, INC. 25-1777713 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CORP	PA	N/A	C					X
(3) UPMC COVERAGE PRODUCTS, INC. 25-1777710 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CORP	PA	N/A	C					X
(4) FREEDOM INSURANCE COMPANY 03-0308944 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	VT	N/A	C					X
(5) TRI-CENTURY INSURANCE CO 25-1500739 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					X
(6) UPMC DNA, INC 25-1883237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					X
(7) UPMC HEALTH BENEFITS, INC. 25-1844144 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UPMC HEALTH NETWORK, INC. 600 GRANT STREET PITTSBURGH, PA 15219 72-1527566	HEALTH INSUR	PA	N/A	C					X
(2) UPMC HEALTH PLAN, INC. 600 GRANT STREET PITTSBURGH, PA 15219 23-2813536	HEALTH INSUR	PA	N/A	C					X
(3) UPMC BENEFIT MANAGEMENT SERVICES, INC. 600 GRANT STREET PITTSBURGH, PA 15219 25-1769564	WORKERS' COMP	PA	N/A	C					X
(4) UPMC DIVERSIFIED SERVICES, INC. 600 GRANT STREET PITTSBURGH, PA 15219 25-1778454	HOLDING CORP	PA	N/A	C					X
(5) MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA 15219 25-1666087	HEALTHCARE	PA	N/A	C					X
(6) MEDICAL ARCHIVAL SYSTEMS, INC. 600 GRANT STREET PITTSBURGH, PA 15219 23-2912501	SOFTWARE DEVE	DE	N/A	C					X
(7) PRESBY HEALTH RESOURCE MGMT 600 GRANT STREET PITTSBURGH, PA 15219 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) RX PARTNERS, INC. 600 GRANT STREET PITTSBURGH, PA 15219 25-1801966	RETAIL PHARM	PA	N/A	C					X
(2) BIOTRONICS, INC. 600 GRANT STREET PITTSBURGH, PA 15219 25-1843500	EQUIP MAINTEN	PA	N/A	C					X
(3) MEDICAL CENTER PROPERTIES, INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1796940	REAL ESTATE	PA	N/A	C					X
(4) ASKESIS DEVELOPMENT GROUP, INC. 600 GRANT STREET PITTSBURGH, PA 15219 54-1625585	SOFTWARE DEVE	DE	N/A	C					X
(5) PANTHER REINSURANCE COMPANY, LTD P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CJ	N/A	C					X
(6) FORBES REINSURANCE COMPANY, LTD. P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CJ	N/A	C					X
(7) CATHEDRAL (RE) INSURANCE CO P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UPMC INTERNATIONAL HEALTH INITIATIVES 84-1706741 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	N/A	C					X
(2) UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL DUBLIN 18 SANDYFORD, EI	HEALTHCARE SU	EI	N/A	C	0	5,242,681.	100.0000	X	
(3) UPMC UNITED KINGDOM, LTD 98-0571026 C/O NAIR&CO 11TH FLOOR WHITEFRIARS BS1 2 LEWINS MEAD, BRI	SOFTWARE LICE	UK	N/A	C	998,082.	881,146.	100.0000	X	
(4) UPMC CYPRUS HOLDINGS, LTD JULIA HOUSE 3 THEMISTOCLES DERVIS CY 106 NICOSIA, CY	HEALTHCARE SU	CY	N/A	C	0	0	100.0000	X	
(5) UPMC CYPRUS LTD. JULIA HOUSE 3 THEMISTOCLES DERVIS CY 106 NICOSIA, CY	HEALTHCARE SU	CY	N/A	C	0	0	100.0000	X	
(6) BAYFRONT REGIONAL DEVELOPMENT CORP 25-1401388 300 STATE STREET ERIE, PA 16507	RE HOLDING CO	PA	HAMOT	C	1,414,416.	11,940,588.	100.0000	X	
(7) BAYSIDE DEVELOPMENT CORP 25-1401386 300 STATE STREET ERIE, PA 16507	REAL ESTATE/P	PA	N/A	C	2,281,566.	7,379,601.	100.0000	X	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UPMC WORK ALLIANCE, INC. 45-2825053 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					X
(2) UPMC CANADA TECHNOLOGIES, LIMITED 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE	CA	N/A	C	2,591,719.	2,965,675.	100.0000	X	
(3) ALLIED ORTHOPEDICS APPLIANCES, INC 16-1092951 335 E 3RD ST JAMESTOWN, NY 14701	MED APPLIANCE	PA	N/A	C	0	0	100.0000	X	
(4) UPMC HEALTH COVERAGE, INC 46-2824537 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					X
(5) UPMC HEALTH OPTIONS, INC 46-2824626 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					X
(6) UPMC COMPLETE CARE, INC 46-3605753 5215 CENTRE AVENUE PITTSBURGH, PA 15232	HEALTHCARE	PA	N/A	C					X
(7) AMERICAN HOME HEALTH SERVICES 31-1521422 868 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH C	OH	N/A	C	0	0	100.0000	X	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HEALTH FIDELITY, INC. 210 S. B ST SAN MATEO, CA 94401 45-2538963	TECHNOLOGY SVC	CA	N/A	C					X
(2) FLUENCE HEALTH, INC. 6425 PENN AVE PITTSBURGH, PA 15206 47-2684174	SOFTWARE	PA	N/A	C					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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CORE NETWORK LLC	P	33,974,418.	COST
(2) UPMC	K	14,148,817.	COST
(3) UPMC	P	111,424,405.	COST
(4) CHILDREN'S COMMUNITY CARE	O	1,347,863.	COST
(5) CHILDREN'S COMMUNITY CARE	P	229,465.	COST
(6) CHILDREN'S COMMUNITY CARE	Q	670,552.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CENTER FOR BIOSECURITY OF UPMC, INC	Q	174,352.	COST
(2) STRATEGIC BUSINESS INITIATIVES LLC	Q	2,150,275.	COST
(3) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	6,229,041.	COST
(4) UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	82,685,470.	COST
(5) UPMC COMMUNITY PROVIDER SERVICES	Q	11,426,056.	COST
(6) UPMC COMMUNITY MEDICINE INC.	Q	17,889,237.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC EMERGENCY MEDICINES INC.	Q	407,243.	COST
(2) UPMC HORIZON	Q	10,785,729.	COST
(3) UPMC BEDFORD	Q	7,482,283.	COST
(4) UPMC NORTHWEST	Q	12,871,551.	COST
(5) MAGEE WOMENS HOSPITAL OF UPMC	Q	177,649,199.	COST
(6) UPMC PASSAVANT	Q	36,367,261.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC ST. MARGARET	Q	23,924,571.	COST
(2) CHILDREN'S HOSPITAL OF UPMC	Q	86,806,981.	COST
(3) UPMC MCKEESPORT	Q	10,175,722.	COST
(4) UPMC MERCY	Q	11,418,830.	COST
(5) UPMC FOR YOU	Q	8,436,022.	COST
(6) COMMUNITY CARE BEHAVIORAL HEALTH ORG	Q	6,796,703.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HEALTH COVERAGE INC.	Q	72,710.	COST
(2) UPMC HAMOT	Q	31,393,264.	COST
(3) UPMC HEALTH BENEFITS INC.	Q	365,271.	COST
(4) UPMC BENEFIT MANAGEMENT SERVICES INC.	Q	2,725,358.	COST
(5) UPMC HEALTH PLAN INC.	Q	5,305,232.	COST
(6) UPMC HEALTH NETWORK INC.	Q	413,440.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CATHERDRAL REINSURANCE COMPANY LTD	Q	729,203.	COST
(2) FORBES REINSURANCE COMPANY LTD	Q	590,307.	COST
(3) PANTHER REINSURANCE COMPANY LTD	Q	156,258.	COST
(4) TRI-CENTURY INSURANCE COMPANY	Q	260,430.	COST
(5) MONROEVILLE SPECIALTY CLINIC INC.	Q	376,644.	COST
(6) TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC.	Q	316,973.	COST

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HOLDING COMPANY, INC.	Q	8,337,614.	COST
(2) RENAISSANCE FAMILY PRACTICE-UPMC, INC.	Q	1,016,499.	COST
(3) UPMC EAST	Q	9,390,981.	COST
(4) ERIE PHYSICIANS NETWORK-UPMC INC.	Q	755,815.	COST
(5) UPMC OVERSEAS	Q	1,698,612.	COST
(6) ASKESIS DEVELOPMENT GROUP INC.	Q	95,491.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HEALTH OPTIONS INC.	Q	4,779,695.	COST
(2) DONAHUE & ALLEN CARDIOLOGY-UPMC INC.	Q	246,491.	COST
(3) CENTER FOR EMERGENCY MEDICINE	Q	255,179.	COST
(4) UPMC COMPLETE CARE INC.	Q	115,088.	COST
(5) UPMC PRESBYTERIAN SHADYSIDE	P	583,073,081.	COST
(6) MAGEE WOMENS HOSPITAL OF UPMC	R	58,386,760.	ACTUAL

**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC PASSAVANT	C	8,901,947.	ACTUAL
(2) UPMC NORTHWEST	C	3,069,891.	ACTUAL
(3) UPMC PRESBYTERIAN SHADYSIDE	C	4,427,265.	ACTUAL
(4) UPMC HAMOT	C	43,287,671.	ACTUAL
(5) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	C	6,337,545.	ACTUAL
(6) UPMC ST. MARGARET	C	7,749,830.	ACTUAL



**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	C	1,595,693.	ACTUAL
(2) UPMC HORIZON	C	2,904,878.	ACTUAL
(3) UPMC MCKEESPORT	R	4,374,559.	ACTUAL
(4) UPMC BRADDOCK	R	88,282.	ACTUAL
(5) UPMC MERCY	R	7,575,533.	ACTUAL
(6) UPMC EAST	C	5,903,957.	ACTUAL

**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC BEDFORD	R	2,031,232.	ACTUAL
(2) UPMC PRESBYTERIAN SHADYSIDE	K	12,492,638.	COST
(3) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	K	8,740,597.	COST
(4) MAGEE WOMENS HOSPITAL OF UPMC	K	2,156,458.	COST
(5) UPMC ST. MARGARET	K	1,616,138.	COST
(6) UPMC PASSAVANT	K	4,478,027.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HORIZON	K	830,277.	COST
(2) UPMC MCKEESPORT	K	416,083.	COST
(3) UPMC BEDFORD	K	120,511.	COST
(4) UPMC MERCY	K	3,150,204.	COST
(5) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	K	86,580.	COST
(6) UNIVERSITY OF PITTSBURGH PHYSICIANS	K	661,593.	COST

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC COMMUNITY MEDICINE INC.	K	1,420,785.	COST
(2) UPMC EMERGENCY MEDICINE INC.	K	112,052.	COST
(3) UPMC HAMOT	K	1,274,500.	COST
(4) REGIONAL HEALTH SERVICES INC.	K	369,758.	COST
(5) UPMC BEDFORD	J	83,244.	COST
(6) CENTER FOR EMERGENCY MEDICINE	J	110,556.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S COMMUNITY CARE	J	290,614.	COST
(2) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	J	202,216.	COST
(3) CORE NETWORK LLC	J	1,317,160.	COST
(4) DONAHUE & ALLEN CARDIOLOGY-UPMC INC.	J	70,651.	COST
(5) UPMC EMERGENCY MEDICINE INC.	J	69,325.	COST
(6) UPMC HAMOT	J	118,706.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE HERITAGE SHADYSIDE	J	202,744.	COST
(2) UPMC COMMUNITY PROVIDER SERVICES	J	418,535.	COST
(3) COMMUNITY CARE BEHAVIORAL HEALTH ORG	J	89,065.	COST
(4) UPMC HORIZON	J	125,732.	COST
(5) MAGEE WOMENS HOSPITAL OF UPMC	J	4,318,710.	COST
(6) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	J	138,026.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC PRESBYTERIAN SHADYSIDE	J	1,415,368.	COST
(2) REGIONAL HEALTH SERVICES INC	J	1,066,039.	COST
(3) SENECA PLACE	J	168,700.	COST
(4) SHADYSIDE MEDICAL CENTER ASSOCIATES	J	124,800.	COST
(5) UNIVERSITY OF PITTSBURGH PHYSICIANS	J	20,133,173.	COST
(6) UPMC COMMUNITY MEDICINE INC.	J	4,766,677.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC, INC.	J	264,404.	COST
(2)	RENAISSANCE FAMILY PRACTICE-UPMC, INC.	J	95,169.	COST
(3)	CRANBERRY PLACE	J	2,182,848.	COST
(4)	UPMC ST. MARGARET	J	61,420.	COST
(5)	HOME NURSING AGENCY AFFILIATES	A	1,904,709.	COST
(6)	HOME NURSING AGENCY COMMUNITY SERVICES	J	678,104.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOME NURSING AGENCY AND VISITING NURSE ASSOC	J	1,201,896.	COST
(2) HOME NURSING AGENCY AFFILIATES	L	837,369.	COST
(3) HOME NURSING AGENCY COMMUNITY SERVICES	M	270,577.	COST
(4) HOME NURSING AGENCY AND VISITING NURSE ASSOC	M	566,792.	COST
(5) HOME NURSING AGENCY FOUNDATION	C	106,354.	ACTUAL
(6) HOME NURSING AGENCY AFFILIATES	B	106,354.	ACTUAL

**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOME NURSING AGENCY AND VISITING NURSE ASSOC	L	145,472.	COST
(2) HOME NURSING AGENCY FOUNDATION	M	145,472.	COST
(3) HOME NURSING AGENCY AFFILIATES	P	161,029.	COST
(4) HOME NURSING AGENCY AND VISITING NURSE ASSOC	Q	106,029.	COST
(5) HOME NURSING AGENCY FOUNDATION	C	113,415.	ACTUAL
(6) HOME NURSING AGENCY COMMUNITY SERVICES	B	113,415.	ACTUAL

**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) QUALITY FIRST HEALTHCARE LLC	D	1,503,959.	COST
(2) UPMC BEDFORD	P	108,224.	COST
(3) HOME NURSING AGENCY AND VISITING NURSE ASSOC	Q	108,224.	COST
(4) UPMC PRESBYTERIAN SHADYSIDE	P	51,776.	COST
(5) HOME NURSING AGENCY AND VISITING NURSE ASSOC	Q	51,776.	COST
(6) UPMC COMMUNITY PROVIDER SERVICES	P	51,776.	COST

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOME NURSING AGENCY AND VISITING NURSE ASSOC	Q	51,776.	COST
(2) UPMC	C	23,139,702.	ACTUAL
(3) CHILDRENS COMMUNITY CARE	F	445,000.	COST
(4) UNIVERSITY OF PITTSBURGH PHYSICIANS	P	455,969,372.	COST
(5) UPMC BEDFORD	Q	188,720.	COST
(6) CENTER FOR EMERGENCY MEDICINE	Q	1,153,304.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	Q	64,413,659.	COST
(2) UPMC EAST	Q	6,679,154.	COST
(3) UPMC COMMUNITY PROVIDER SERVICES	Q	855,775.	COST
(4) UPMC HORIZON	Q	6,140,118.	COST
(5) MAGEE WOMENS HOSPITAL OF UPMC	Q	39,295,281.	COST
(6) UPMC MCKEESPORT	Q	6,297,656.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC MERCY	Q	41,631,727.	COST
(2) UPMC PASSAVANT	Q	19,797,446.	COST
(3) UPMC NORTHWEST	Q	3,719,220.	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	243,564,503.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HAMOT	Q	6,153,778.	COST
(2) UPMC FOR YOU	Q	117,964.	COST
(3) UPMC ST. MARGARET	Q	12,377,555.	COST
(4) UPMC HEALTH PLAN INC.	Q	74,553.	COST
(5) UPMC HEALTH OPTIONS INC.	Q	67,255.	COST
(6) STRATEGIC BUSINESS INITIATIVES, LLC	Q	431,740.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ONCOLOGY HEMATOLOGY ASSOCIATION	Q	1,545,014.	COST
(2) SBI QUALIFYING SOLUTIONS LLC	Q	150,000.	COST
(3) UPMC DIVERSIFIED SERVICES INC.	Q	155,375.	COST
(4) UPMC	Q	244,792.	COST
(5) UPMC COMMUNITY MEDICINE INC.	P	125,262,634.	COST
(6) UPMC BEDFORD	Q	4,384,238.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC EAST	Q	4,436,745.	COST
(2) UPMC HORIZON	Q	13,124,167.	COST
(3) MAGEE WOMENS HOSPITAL OF UPMC	Q	4,163,118.	COST
(4) UPMC MCKEESPORT	Q	6,092,068.	COST
(5) UPMC MERCY	Q	7,173,773.	COST
(6) UPMC PASSAVANT	Q	23,487,487.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC NORTHWEST	Q	8,197,182.	COST
(2)	UPMC PRESBYTERIAN SHADYSIDE	Q	27,894,770.	COST
(3)	UPMC ST. MARGARET	Q	26,309,086.	COST
(4)	UPMC EMERGENCY MEDICINE INC.	P	6,658,618.	COST
(5)	UPMC HORIZON	Q	2,825,747.	COST
(6)	UPMC MCKEESPORT	Q	1,638,639.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC NORTHWEST	Q	1,939,874.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE	Q	254,358.	COST
(3) ERIE PHYSICIANS NETWORK-UPMC INC.	P	4,554,549.	COST
(4) UPMC HAMOT	Q	4,554,549.	COST
(5) UPMC PRESBYTERIAN SHADYSIDE Q	Q	654,000.	COST
(6) CENTER FOR EMERGENCY MEDICINE	P	654,000.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDRENS COMMUNITY CARE	P	512,976.	COST
(2) UPMC HAMOT	Q	287,190.	COST
(3) REGIONAL HEALTH SERVICES INC.	Q	130,868.	COST
(4) UPMC BEDFORD	Q	94,918.	COST
(5) UPMC ST. MARGARET	Q	180,000.	COST
(6) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	20,319,202.	COST

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC NORTHWEST	Q	679,862.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE	Q	19,639,340.	COST
(3) UPMC BENEFIT MANAGEMENT SERVICES INC.	Q	67,184.	COST
(4) UPMC PRESBYTERIAN SHADYSIDE	P	67,184.	COST
(5) MEDICAL ARCHIVAL SYSTEMS, INC.	P	280,254.	COST
(6) UPMC PRESBYTERIAN SHADYSIDE	Q	280,254.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SBI SOFTWARE SOLUTIONS LLC	P	1,546,505.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE	Q	1,546,505.	COST
(3) UPMC	R	5,390,880.	ACTUAL
(4) CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC	P	1,366,110.	COST
(5) UPMC HEALTH PLAN	Q	943,408.	COST
(6) UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	54,004.	COST

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDRENS COMMUNITY CARE	Q	368,698.	COST
(2) UPMC OVERSEAS	P	3,766,163.	COST
(3) UPMC ITALY S.R.L.	Q	3,766,163.	COST
(4) DONAHUE & ALLEN- UPMC INC.	P	2,327,493.	COST
(5) UPMC PRESBYTERIAN SHADYSIDE	Q	2,327,493.	COST
(6) UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	5,346,170.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC	Q	132,571.	COST
(2) UPMC EAST	Q	221,601.	COST
(3) MAGEE WOMENS HOSPITAL OF UPMC	Q	542,865.	COST
(4) UPMC MCKEESPORT	Q	265,142.	COST
(5) UPMC PASSAVANT	Q	530,284.	COST
(6) UPMC PRESBYTERIAN SHADYSIDE	Q	2,700,548.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC ST. MARGARET	Q	422,875.	COST
(2) UPMC	Q	530,284.	COST
(3) UPMC PRESBYTERIAN SHADYSIDE	P	606,293.	COST
(4) UPMC ST. MARGARET	Q	293,841.	COST
(5) UPMC PASSAVANT	Q	312,452.	COST
(6) ONCOLOGY-HEMATOLOGY ASSOCIATION	P	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HORIZON	Q	250,000.	COST
(2) UPMC ST. MARGARET	P	186,241.	COST
(3) UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	186,241.	COST
(4) REGIONAL HEALTH SERVICES INC.	Q	548,801.	COST
(5) UNIVERSITY OF PITTSBURGH PHYSICIANS	P	548,801.	COST
(6) REGIONAL HEALTH SERVICES INC	P	301,312.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC EMERGENCY MEDICINE INC.	Q	150,806.	COST
(2) UPMC NORTHWEST	Q	150,806.	COST
(3) REGIONAL HEALTH SERVICES INC.	P	3,375,250.	COST
(4) UPMC HAMOT	Q	3,375,250.	COST
(5) RX PARTNERS, INC.	P	1,979,627.	COST
(6) BAYFRONT REGIONAL DEVELOPMENT CORPORATION	F	1,300,000.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BAYFRONT REGIONAL DEVELOPMENT CORPORATION	P	128,238.	COST
(2) BAYSIDE DEVELOPMENT CORPORATION	P	123,226.	COST
(3) UPMC HAMOT	Q	251,464.	COST
(4) UPMC COMMUNITY PROVIDER SERVICES	P	388,868.	COST
(5) CHARTWELL	Q	66,174.	COST
(6) CORE NETWORK LLC	Q	96,831.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC VISITING NURSES ASSOCIATION	Q	171,631.	COST
(2) UPMC SENIOR LIVING CORPORATION	Q	54,232.	COST
(3) HC PHARMACY CENTRAL INC.	P	569,755,875.	COST
(4) UPMC BEDFORD	Q	9,506,037.	COST
(5) CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC	Q	31,025,835.	COST
(6) UPMC EAST	Q	10,622,519.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC HAMOT	Q	21,247,279.	COST
(2) UPMC HORIZON	Q	20,239,768.	COST
(3) MAGEE WOMENS HOSPITAL OF UPMC	Q	186,601,477.	COST
(4) UPMC MCKEESPORT	Q	13,747,854.	COST
(5) UPMC MERCY	Q	19,148,707.	COST
(6) UPMC PASSAVANT	Q	21,543,664.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UPMC NORTHWEST	Q	9,875,372.	COST
(2) UPMC PRESBYTERIAN SHADYSIDE	Q	221,438,598.	COST
(3) UPMC ST. MARGARET	Q	4,758,765.	COST
(4) UPMC PRESBYTERIAN SHADYSIDE	P	3,374,352.	COST
(5) REGIONAL HEALTH SERVICES INC	Q	3,374,352.	COST
(6) UPMC	C	23,139,702.	ACTUAL

**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC	S	1,969,246.	ACTUAL
(2)	UPMC PRESBYTERIAN SHADYSIDE	P	8,000,808.	COST
(3)	STRATEGIC BUSINESS INITIATIVES LLC	Q	8,000,808.	COST
(4)	UPMC	B	208,330.	ACTUAL
(5)				
(6)				



**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(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 F-G REPRESENT TOTALS FOR ALL UPMC GROUP  
MEMBERS.