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.*

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: UPMC GROUP

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 600 GRANT ST, 58TH FLR, CORP TAX

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: PITTSBURGH, PA 15219

D Employer identification number: 20-8295721

E Telephone number: (412) 647-2345

G Gross receipts $ 13836062524.

F Name and address of principal officer: ROBERT A. DEMICHIEI
600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219

H(a) Is this a group return for subordinates? ☒ Yes ☐ No

H(b) Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 9707

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

J Website: ▶ WWW.UPMC.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 2006 M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: HEALTHCARE, EDUCATION, AND RESEARCH

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	55.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	60,845.
6	Total number of volunteers (estimate if necessary)	6	6,666.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,691,583.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-6,384.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	78,343,777.	83,418,394.
9	Program service revenue (Part VIII, line 2g)	11589721855.	12325991149.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,141,010.	58,231,902.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-348,220.	-388,082.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11695858422.	12467253363.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,400,739.	21,923,052.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,008,355,479.	5,320,070,870.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,545.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,329,366,757.	6,822,420,010.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11350122975.	12164413932.
19	Revenue less expenses. Subtract line 18 from line 12	345,735,447.	302,839,431.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,660,676,964.	7,813,980,382.
21	Total liabilities (Part X, line 26)	2,005,445,814.	2,190,732,092.
22	Net assets or fund balances. Subtract line 21 from line 20	5,655,231,150.	5,623,248,290.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 05/11/2018

▶ ROBERT A. DEMICHIEI EXECUTIVE VP AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
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** (2016)

JSA
6E1010 1.000
25000M 597Y V 16-7.17 PAGE 1

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 11010659727. including grants of $ 21,923,052.) (Revenue $ 12467253363.)
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 ▶ 11010659727.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	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? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2,771		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . .	2a	60,845		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O.*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶ ITALY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 55		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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 X

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

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

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

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

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

(A) 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 ESQ	1.00									
BOARD MEMBER AND SECRETARY	0.	X		X				0.	0.	0.
(2) DEBORAH S. BRODINE	1.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				0.	0.	0.
(3) EDWARD T KARLOVICH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(4) JEROME SHAFFER	1.00									
BOARD MEMBER, TREAS & CFO	0.	X		X				0.	0.	0.
(5) LESLIE C. DAVIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(6) DAVID BADWAY M.D.	40.00									
BOARD CHAIR AND PRESIDENT	0.	X		X				652,200.	0.	25,439.
(7) EILEEN SIMMONS	1.00									
BOARD VICE CHAIR AND TREASURER	0.	X		X				0.	0.	0.
(8) JEFF KNORR	40.00									
BOARD SECRETARY AND SECRETARY	0.	X		X				99,389.	0.	23,341.
(9) JOHN REEFER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10) CHRISTOPHER A GESSNER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11) DAN SWAYZE	40.00									
BOARD SECRETARY	0.	X		X				178,631.	0.	26,868.
(12) GERALD MURRAY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(13) JOHN INNOCENTI	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(14) MICHAEL GRACE	1.00									
BOARD MEMBER	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) V JAMES FIORENZO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(16) BRUCE ERB	1.00									
BOARD VICE CHAIR & V PRES	0.	X						0.	0.	0.
(17) DEBRA DELLAPOSTA	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(18) RUTH WEAVER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(19) ARTHUR S LEVINE MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(20) DOUGLAS P DICK	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(21) HOWARD W HANNA III	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(22) JOSEPH C WALTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(23) HONORABLE JILL RANGOS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(24) JOAN STEPHANS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(25) KIMBERLY MOSES ESQ	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
1b Sub-total ▶								930,220.	0.	75,648.
c Total from continuation sheets to Part VII, Section A ▶								95,791,632.	11,316,433.	13,317,672.
d Total (add lines 1b and 1c) ▶								96,721,852.	11,316,433.	13,393,320.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7956

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

Section B. Independent Contractors

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

(A) 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 ▶ 254

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) LAWRENCE N GUMBERG	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(27) LESLIE BRAKSICK PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(28) MARTHA HARTLE MUNSCH ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(29) MARY JO HOWARD DIVELY ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(30) RONALD R DAVENPORT JR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(31) ANN MCGUINN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(32) CHRISTOPHER A. GESSNER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(33) DAVID A LEWIS MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(34) DIANE HOLDER	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(35) DOUGLAS MUETZEL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(36) GEORGE A HUBER ESQ	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) JEANNETTE SOUTH-PAUL MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(38) KENNETH NASH MD	1.00									
BOARD MEMBER	0.	X						188,610.	0.	10,370.
(39) LAURA THOMAS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(40) LAURIE MULVEY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(41) LOREN ROTH MD	1.00									
BOARD MEMBER	0.	X						1,500.	0.	17,533.
(42) MICHAEL FLAHERTY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(43) SCOTT LAMMIE	1.00									
BOARD MEMBER, SEC AND TREAS	0.	X		X				0.	0.	0.
(44) SHELIA FINE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(45) DEBORAH S BRODINE	1.00									
BOARD CHAIR AND PRES	0.	X		X				0.	0.	0.
(46) JEROME SHAFFER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(47) MARK BONDI	1.00									
BOARD MEMBER AND PRESIDENT	0.	X		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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) WILLIAM A NIGRO	1.00									
BOARD MEMBER,TREAS AND CFO	40.00	X		X				0.	153,118.	17,617.
(49) BRYAN DONOHUE MD	40.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				731,882.	0.	45,726.
(50) JOON SUP LEE, MD	1.00									
BOARD MEMBER AND SECRETARY	0.	X		X				0.	0.	0.
(51) SANDY RADER	1.00									
BOARD MEMBER AND TREASURER	0.	X		X				0.	0.	0.
(52) ANN EVANS	1.00									
BOARD TREASUER AND CFO	0.	X		X				0.	0.	0.
(53) PHILIP M CACCHIONE MD	1.00									
BOARD CHAIR AND PRESIDENT	0.	X		X				523,498.	0.	37,863.
(54) ROBERT BLOSAT	1.00									
BOARD MEMBER AND V PRESIDENT	0.	X		X				0.	0.	0.
(55) BERNARD CREPPAGE	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(56) BRUCE ERB	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(57) BRYANT WESLEY ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(58) DEBORAH S. BRODINE	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) GERALD MURRAY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(60) JAMES DRENNING	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(61) JEROME SHAFFER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(62) JOHN LOVELACE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(63) NANCY FOGLE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(64) NOREEN FREDRICK	1.00									
BOARD MEMBER	0.	X						173,549.	0.	25,570.
(65) ROBERT GRIFFITH	1.00									
BOARD TREASURER AND CFO	0.	X		X				0.	0.	0.
(66) AMY SWINDELL, DO	1.00									
BOARD MEMBER	0.	X						214,066.	0.	13,882.
(67) BRUCE ERB	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(68) CAROLYN DEAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(69) DIANA WOY	1.00									
BOARD MEMBER	40.00	X						0.	144,382.	41,342.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) DONALD BECKSTEAD	1.00									
BOARD MEMBER	0.	X						302,103.	0.	52,339.
(71) KAREN SMITH	1.00									
BOARD TREASURER	0.	X		X				0.	0.	0.
(72) KIM BURNS-WARD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(73) PAUL WINKLER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(74) ROBERT BUTTER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(75) SANDRA TOMLINSON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(76) VAL MIGNOGNA	1.00									
BOARD MEMBER	40.00	X						0.	123,779.	20,620.
(77) BERNARD CREPPAGE	1.00									
BOARD MEMBER & TREASURER	0.	X		X				0.	0.	0.
(78) DAWN MCCLELLAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(79) JACK SINCLAIR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(80) JAMES DRENNING	1.00									
BOARD CHAIR	0.	X		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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) MARGARET ADAMS	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(82) MARGARET CALVERT	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(83) RAYMOND HESS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(84) ROBERT SCHOLL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(85) THOMAS LEVINE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(86) EDWARD HENDERSON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(87) HAROLD KANN	1.00									
BOARD TREASURER	0.	X		X				0.	0.	0.
(88) JEAN GEIST	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(89) KATHY WAGNER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(90) KENT TONKIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(91) LISA TURBEVILLE-MARKOWSKI	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) NANCI CASE	40.00									
BOARD MEMBER	0.	X						253,519.	0.	16,106.
(93) NANCY FOGEL	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(94) NANCY PYLE	1.00									
BOARD MEMBER	0.	X						95,932.	0.	21,976.
(95) PHILIP FREEMAN	1.00									
PRESIDENT AND BOARD MEMBER	0.	X		X				0.	0.	0.
(96) RAYMOND HESS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(97) REBECCA WILLNECKER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(98) WILLIAM EARNEST	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(99) ARTHUR S LEVINE MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(100) CAREY ANDREW-JAJA MD	1.00									
BOARD MEMBER	0.	X						324,627.	0.	39,350.
(101) CARRIE COGHILL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(102) DEBRA BARBARITA	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) DENNIS ENGLISH MD	1.00									
BOARD MEMBER	0.	X						15,800.	0.	0.
(104) HONORABLE DONETTA AMBROSE	1.00									
BOARD VICE CHAIR	0.	X						0.	0.	0.
(105) JEANNETTE SOUTH-PAUL MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(106) KATHY (MAYLE) TOWNS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(107) KURT BERGMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(108) LESLIE C DAVIS	1.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				0.	0.	0.
(109) MARGARET P JOY ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(110) MARK ALOE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(111) MICHAEL SWEENEY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(112) MICHELE ATKINS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(113) PETER W EISENBRANDT	1.00									
BOARD TREASURER	0.	X		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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) RICHARD BEIGI MD	40.00									
BOARD MEMBER	0.	X						221,241.	0.	18,661.
(115) ROBERT P EDWARDS MD	40.00									
BOARD MEMBER	0.	X						413,948.	0.	25,730.
(116) ROSE ALMON-MARTIN	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(117) SARAH MEEHAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(118) STEPHAN EMERY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(119) WILLIAM PIETRAGALLO II ESQ	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(120) NOREEN FREDRICK	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(121) MARK ZACHARIA ESQ	1.00									
BOARD VICE CHAIR	0.	X						160,138.	0.	26,371.
(122) DAVID BOBRZYNSKI	1.00									
BOARD TREASURER	0.	X		X				233,504.	0.	35,152.
(123) CAROL VANZILE	1.00									
BOARD SECRETARY	0.	X		X				102,071.	0.	15,389.
(124) JANE URISH	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) VIOLET LUDWIG	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(126) MANISH SAPRA M.D.	1.00									
BOARD MEMBER	0.	X						354,311.	0.	18,716.
(127) AJAIPAL KANG MD	40.00									
BOARD MEMBER	0.	X						2,065,060.	0.	45,881.
(128) BETH BURNSIDE	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(129) CARRIE ENNIS	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(130) EDWARD T KARLOVICH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(131) GREGORY BALDWIN ESQ	1.00									
BOARD VICE CHAIR	0.	X						0.	0.	0.
(132) LESLIE C DAVIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(133) MARK RAIMY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(134) MBEMBO BONGUTU MD	40.00									
BOARD MEMBER	0.	X						378,389.	0.	34,395.
(135) NATHAN MOORE MD	40.00									
BOARD MEMBER	0.	X						321,233.	0.	42,628.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) ROBERT BLOSAT	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(137) DANIEL GRANT	1.00									
BOARD MEMBER	40.00	X						0.	242,207.	33,432.
(138) MARK BONDI	1.00									
BOARD CHAIR AND PRESIDENT	0.	X		X				0.	0.	0.
(139) NANCY PASTORIUS	40.00									
BOARD SECRETARY AND COO	0.	X		X				100,230.	0.	21,132.
(140) WILLIAM A NIGRO	1.00									
BOARD MEMBER TREAS AND CFO	0.	X		X				0.	0.	0.
(141) DEBORAH S BRODINE	1.00									
BOARD MEMBER AND CHAIR	0.	X		X				0.	0.	0.
(142) JEROME SHAFFER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(143) WILLIAM A NIGRO	1.00									
BOARD MEMBER, TREAS AND CFO	0.	X		X				0.	0.	0.
(144) ALEXANDER J CIOCCA ESQ	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(145) LESLIE C DAVIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(146) NANCY DAVIDSON MD	1.00									
BOARD MEMBER	0.	X						47,796.	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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 FERRIS M.D.	1.00									
BOARD MEMBER	0.	X						725,723.	0.	23,588.
(148) SCOTT LAMMIE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(149) STANLEY MARKS MD	20.00									
BOARD CHAIR	20.00	X		X				1,573,764.	771,215.	258,276.
(150) SY HOLZER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(151) ALEXANDER J CIOCCA ESQ	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(152) ARTHUR S LEVINE MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(153) CHRISTOPHER A GESSNER	1.00									
BOARD VICE CHAIR AND VP	0.	X		X				0.	0.	0.
(154) EDWARD T KARLOVICH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(155) MARK SEVCO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(156) MARSHALL WEBSTER MD	1.00									
BOARD CHAIR AND PRESIDENT	0.	X		X				0.	0.	0.
(157) MICHAEL GRACE	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) ARTHUR S LEVINE MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(159) CHRISTOPHER A GESSNER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(160) CLIFTON CALLAWAY MD	40.00									
BOARD MEMBER	0.	X						217,430.	0.	19,620.
(161) DAVID A LEWIS MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						575,729.	0.	25,060.
(162) DEREK ANGUS MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						572,976.	0.	24,962.
(163) DONALD M YEALY MD	1.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						0.	0.	0.
(164) EVA BLUM	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(165) FREDDIE H FU MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						1,496,052.	0.	26,662.
(166) G NICHOLAS BECKWITH III	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(167) GEORGE K MICHALOPOULOS MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						516,403.	0.	24,439.
(168) GEORGE MAZARIEGOS MD	40.00									
BOARD MEMBER	0.	X						443,994.	0.	24,595.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) GEOVETTE WASHINGTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(170) GREGORY BUMP MD	40.00									
BOARD MEMBER	0.	X						236,350.	0.	14,687.
(171) GREGORY K PEASLEE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(172) GWEN SOWA MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						104,726.	0.	9,692.
(173) HOWARD GUTSTEIN MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						492,944.	0.	23,756.
(174) HYAGRIV SIMHAN MD	40.00									
BOARD MEMBER	0.	X						319,537.	0.	21,598.
(175) JAMES D LUKETICH MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						2,409,419.	0.	26,662.
(176) JEANNETTE SOUTH-PAUL MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						175,147.	0.	15,440.
(177) JEFFREY A ROMOFF	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(178) JOEL B NELSON MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						974,966.	0.	27,170.
(179) JOEL S GREENBERGER MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						526,393.	0.	24,730.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) JONAS T JOHNSON MD	40.00									
BOARD MEMBER/DEPT CHAIR/TREAS	0.	X		X				853,680.	0.	26,204.
(181) JOON SUP LEE MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						1,051,414.	0.	27,904.
(182) JOSE SAHEL MD	1.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						493,323.	0.	2,520.
(183) JOSEPH LOSEE MD	40.00									
BOARD MEMBER	0.	X						569,466.	0.	23,828.
(184) J. PETER RUBIN MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						870,907.	0.	19,419.
(185) JULES SUMKIN MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						550,269.	0.	25,734.
(186) LAWRENCE WECHSLER MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						404,689.	0.	23,847.
(187) LESLIE C DAVIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(188) LOUIS ALARCON MD	40.00									
BOARD MEMBER & MEDICAL DIRECTR	0.	X						529,895.	0.	25,779.
(189) LOUIS D FALO JR MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						452,760.	0.	24,644.
(190) MARGARET P JOY ESQ	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) MARK GLADWIN MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						396,638.	0.	21,243.
(192) PATRICK GALLAGHER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(193) RICHARD S HAMILTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(194) ROBERT M FRIEDLANDER MD	40.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						1,466,376.	0.	25,510.
(195) ROBERT P EDWARDS MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(196) STEPHANIE NICHOLAS MD	40.00									
BOARD MEMBER	0.	X						407,344.	0.	45,792.
(197) TERENCE DERMODY MD	1.00									
BOARD MEMBER AND DEPT CHAIR	0.	X						223,360.	0.	2,559.
(198) TIMOTHY ROBERT BILLIAR MD	40.00									
BOARD SECRETARY AND DEPT CHAIR	0.	X		X				814,971.	0.	27,624.
(199) TRENT EMERICK MD	40.00									
BOARD MEMBER	0.	X						366,048.	0.	34,072.
(200) VICTOR MORELL MD	40.00									
BOARD MEMBER	0.	X						2,014,670.	0.	26,052.
(201) ANN PEPPERMAN	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) ARTHUR S LEVINE MD	1.00									
BOARD MEMBER	40.00	X						12,430.	1,312,934.	80,379.
(203) ELAINE BELLIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(204) EVA BLUM	1.00									
BOARD MEMBER & 1ST V CHAIR	0.	X						0.	0.	0.
(205) G NICHOLAS BECKWITH III	10.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(206) GREGORY SPENCER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(207) HOWARD W HANNA III	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(208) JOHN SURMA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(209) JOHN VERBANAC	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(210) LOUIS PLUNG	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(211) MARGARET P JOY ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(212) MARK A NORDENBERG	1.00									
BOARD MEMBER	40.00	X						0.	814,255.	83,678.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) MARK J LASKOW	3.00									
BOARD SECOND VICE CHAIR	0.	X						0.	0.	0.
(214) MARTIN G MCGUINN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(215) PATRICK GALLAGHER	1.00									
BOARD MEMBER	40.00	X						0.	539,937.	217,670.
(216) RICHARD S HAMILTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(217) ROBERT G LOVETT	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(218) ROBERT M HERNANDEZ	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(219) ROBERT MONTLER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(220) STR CANDACE INTROCASO DCP, PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(221) STEPHEN R TRITCH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(222) SUSAN BAKER SHIPLEY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(223) THOMAS TUPITZA ESQ	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) W DUFF MCCRADY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(225) WILLIAM STRICKLAND JR.	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(226) ANN BENZEL	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(227) BRUCE ERB	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(228) DAVID BAER MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(229) DAVID RUSSELL	40.00									
BOARD MEMBER	0.	X						380,331.	0.	43,674.
(230) DAVID T MARTIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(231) DONALD DEVORRIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(232) GRANT J. HORMELL MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(233) JAMES DRENNING	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(234) JOHN R BLACKBURN III	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) KAREN PFEFFER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(236) LESLIE C. DAVIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(237) HONORABLE LISA PUPO LENIHAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(238) MARSHALL WEBSTER MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(239) MICHAEL SCHLECHTER MD	1.00									
BOARD MEMBER	0.	X						0.	385,451.	44,415.
(240) RICHARD S HAMILTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(241) ROBERT E. WERTZ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(242) ROBERT HALBRITTER	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(243) ROBERT MONTLER	1.00									
BOARD VICE CHAIR	0.	X						0.	0.	0.
(244) SAMUEL R. MAGEE MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(245) ANN BENZEL	1.00									
BOARD VICE CHAIR	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) BARBARA KOOMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(247) BRUCE ERB	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(248) CARLOS WIEGERING DC	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(249) CRAIG KILMER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(250) ERIC IRWIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(251) GERALD MURRAY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(252) JAMES DRENNING	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(253) JOSEPH ANTONOWICZ MD	40.00									
BOARD MEMBER	0.	X						294,498.	0.	54,144.
(254) JOSH BARNHART	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(255) JUDI SELTZER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(256) MARGARET CAWTHERN	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) MICHAEL SETTIMIO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(258) NANCY CAMPBELL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(259) NANCY DEVORRIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(260) NEIL PORT	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(261) RAYMOND ECKENRODE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(262) ROBERT BILGER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(263) ROBERT OKONAK JR.	1.00									
BOARD TREASURER	0.	X		X				0.	0.	0.
(264) WILLIAM WALLEN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(265) DAWN MCCLELLAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(266) JAMES ROUTCH ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(267) LEONARD A. ZIMMERMAN MD	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) NEIL PORT	1.00									
BOARD VICE CHAIR	0.	X						0.	0.	0.
(269) WILLIAM WALLEN	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(270) ANGELA DUVALL	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(271) CHRISTOPHER SAMUEL MD	40.00									
BOARD MEMBER	0.	X						544,012.	0.	35,464.
(272) DAVID BAER MD	40.00									
BOARD MEMBER	0.	X						284,699.	0.	40,789.
(273) DAVID T MARTIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(274) GARRY GOSS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(275) JAMES GONSMAN	1.00									
BOARD TREASURER	0.	X		X				0.	0.	0.
(276) JOHN R BLACKBURN III	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(277) JUDY JACKSON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(278) KATHERINE ERLICHMAN	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) NICOLE DEBOLT, DO	40.00									
BOARD MEMBER	0.	X						322,639.	0.	24,974.
(280) ROBERT HALBRITTER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(281) TODD ROADMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(282) CANDI CASTLEBERRY-SINGLETON	1.00									
BOARD VICE CHAIR	0.	X						227,351.	0.	17,391.
(283) LAURENE TIMMONS	1.00									
BOARD TREASURER AND CFO	0.	X		X				0.	0.	0.
(284) MARK O'HERN	1.00									
BOARD SECRETARY	0.	X		X				225,572.	0.	30,842.
(285) MARK SEVCO	1.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				0.	0.	0.
(286) ANITA CICERO	40.00									
BOARD MEMBER, SEC AND TREAS	0.	X		X				327,619.	0.	22,044.
(287) CHARLES BOGOSTA	1.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				0.	0.	0.
(288) JOHN J REILLY, MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(289) STEVEN D SHAPIRO, MD	1.00									
BOARD MEMBER, SEC AND TREAS	0.	X		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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) THOMAS INGLESBY MD	40.00									
BOARD CHAIR AND PRES	0.	X		X				0.	0.	0.
(291) ANNA DIBBLE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(292) WILLIAM GEARY, MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(293) CRISTIE HERBST	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(294) BRENDA IRELAND	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(295) STEVEN KILBURN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(296) MICHAEL SULLIVAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(297) EDWARD T. KARLOVICH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(298) MARK RAIMY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(299) CAMILLIA HERISKO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(300) V. JAMES FIORENZO	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) BRAD DINGER	1.00									
BOARD MEMBER AND TREASURER	0.	X		X				0.	0.	0.
(302) DAVID RUSSELL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(303) ANN EVANS	1.00									
BOARD MEMBER TREASURER AND CFO	0.	X		X				0.	0.	0.
(304) DAVID T MARTIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(305) FRANCIS SOLANO MD	40.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				883,225.	0.	67,649.
(306) NEIL Y VAN HORN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(307) ROBERT DEVLIN ESQ	40.00									
BOARD SECRETARY	0.	X		X				259,764.	0.	42,601.
(308) STEVEN D SHAPIRO MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(309) BRYANT WESLEY ESQ	1.00									
BOARD MEMBER AND SECRETARY	0.	X		X				0.	0.	0.
(310) DEBORAH S BRODINE	40.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				630,708.	0.	83,557.
(311) EDWARD T KARLOVICH	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) JEROME SHAFFER	40.00									
BOARD MEMBER TREASURER AND CFO	0.	X		X				305,185.	0.	35,945.
(313) LESLIE C. DAVIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(314) EDWARD T KARLOVICH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(315) G. NICHOLAS BECKWITH III	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(316) KENNETH PLOWERY, MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(317) KOTAYYA KONDAVEETI MD	1.00									
BOARD MEMBER	0.	X						500,000.	0.	0.
(318) RAJESH SEHGAL MD	1.00									
BOARD MEMBER	40.00	X						0.	663,374.	24,999.
(319) ROBERT VOINCHET ESQ	40.00									
BOARD MEMBER	0.	X						462,986.	0.	89,394.
(320) SEAN LOGAN	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(321) TAMRA MINTON	40.00									
BOARD SECRETARY	0.	X		X				224,693.	0.	20,067.
(322) ANN EVANS	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) DAVID PATTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(324) DONALD M YEALY MD	40.00									
BOARD MEMBER AND V PRESIDENT	0.	X		X				515,017.	0.	24,835.
(325) MARK SEVCO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(326) RICHARD WADAS MD	40.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				616,641.	0.	29,903.
(327) ROBERT BLOSAT	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(328) RUSSELL MEYERS	40.00									
BOARD TREASUER	0.	X		X				132,828.	0.	27,307.
(329) STEVEN D SHAPIRO MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(330) DIANE HOLDER	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(331) GEORGE A HUBER ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(332) GWENDOLYN SOWA MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(333) JAMES SCHUSTER, MD	1.00									
BOARD MEMBER	0.	X						495,316.	0.	86,105.
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 ▶ 7956

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) JOHN LOVELACE	1.00									
BOARD MEMBER AND PRESIDENT	40.00	X		X				0.	969,137.	91,621.
(335) LORI REYNOLDS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(336) SCOTT LAMMIE	1.00									
BOARD MEMBER, TREAS, AND CFO	40.00	X		X				1,384,944.	0.	256,896.
(337) SHERYL KASHUBA ESQ	40.00									
BOARD MEMBER, SECTY & CLO	0.	X		X				659,781.	0.	55,063.
(338) STEPHEN PERKINS MD	1.00									
BOARD MEMBER	40.00	X						0.	584,928.	87,678.
(339) TWANDA JOHNSON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(340) BETH BURNSIDE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(341) C TALBOT HEPPENSTALL JR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(342) CARRIE ENNIS	40.00									
BOARD SECRETARY	0.	X		X				102,446.	0.	24,077.
(343) DAVID DAUSEY PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(344) DAVID ZIMMER	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) DWANE BROCK	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(346) FRANK VICTOR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(347) GREGORY BALDWIN ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(348) JEFFREY BEACH CPA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(349) JOEL NELSON MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(350) JOHNNY JOHNSON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(351) KEITH PEMRICK	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(352) KEITH TAYLOR PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(353) LESLIE C DAVIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(354) LINDA MYERS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(355) MARGARET P JOY ESQ	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) MARK RAIMY	1.00									
BOARD VICE CHAIR	0.	X						0.	0.	0.
(357) MARY BULA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(358) NICHOLAS SCOTT	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(359) HONORABLE RICHARD NYGARRD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(360) ROBERT A. DEMICHIEI	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(361) ROBERT J FERRARO MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(362) STEPHEN PERKINS MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(363) THOMAS TUPITZA ESQ	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(364) WILLIAM GEARY, MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(365) CHERYL KIMMEL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(366) CHRISTOPHER MILLER	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) FRANK MINDICINO CFP	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(368) FRANK MOSES	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(369) HENDLEY HOGE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(370) JAY BRUCE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(371) KENNETH ROMIG	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(372) LINDA EVANS	1.00									
BOARD MEMBER, TREAS AND SEC	0.	X		X				0.	0.	0.
(373) LOUIS MERRYMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(374) MICHAEL WALTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(375) NOREEN STEGKAMPER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(376) RICHARD S HAMILTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(377) RONALD MCCALL	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) STEVE GARGASZ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(379) STEVEN WARNER	1.00									
BOARD CO-CHAIR	0.	X		X				0.	0.	0.
(380) THOMAS J. MALVAR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(381) TULIO ESTRADA MD	40.00									
BOARD MEMBER	0.	X						529,543.	0.	37,943.
(382) ALYSON FISHER	1.00									
BOARD MEMBER	0.	X						37,628.	0.	3,743.
(383) GIZELLE DEAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(384) JESSICA PHILLIPS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(385) JONI MURRAY	40.00									
BOARD MEMBER	0.	X						51,825.	0.	19,701.
(386) JULIE (DOLAN) CYLENICA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(387) KELLY BAILEY	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(388) KEVIN MCDERMOTT	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) LORRIE SPEIR-CHRASTINA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(390) ROBERT PICCIRILLI	1.00									
BOARD MEMBER AND CHAIR	0.	X		X				0.	0.	0.
(391) ROBERTA GOLDSTONE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(392) RUSSELL ADKINS	1.00									
BOARD VICE CHAIR	0.	X						0.	0.	0.
(393) SAM BELLICH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(394) SARAH BOLAND	1.00									
BOARD MEMBER, SEC AND TREAS	0.	X		X				0.	0.	0.
(395) CHARLES BOGOSTA	1.00									
BOARD VICE CHAIR	0.	X						0.	0.	0.
(396) EDWARD MARINZEL	40.00									
BOARD MEMBER	0.	X						329,974.	0.	57,526.
(397) ROBERT A DEMICHIEI	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(398) CHARLES BOGOSTA	1.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				0.	0.	0.
(399) RICHARD BONDI	1.00									
BOARD MEMBER, TREAS, SEC & CFO	0.	X		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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) D JAMES HEATHERINGTON	1.00									
BOARD VICE CHAIR	0.	X						0.	0.	0.
(401) DONALD BECK, DPM	1.00									
BOARD MEMBER	0.	X						25,000.	0.	0.
(402) GEORGE A HUBER ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(403) IRVING J LATTERMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(404) JEANNETTE SOUTH-PAUL MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(405) JO ELLEN KENNEY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(406) MARK O'HERN	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(407) MARY PAT SOLTIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(408) MOHAMMAD IDREES, MD	40.00									
BOARD MEMBER	0.	X						319,492.	0.	37,217.
(409) REBECCA SHAW MCHOLME JD	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(410) ROBERT WATERS	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) SANDY RADER	40.00									
BOARD MEMBER	0.	X						444,816.	0.	49,362.
(412) SUE ANN STRIFFLER GALASKI	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(413) THOMAS W STERLING	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(414) AJ PINEVICH, MD	40.00									
BOARD SECRETARY	0.	X		X				427,569.	0.	54,693.
(415) EDWARD T KARLOVICH	1.00									
BOARD MEMBER AND TREASURER	0.	X		X				0.	0.	0.
(416) F J LUCCHINO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(417) HUGH BRANNAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(418) JOHN MCKEATING MD	40.00									
BOARD MEMBER	0.	X						357,521.	0.	39,566.
(419) JUDITH K LINABURG	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(420) KIMBERLY MOSES ESQ	40.00									
BOARD SECRETARY	0.	X		X				181,021.	0.	13,404.
(421) KORRY GREEN ESQ	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) LAWRENCE A DINARDO VE JCL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(423) LESLIE C. DAVIS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(424) HONORABLE MAUREEN LALLY-GREEN	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(425) MICHAEL GRACE	40.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				626,507.	0.	81,115.
(426) RACHEL RILEY-LAVELLE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(427) RENEE CROSBY-SKINNER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(428) WILMA MCNEESE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(429) MARSHALL WEBSTER MD	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(430) NEIL Y VAN HORN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(431) ROBERT BLOSAT	1.00									
BOARD CHAIR AND PRES	0.	X		X				642,416.	0.	97,305.
(432) STEPHANIE ROSKOVSKI	1.00									
BOARD VICE CHAIR	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) STEVEN D SHAPIRO MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(434) BRIAN DURNIOK	40.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				266,235.	0.	24,151.
(435) DAVID GIBBONS	20.00									
BOARD MEMBER AND PRESIDENT	0.	X		X				580,397.	0.	62,819.
(436) DAVID MCCANDLESS MD	40.00									
BOARD MEMBER	0.	X						311,024.	0.	34,023.
(437) DAVID T MARTIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(438) DENISE JONES	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(439) DONNA CORNELIUS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(440) GREG MERKEL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(441) JAMES DONNELLY	1.00									
BOARD MEMBER	0.	X						270,059.	0.	34,494.
(442) JAMES E KNARR DMD	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(443) JAMES HEASLEY	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) JAMES L DAUGHERTY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(445) JOSEPH CARRICO ED.D	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(446) JOSEPH PASTOR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(447) KEITH PEMRICK	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(448) LARRY ADAMS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(449) LINDA SCHELL	1.00									
BOARD MEMBER AND SECRETARY	0.	X		X				0.	0.	0.
(450) MARILYN NEELY-GABRYS	5.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(451) MARSHALL WEBSTER MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(452) MATTHEW LAVERDE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(453) PATRICIA KAUFMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(454) RANDALL BOGGESS	40.00									
BOARD MEMBER	0.	X						389,902.	0.	37,130.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) ROGER MCCAULEY	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(456) SERGIO GIANCOLA, MD	1.00									
BOARD MEMBER	0.	X						567,269.	0.	36,701.
(457) TAMRA MINNIER	40.00									
BOARD MEMBER	0.	X						694,502.	0.	97,030.
(458) TAMARA VARSEK	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(459) TERRY WOOD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(460) WILLIAM SHAFFNER ESQ	40.00									
BOARD MEMBER	0.	X						187,069.	0.	25,941.
(461) DANIEL R SULLIVAN MD	40.00									
BOARD VICE CHAIR	0.	X						427,597.	0.	23,085.
(462) DAVID T MARTIN	40.00									
PRESIDENT & BOARD MEMBER	0.	X		X				952,653.	0.	116,558.
(463) DEBRA A DINNOCENZO	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(464) EDWARD A DILLS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(465) FRANCIS W FINLEY JR	1.00									
BOARD TREASURER	0.	X		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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) FRANKLIN H KELLY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(467) GARY BUCCIARELLI	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(468) GEORGE A HUBER ESQ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(469) JAMES FERGUSON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(470) JAMES W BOYLE MD	1.00									
BOARD MEMBER	0.	X						447,027.	0.	43,904.
(471) JOHN D HOUSTON II	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(472) JOON SUP LEE MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(473) JULIE CAMPBELL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(474) MARILYN CAIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(475) NEIL Y VAN HORN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(476) PATRICIA J KUTCHER	1.00									
BOARD MEMBER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) RALPH T DESTEFANO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(478) RICHARD S HAMILTON	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(479) ROBERT A DEMICHIEI	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(480) STR CANDACE INTROCASO DCP, PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(481) DAVID T MARTIN	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(482) THOMAS NEWMAN	1.00									
BOARD MEMBER AND TREASURER	0.	X		X				0.	0.	0.
(483) ANN THOMPSON MD MHCPM	1.00									
BOARD SECOND VICE CHAIR	0.	X						0.	0.	0.
(484) ARTHUR S LEVINE MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(485) CHARISSA PACELLA MD	1.00									
BOARD MEMBER	0.	X						405,243.	0.	20,076.
(486) CRAIG ESTERLY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(487) G NICHOLAS BECKWITH III	1.00									
BOARD CHAIR	0.	X		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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) JAY W. CLEVELAND JR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(489) JEANNETTE SOUTH-PAUL MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(490) KAREN WOLK FEINSTEIN PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(491) MARK J LASKOW	1.00									
BOARD FIRST VICE CHAIR	0.	X						0.	0.	0.
(492) W DUFF MCCRADY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(493) ALEXANDER J CIOCCA ESQ	40.00									
BOARD SECRETARY	0.	X		X				348,178.	0.	57,125.
(494) DANIEL SULLIVAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(495) EDWARD J DONNELLY III MD	40.00									
BOARD MEMBER	0.	X						73,545.	0.	9,445.
(496) ERIC OBERG	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(497) JAMES M FERGUSON III	1.00									
BOARD VICE CHAIR AND TREASURER	0.	X		X				0.	0.	0.
(498) MARSHALL STAFFORD MD	1.00									
BOARD MEMBER	0.	X						240,203.	0.	31,212.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) NEIL Y VAN HORN	1.00									
BOARD CHAIR	0.	X		X				0.	0.	0.
(500) PAUL VEY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(501) REVERAND JAMES SHOUCAIR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(502) RICHARD S HAMILTON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(503) ROBERT HOFMANN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(504) SANDRA MCANALLEN	1.00									
BOARD MEMBER	40.00	X						0.	1,077,782.	84,731.
(505) V THOMAS WORRALL MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(506) VALERIE C TROTT WILLIAMS	40.00									
BOARD MEMBER	0.	X						67,662.	0.	2,090.
(507) BRYANT WESLEY ESQ	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(508) DEBORAH S BRODINE	1.00									
BOARD CHAIR AND PRESIDENT	0.	X		X				0.	0.	0.
(509) JAMES ROHRBAUGH	1.00									
BOARD VICE CHAIR	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) JEROME SHAFFER	1.00									
BOARD MEMBER, TREAS, & VP	0.	X		X				0.	0.	0.
(511) JOY PETERS	1.00									
BOARD SECRETARY	0.	X		X				0.	0.	0.
(512) DONALD GOODMAN	40.00									
TREASURER AND CFO	0.			X				218,591.	0.	22,597.
(513) DOUGLAS GARRETSON	40.00									
PRESIDENT	0.			X				311,034.	0.	42,826.
(514) GERALD MURRAY	1.00									
TREASURER/SECRETARY/PRESIDENT	0.			X				0.	0.	0.
(515) CHRISTOPHER A GESSNER	40.00									
PRESIDENT	0.			X				918,345.	0.	116,197.
(516) NICHOLAS BARCELLONA	40.00									
TREASURER AND CFO	0.			X				248,187.	0.	30,321.
(517) JAMES GAVIN	40.00									
PRESIDENT	0.			X				616,390.	0.	79,071.
(518) JAMES GIAMMARCO	40.00									
CHIEF FINANCIAL OFFICER	0.			X				254,385.	0.	25,633.
(519) BRYANT WESLEY ESQ	40.00									
SECRETARY	0.			X				244,983.	0.	18,786.
(520) ROBERT DEVLIN ESQ	1.00									
SECRETARY	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) PAULA THOMAS	1.00									
PRESIDENT	0.			X				0.	0.	0.
(522) PHILIP FREEMAN	1.00									
PRESIDENT	0.			X				0.	0.	0.
(523) PAULA THOMAS	20.00									
PRESIDENT	0.			X				0.	0.	0.
(524) PHILIP FREEMAN	20.00									
PRESIDENT	0.			X				255,637.	0.	29,703.
(525) ROBERT GRIFFITH	1.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(526) MARK CHUFF	40.00									
PRESIDENT	0.			X				123,916.	0.	33,349.
(527) PHILIP FREEMAN	20.00									
PRESIDENT	0.			X				0.	0.	0.
(528) ROBERT GRIFFITH	1.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(529) ROBERT GRIFFITH	1.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(530) EILEEN SIMMONS	10.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(531) SUSAN KOSTILNIK	40.00									
ASST SECRETARY	0.			X				74,923.	0.	13,289.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) THOMAS RECTOR	1.00									
DIRECTOR OF FINANCIAL SERVICES	0.			X				0.	0.	0.
(533) BRAD DINGER	1.00									
TREASURER	0.			X				0.	0.	0.
(534) LYNN RUPP	40.00									
PRESIDENT	0.			X				274,753.	0.	26,264.
(535) STEPHEN DANCH	20.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(536) BRYANT WESLEY ESQ	1.00									
SECRETARY	0.			X				0.	0.	0.
(537) MARK BONDI	1.00									
PRESIDENT	40.00			X				0.	272,577.	38,930.
(538) CHARLES BOGOSTA	1.00									
PRESIDENT	0.			X				0.	0.	0.
(539) RICHARD BONDI	40.00									
TREASURER AND CFO	0.			X				255,760.	0.	33,155.
(540) ANN EVANS	1.00									
TREASURER AND CFO	0.			X				0.	0.	0.
(541) ANN EVANS	40.00									
CHIEF FINANCIAL OFFICER	0.			X				627,638.	0.	90,621.
(542) STEVEN D SHAPIRO MD	20.00									
PRESIDENT	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) HEIDI VANGORDER	40.00									
ASST. SECRETARY	0.			X				56,939.	0.	20,016.
(544) JEFFREY A ROMOFF	60.00									
PRESIDENT AND CEO	0.			X				4,770,955.	0.	1,347,961.
(545) MICHELE P JEGASOTHY ESQ	40.00									
SECRETARY	0.			X				212,660.	0.	34,423.
(546) GERALD MURRAY	30.00									
PRESIDENT	0.			X				794,438.	0.	152,744.
(547) MARIO WILFONG	20.00									
TREASURER AND CFO	0.			X				175,597.	0.	31,259.
(548) RONALD J. MCCONNELL	40.00									
VICE PRESIDENT	0.			X				465,929.	0.	81,895.
(549) SHARON SQUILLARIO	40.00									
SECRETARY	0.			X				55,927.	0.	21,587.
(550) MARIO WILFONG	1.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(551) TIMOTHY BALCONI	40.00									
PRESIDENT	0.			X				220,070.	0.	32,876.
(552) GERALD MURRAY	1.00									
PRESIDENT	0.			X				0.	0.	0.
(553) MARIO WILFONG	1.00									
CHIEF FINANCIAL OFFICER	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) RONALD J. MCCONNELL	1.00									
TREASURER AND SECRETARY	0.			X				0.	0.	0.
(555) GERALD MURRAY	10.00									
PRESIDENT	0.			X				0.	0.	0.
(556) MARIO WILFONG	20.00									
CFO AND VP ADMIN	0.			X				0.	0.	0.
(557) CHRISTOPHER STOCKHAUSEN	1.00									
TREASURER AND CFO	0.			X				0.	0.	0.
(558) BETSY WRIGHT	1.00									
PRESIDENT	0.			X				0.	0.	0.
(559) CECIL MILLER	1.00									
SECRETARY	0.			X				0.	0.	0.
(560) LAURENE TIMMONS	20.00									
CHIEF FINANCIAL OFFICER	0.			X				136,599.	0.	23,299.
(561) MARK SEVCO	20.00									
PRESIDENT	0.			X				556,101.	0.	100,395.
(562) TERRENCE LEWIS ESQ	40.00									
SECRETARY	0.			X				228,769.	0.	22,852.
(563) DAVID GIBBONS	20.00									
PRESIDENT	0.			X				0.	0.	0.
(564) LYNN RUPP	1.00									
VICE PRESIDENT	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) STEPHEN DANCH	20.00									
TREASURER AND CFO	0.			X				395,677.	0.	50,244.
(566) V. JAMES FIORENZO	40.00									
PRESIDENT	0.			X				673,174.	0.	85,012.
(567) DONALD OWREY	40.00									
PRESIDENT	0.			X				406,703.	0.	73,469.
(568) THOMAS NEWMAN	10.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(569) DONALD OWREY	1.00									
PRESIDENT	0.			X				0.	0.	0.
(570) THOMAS NEWMAN	10.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(571) CHRISTOPHER STOCKHAUSEN	40.00									
TREASURER AND CFO	0.			X				211,954.	0.	17,823.
(572) LAURENE TIMMONS	20.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(573) MARK SEVCO	20.00									
PRESIDENT	0.			X				0.	0.	0.
(574) EILEEN SIMMONS	10.00									
CHIEF FINANCIAL OFFICER	0.			X				0.	0.	0.
(575) ANN EVANS	1.00									
TREASURER AND CFO	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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) EDWARD T KARLOVICH	1.00									
TREASURER	0.			X				0.	0.	0.
(577) FRANCIS SOLANO MD	1.00									
PRESIDENT	0.			X				0.	0.	0.
(578) ROBERT DEVLIN ESQ	1.00									
SECRETARY	0.			X				0.	0.	0.
(579) BRAD DINGER	40.00									
CFO AND TREASURER	0.			X				167,258.	0.	23,450.
(580) NANCY BEICHNER	40.00									
ASST SECRETARY	0.			X				57,703.	0.	18,659.
(581) CHARLES BOGOSTA	1.00									
PRESIDENT	0.			X				0.	0.	0.
(582) JOHN KUZMISHIN	40.00									
TREAS, SEC, AND CFO	0.			X				862,884.	0.	20,828.
(583) RICHARD BONDI	1.00									
TREAS, SEC, AND CFO	0.			X				0.	0.	0.
(584) THOMAS NEWMAN	10.00									
CHIEF FINANCIAL OFFICER	0.			X				307,745.	0.	27,586.
(585) C TALBOT HEPPENSTALL JR	1.00									
TREASURER	0.			X				0.	0.	0.
(586) EDWARD T KARLOVICH	40.00									
CFO ACADEMIC COMM HOSPITALS	0.			X				1,169,136.	0.	160,823.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) EILEEN SIMMONS	20.00									
CHIEF FINANCIAL OFFICER	0.			X				498,079.	0.	63,787.
(588) JARED WEINER	20.00									
CHIEF FINANCIAL OFFICER	0.			X				160,767.	0.	25,047.
(589) JOHN INNOCENTI	40.00									
PRESIDENT	0.			X				1,122,130.	0.	211,259.
(590) MICHELE P JEGASOTHY ESQ	1.00									
SECRETARY	0.			X				0.	0.	0.
(591) DAVID PATTON	40.00									
PRESIDENT	0.			X				412,450.	0.	59,971.
(592) THOMAS NEWMAN	10.00									
ASST TREASURER AND CFO	0.			X				0.	0.	0.
(593) PAULA THOMAS	20.00									
PRESIDENT	0.			X				156,726.	0.	37,294.
(594) PENNY MILANOVICH	40.00									
PRESIDENT	0.			X				290,324.	0.	25,195.
(595) ROBERT GRIFFITH	40.00									
CFO AND TREASURER	0.			X				172,391.	0.	13,469.
(596) C TALBOT HEPPENSTALL JR	60.00									
EVP AND TREASURER	0.				X			1,393,852.	0.	523,212.
(597) CHARLES BOGOSTA	60.00									
EXEC VP	0.				X			1,478,476.	0.	302,171.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) DAVID FARNER	60.00									
EVP AND CHIEF OF STAFF	0.				X			1,940,809.	0.	704,318.
(599) DIANE HOLDER	0.									
EXEC VP, PRES UPMC HEALTH PLAN	60.00				X			0.	3,029,426.	649,198.
(600) GREGORY K PEASLEE	60.00									
EVP & CHIEF ADMIN OFFICER	0.				X			1,517,553.	0.	360,343.
(601) LESLIE C. DAVIS	60.00									
SR VP AND COO HSD	0.				X			1,456,656.	0.	344,265.
(602) MARSHALL WEBSTER MD	40.00									
SENIOR VICE PRESIDENT	0.				X			1,234,521.	0.	194,981.
(603) ROBERT A DEMICHIEI	60.00									
EVP AND CFO	0.				X			2,190,290.	0.	509,103.
(604) STEVEN D SHAPIRO MD	40.00									
EVP AND CHIEF MED AND SCI OFF	0.				X			1,758,185.	0.	829,158.
(605) W THOMAS MCGOUGH ESQ	60.00									
EVP AND CHIEF LEGAL OFFICER	0.				X			1,625,702.	0.	347,693.
(606) ABHINAV HUMAR MD	40.00									
TRANSPLANT PHYSICIAN	0.					X		1,596,204.	0.	25,337.
(607) CHRISTOPHER SCHMIDT MD	40.00									
ORTHOPAEDIC SURGEON	0.					X		1,859,415.	0.	33,650.
(608) GHASSAN BEJJANI MD	40.00									
NEUROSURGEON	0.					X		2,059,063.	0.	43,002.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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) MARK RODOSKY MD	40.00									
ORTHOPAEDIC SURGEON	0.					X		1,494,530.	0.	31,754.
(610) THOMAS GLEASON MD	40.00									
CARDIOTHORACIAC SURGEON	0.					X		1,497,299.	0.	25,351.
(611) MARLENE R COOPER	0.									
FORMER BOARD SECRETARY	0.						X	41,441.	0.	5,358.
(612) BRIAN FRITZ	0.									
FORMER BOARD TREASURER/ CFO	0.						X	194,747.	0.	28,685.
(613) COLLEEN BRENNAN	0.									
FORMER TREASURER AND CFO	0.						X	96,760.	117,343.	29,338.
(614) JOSE CABALLE MD	0.									
FORMER DIRECTOR	0.						X	351,188.	0.	16,080.
(615) TIMOTHY GAUL MD	0.									
FORMER DIRECTOR	0.						X	264,674.	0.	44,265.
(616) ELEANOR MEDVED	0.									
FORMER DIRECTOR	0.						X	0.	114,588.	25,077.
(617) CHRISTINA MIKOLAY	0.									
FORMER DIRECTOR	0.						X	38,020.	0.	7,783.
(618) DAVID NACE MD	0.									
FORMER DIRECTOR	0.						X	156,355.	0.	14,152.
(619) ANDREW NOWALK MD	0.									
FORMER DIRECTOR	0.						X	158,777.	0.	10,830.
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 ▶ 7956

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(620) ROY SARTORI MD	0.									
FORMER DIRECTOR	0.						X	295,592.	0.	15,760.
(621) DENNIS SCULLY MD	0.									
FORMER DIRECTOR	0.						X	50,213.	0.	10,254.
(622) ERIC CARTWRIGHT	0.									
FORMER BOARD MEMBER	0.						X	522,972.	0.	101,133.
(623) THOMAS BURICH	0.									
FORMER PRESIDENT	0.						X	156,186.	0.	1,436.
(624) MERLE TAYLOR	0.									
FORMER BOARD SECRETARY	0.						X	254,795.	0.	30,401.
(625) STEPHEN NIMMO ESQ	0.									
FORMER OFFICER	0.						X	584,648.	0.	42,907.
(626) ROBERT PACKER	0.									
FORMER OFFICER	0.						X	314,150.	0.	12.
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 ▶ 7956

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

Section B. Independent Contractors

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

(A) 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 434,386.				
	b	Membership dues	1b				
	c	Fundraising events	1c 2,020,576.				
	d	Related organizations	1d 29,731,092.				
	e	Government grants (contributions)	1e 16,052,020.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 35,180,320.				
	g	Noncash contributions included in lines 1a-1f: $ 1,520,417.					
	h	**Total.** Add lines 1a-1f ▶		83,418,394.			
Program Service Revenue			**Business Code**				
	2a	NET PATIENT REV	900099	7,354,604,034.	7,353,106,223.	1,497,811.	
	b	OTHER PATIENT SERV	900099	366,624,404.	366,624,404.		
	c	OTHER PROG SRV REV	900099	4,565,366,151.	4,563,172,379.	2,193,772.	
	d	JOINT VENTURE REVENUE	900099	39,396,560.	39,396,560.		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		12,325,991,149.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 ▶		47,998,554.			47,998,554.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,374,097,947. / 3,907,572.				
	b	Less: cost or other basis and sales expenses	1,366,040,510. / 1,731,661.				
	c	Gain or (loss)	8,057,437. / 2,175,911.				
	d	Net gain or (loss) ▶		10,233,348.			10,233,348.
	8a	Gross income from fundraising events (not including $ 1,676,709. of contributions reported on line 1c). See Part IV, line 18 ATCH 3 a 648,908.					
	b	Less: direct expenses b 1,006,990.					
	c	Net income or (loss) from fundraising events ATCH 4 ▶		-358,082.			-358,082.
	9a	Gross income from gaming activities. See Part IV, line 19 a 0.					
	b	Less: direct expenses b 30,000.					
	c	Net income or (loss) from gaming activities ATCH 5 ▶		-30,000.			-30,000.
	10a	Gross sales of inventory, less returns and allowances a 0.					
	b	Less: cost of goods sold b 0.					
	c	Net income or (loss) from sales of inventory ▶		0.			
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d ▶		0.			
	12	**Total revenue.** See instructions ▶		12,467,253,363.	12,322,299,566.	3,691,583.	57,843,820.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,923,052.	21,923,052.		
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	96,068,386.	41,523,429.	54,544,957.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,427,017,286.	3,794,449,980.	632,567,306.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	164,877,233.	120,858,867.	44,018,366.	
9 Other employee benefits	402,639,027.	342,379,706.	60,259,321.	
10 Payroll taxes	229,468,938.	196,977,688.	32,491,250.	
11 Fees for services (non-employees):				
a Management	19,207,659.	16,342,047.	2,865,612.	
b Legal	16,142,886.	2,788,772.	13,354,114.	
c Accounting	6,586,003.		6,586,003.	
d Lobbying	2,248,393.		2,248,393.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	1,281,207.		1,281,207.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	89,061,948.	86,897,511.	2,164,437.	
12 Advertising and promotion	27,596,271.	27,596,271.		
13 Office expenses	85,260,957.	53,582,549.	31,678,408.	
14 Information technology	166,678,918.	46,524,173.	120,154,745.	
15 Royalties	0.			
16 Occupancy	249,331,039.	207,261,138.	42,069,901.	
17 Travel	22,373,580.	17,543,305.	4,830,275.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	3,366,874.	2,746,124.	620,750.	
20 Interest	8,792,532.	6,452,888.	2,339,644.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	401,699,394.	401,699,394.		
23 Insurance	98,735,784.	87,078,117.	11,657,667.	
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	3,113,497,966.	3,113,497,966.		
b DRUGS	650,014,218.	650,014,218.		
c MEDICAL/PATIENT SUPPLIES	433,495,571.	433,495,571.		
d MEDICAL IMPLANTS	286,426,098.	286,426,098.		
e All other expenses	1,140,622,712.	1,052,600,863.	88,012,304.	9,545.
25 **Total functional expenses.** Add lines 1 through 24e	12164413932.	11010659727.	1,153,744,660.	9,545.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	15,653,612.	1	146,619,703.
	2	Savings and temporary cash investments	55,314,337.	2	159,916,826.
	3	Pledges and grants receivable, net	406,417.	3	398,236.
	4	Accounts receivable, net	1,627,648,362.	4	1,615,953,688.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	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.	6	0.
	7	Notes and loans receivable, net	282,911,743.	7	222,888,417.
	8	Inventories for sale or use	38,198,618.	8	44,734,497.
	9	Prepaid expenses and deferred charges	21,354,046.	9	35,496,247.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 7565842615.			
	b	Less: accumulated depreciation — 10b: 4415629806.	3,071,857,240.	10c	3,150,212,809.
	11	Investments - publicly traded securities ATCH 6	344,191,455.	11	404,659,420.
	12	Investments - other securities. See Part IV, line 11	176,391,570.	12	172,625,032.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	30,848,852.	14	30,724,683.
	15	Other assets. See Part IV, line 11	1,995,900,712.	15	1,829,750,824.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,660,676,964.	16	7,813,980,382.
Liabilities	17	Accounts payable and accrued expenses	513,932,286.	17	461,187,924.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	8,295,261.	19	66,416,426.
	20	Tax-exempt bond liabilities	49,697,758.	20	44,015,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	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.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	3,250,000.	23	103,465,201.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,430,270,509.	25	1,515,647,541.
	26	**Total liabilities.** Add lines 17 through 25	2,005,445,814.	26	2,190,732,092.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	5,047,378,857.	27	4,975,092,474.
	28	Temporarily restricted net assets	365,947,133.	28	391,954,868.
	29	Permanently restricted net assets	241,905,160.	29	256,200,948.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,655,231,150.	33	5,623,248,290.
	34	Total liabilities and net assets/fund balances	7,660,676,964.	34	7,813,980,382.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,467,253,363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,164,413,932.
3	Revenue less expenses. Subtract line 2 from line 1	3	302,839,431.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,655,231,150.
5	Net unrealized gains (losses) on investments	5	11,908,926.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-346,731,217.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,623,248,290.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [X] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [X] An organization that normally receives: (1) more than 33⅓% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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

a [X] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [X] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) SEE PART VI	00-0000000	3			0.	0.
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	4,050,979.	4,603,128.	3,782,373.	12,436,480.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3			4,050,979.	4,603,128.	3,782,373.	12,436,480.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4.						12,436,480.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4			4,050,979.	4,603,128.	3,782,373.	12,436,480.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			118,401.	80,511.	13,139.	212,051.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 **Total support.** Add lines 7 through 10						12,648,531.

12	Gross receipts from related activities, etc. (see instructions)	12	14,972,169,680.
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

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.32 %
15	Public support percentage from 2015 Schedule A, Part II, line 14	15	97.75 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2015.** 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 - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,611,858.	6,147,543.	6,111,437.	5,354,657.	7,014,929.	28,240,424.
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	2,331,283,142.	2,525,378,024.	2,809,839,629.	3,529,468,977.	3,776,199,908.	14,972,169,680.
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.
6 **Total.** Add lines 1 through 5	2,334,895,000.	2,531,525,567.	2,815,998,964.	3,534,823,634.	3,783,214,837.	15,000,458,002.
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.
8 **Public support.** (Subtract line 7c from line 6.)						15,000,458,002.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	2,334,895,000.	2,531,525,567.	2,815,998,964.	3,534,823,634.	3,783,214,837.	15,000,458,002.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,478,038.	2,280,331.	4,640,510.	4,482,186.	5,913,564.	21,794,629.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	4,478,038.	2,280,331.	4,640,510.	4,482,186.	5,913,564.	21,794,629.
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.)					656,180.	656,180.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	2,339,373,038.	2,533,805,898.	2,820,639,474.	3,539,305,820.	3,789,784,581.	15,022,908,811.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.85 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	99.83 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	.15 %
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	.17 %

19a **331/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **331/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		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.***	11c		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.*	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		X

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described 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.*	2b		
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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
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	**Total annual distributions.** 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 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	**Excess distributions carryover to 2017**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

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

MEMBERS OF UPMC GROUP (48)

PUBLIC CHARITY STATUS

REASON FOR NON-PRIVATE FOUNDATION STATUS

UPMC PRESBYTERIAN SHADYSIDE: FOUNDATION STATUS 3

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

MAGEE-WOMENS HOSPITAL OF UPMC: FOUNDATION STATUS 3

UPMC ST MARGARET: FOUNDATION STATUS 3

UPMC PASSAVANT: FOUNDATION STATUS 3

UPMC HORIZON: FOUNDATION STATUS 3

UPMC NORTHWEST: FOUNDATION STATUS 3

UPMC BRADDOCK: FOUNDATION STATUS 3

UPMC MCKEESPORT: FOUNDATION STATUS 3

UPMC EAST: FOUNDATION STATUS 3

UPMC BEDFORD: FOUNDATION STATUS 3

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES: FOUNDATION STATUS 3

UPMC HORIZON COMMUNITY HEALTH FOUNDATION: FOUNDATION STATUS 7

UNIVERSITY OF PITTSBURGH PHYSICIANS: FOUNDATION STATUS 3

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION: FOUNDATION STATUS 10

UPMC MERCY: FOUNDATION STATUS 3

PASSAVANT PROFESSIONAL ASSOCIATES, INC.: FOUNDATION STATUS 10

UPMC COMMUNITY MEDICINE, INC.: FOUNDATION STATUS 3

UPMC EMERGENCY MEDICINE, INC.: FOUNDATION STATUS 10

SUGARCREEK STATION: FOUNDATION STATUS 3

UPMC VISITING NURSES ASSOCIATION : FOUNDATION STATUS 10

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

CRANBERRY PLACE: FOUNDATION STATUS 10

THE HERITAGE SHADYSIDE: FOUNDATION STATUS 10

UPMC COMMUNITY PROVIDER SERVICES, INC.: FOUNDATION STATUS 10

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

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

UPMC CENTER FOR HEALTH SECURITY: FOUNDATION STATUS 4

UNIVERSITY HEALTH CENTER OF PITTSBURGH: FOUNDATION STATUS 12 ;TYPE 2

UPMC IMITS CENTER: FOUNDATION STATUS 7

UPMC FOR YOU: FOUNDATION STATUS 10

CENTER FOR EMERGENCY MEDICINE OF WESTERN PA: FOUNDATION STATUS 10

ERIE PHYSICIANS NETWORK- UPMC INC.: FOUNDATION STATUS 3

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

UPMC HAMOT: FOUNDATION STATUS 3

REGIONAL HEALTH SERVICES, INC.: FOUNDATION STATUS 10

UPMC ADVANCED PRACTICE PROVIDERS: FOUNDATION STATUS 10

HOME NURSING AGENCY AFFILIATES: FOUNDATION STATUS 10

HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION: FOUNDATION STATUS 7

HOME NURSING AGENCY COMMUNITY SERVICES: FOUNDATION STATUS 7

HOME NURSING AGENCY FOUNDATION: FOUNDATION STATUS 7

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

TYPE I

UPMC ALTOONA: FOUNDATION STATUS 3

UPMC ALTOONA FOUNDATION: FOUNDATION STATUS 7

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY: FOUNDATION STATUS 7

BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE INC: FOUNDATION

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

STATUS 3

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

MON YOUGH COMMUNITY SERVICES, INC.: FOUNDATION STATUS 10

BUTLER HEALTH SYSTEM/UPMC OB/GYN JOINT VENTURE, INC.: FOUNDATION STATUS 3

PART I REASON FOR PUBLIC CHARITY STATUS

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

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

ENTITY: UNIVERSITY HEALTH CENTER OF PITTSBURGH (I) NAME OF SUPPORTED ORGANIZATIONS AND (II) EIN: UPMC PRESBYTERIAN SHADYSIDE EIN: 25-0965480, CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC EIN 25-0402510, MAGEE - WOMEN'S HOSPITAL OF UPMC EIN: 25-0965420, UPMC ST. MARGARET EIN: 23-2875070, UPMC EAST EIN: 27-4814831, UPMC HORIZON EIN: 25-0523970, UPMC ALTOONA EIN: 23-1352155, UPMC PASSAVANT EIN: 25-0965451, UPMC MCKEESPORT EIN: 25-0965423, UPMC MERCY EIN: 25-0965429, UPMC BEDFORD EIN: 23-1396795,

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

UPMC HAMOT EIN: 25-0965387, UPMC NORTHWEST EIN: 25-0489010. (III)TYPE OF ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (V) AMOUNT OF MONETARY SUPPORT: (VI) AMOUNT OF OTHER SUPPORT:

ENTITY: CENTRAL PENNSYLVANIA MEDICAL FOUNDATION (I) NAME OF SUPPORTED ORGANIZATION: UPMC ALTOONA (II) EIN: 23-1352155 (III) TYPE OF ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (V) MONETARY SUPPORT: (VI) AMOUNT OF SUPPORT:

ENTITY: UPMC CHAUTAUQUA SERVICES, INC. (I) NAME OF SUPPORTED ORGANIZATION: UPMC CHAUTAUQUA AT WCA (II) EIN: 16-0743226 (III) TYPE OF ORGANIZATION: 3 (IV) ORGANIZATION LISTED IN GOVERNING DOCUMENTS: YES (V) MONETARY SUPPORT: (VI) AMOUNT OF SUPPORT:

PART IV SUPPORTING ORGANIZATIONS, SECTION A, QUESTION 1
AS PER THEIR RESPECTIVE GOVERNING DOCUMENTS UPMC INTERNATIONAL HOLDINGS, INC. AND UPMC OVERSEAS, INC. BOTH SUPPORT UPMC PRESBYTERIAN SHADYSIDE, A 501(C)(3) TERTIARY ACUTE CARE HOSPITAL, SPECIFICALLY IN ITS TRANSPLANT AREA.
UPMC HORIZON FOUNDATION, PER ITS GOVERNING DOCUMENTS, SUPPORTS THE EXEMPT 501(C)(3) HOSPITAL ENTITY UPMC HORIZON.
UNIVERSITY HEALTH CENTER OF PITTSBURGH'S(UHCP) GOVERNING DOCUMENTS PROVIDE THAT UHCP'S SUPPORTED ORGANIZATIONS INCLUDE ALL SECTION 509(A)(1)

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

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 C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
UPMC GROUP	20-8295721

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . . ▶ $

3 Volunteer hours for political campaign activities (see instructions) . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		159,466.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,088,927.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,248,393.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

ADDITIONAL INFORMATION

PART I-A

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

PART II-B

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

PART II-B, LINE 1D

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

UPMC GROUP

Employer identification number

20-8295721

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

1a If the organization elected, as permitted under 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 ▶ $ _____

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	78,473,227.	80,510,928.	78,194,073.	70,441,468.	56,817,352.
b Contributions	284,016.	819,768.	3,025,269.	923,102.	11,379,037.
c Net investment earnings, gains, and losses	7,942,171.	754,972.	2,374,362.	9,371,849.	5,188,406.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,395,066.	3,612,442.	3,143,322.	2,542,346.	2,943,327.
f Administrative expenses					
g End of year balance	84,304,348.	78,473,226.	80,450,382.	78,194,073.	70,441,468.

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

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

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

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

	Yes	No
3a(i) (i) unrelated organizations		X
3a(ii) (ii) related organizations	X	
3b b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		174,714,925.		174,714,925.
b Buildings		4214683539.	2243029087.	1,971,654,452.
c Leasehold improvements		98,087,345.	65,433,376.	32,653,969.
d Equipment		2780743246.	2041953310.	738,789,936.
e Other		297,613,560.	65,214,033.	232,399,527.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				3,150,212,809.

Schedule D (Form 990) 2016

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	874,224,736.
(2) BENEFICIAL INT IN FOUNDATIONS	432,681,529.
(3) INVESTMENTS WITH RELATED ORGS	350,555,160.
(4) LONG TERM BUILDING LEASE	27,672,559.
(5) INVEST IN JOINT VENTURES	50,637,365.
(6) OTHER ASSETS	76,393,954.
(7) DUE FROM RESTRICTED FUNDS	17,585,521.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	1,829,750,824.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO EXEMPT PARENT	1,225,391,160.
(3) DUE TO THIRD PARTY PAYORS	38,325,304.
(4) INSURANCE CLAIMS LIABILITIES	122,055,333.
(5) OTHER CURRENT & LT LIABILITIES	74,987,117.
(6) PATIENT DEP/CRED BALANCES	26,485,029.
(7) PENSION LIABILITIES	28,403,598.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,515,647,541.

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

PART V

LINE 4

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

PART X

LINE 2 THE UPMC CONSOLIDATED AUDITED FINANCIAL STATEMENTS DO NOT HAVE ANY FIN 48 DISCLOSURE. UPMC HAS NO UNCERTAIN TAX POSITIONS RECORDED. AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES. TAX BENEFITS ARE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. SUCH TAX POSITIONS ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY TO BE REALIZED UPON ULTIMATE SETTLEMENT WITH THE TAX AUTHORITIES ASSUMING FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. AS OF JUNE 30, 2017, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	HEALTH CARE EDUCATION	141,870.
(2)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	HEALTH CARE EDUCATION	339,813.
(3)	EUROPE			PROGRAM SERVICES	HEALTH CARE EDUCATION	39,041,346.
(4)	MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	76,462.
(5)	NORTH AMERICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	155,078.
(6)	RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	HEALTH CARE EDUCATION	165,596.
(7)	SOUTH AMERICA			PROGRAM SERVICES	HEALTH CARE EDUCATION	66,078.
(8)	SOUTH ASIA			PROGRAM SERVICES	HEALTH CARE EDUCATION	91,732.
(9)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	HEATLH CARE EDUCATION	50,840.
(10)	EAST ASIA AND THE PACIFIC			INVESTMENTS		54,736.
(11)	EUROPE			INVESTMENTS		20,526.
(12)	NORTH AMERICA			INVESTMENTS		1,586.
(13)	SUB-SAHARAN AFRICA			INVESTMENTS		11,553.
(14)						
(15)						
(16)						
(17)						
3a	Sub-total.					40,217,216.
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					40,217,216.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

		(a) Event #1 STEELER STYLE (event type)	(b) Event #2 STANLEY MARKS (event type)	(c) Other events 15. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	837,340.	515,752.	972,525.	2,325,617.
	2 Less: Contributions	690,240.	264,402.	722,067.	1,676,709.
	3 Gross income (line 1 minus line 2)	147,100.	251,350.	250,458.	648,908.
Direct Expenses	4 Cash prizes			3,778.	3,778.
	5 Noncash prizes	4,872.		41,831.	46,703.
	6 Rent/facility costs	17,500.	122,883.	113,215.	253,598.
	7 Food and beverages	117,255.	55,080.	136,996.	309,331.
	8 Entertainment	1,130.	6,700.	45,961.	53,791.
	9 Other direct expenses	263,573.	13,354.	62,862.	339,789.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,006,990.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-358,082.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			76,685,677.		76,685,677.	.65
b Medicaid (from Worksheet 3, column a)			977,998,786.	824,252,953.	153,745,833.	1.29
c Costs of other means-tested government programs (from Worksheet 3, column b)			19,795,138.	10,860,741.	8,934,397.	.07
d **Total** Financial Assistance and Means-Tested Government Programs			1,074,479,601.	835,113,694.	239,365,907.	2.01
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			79,039,403.	2,297,172.	76,742,231.	.65
f Health professions education (from Worksheet 5)			271,066,820.	89,849,495.	181,217,325.	1.52
g Subsidized health services (from Worksheet 6)			196,860,415.	88,937,999.	107,922,416.	.92
h Research (from Worksheet 7)			191,672,385.		191,672,385.	1.61
i Cash and in-kind contributions for community benefit (from Worksheet 8)			20,570,106.		20,570,106.	.17
j **Total.** Other Benefits			759,209,129.	181,084,666.	578,124,463.	4.87
k **Total.** Add lines 7d and 7j.			1,833,688,730.	1,016,198,360.	817,490,370.	6.88

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			3,307,445.	3,003,717.	303,728.	
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			3,307,445.	3,003,717.	303,728.	

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

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 72,903,315.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 6,406,356.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5 2,049,406,778.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 2,387,297,163.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -337,890,385.		
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: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest - see instructions)
How many hospital facilities did the organization operate during the tax year? 21
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UPMC PRESBYTERIAN 200 LOTHROP STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965480 163301	X	X		X		X	X			A
2 UPMC SHADYSIDE 5230 CENTRE AVENUE PITTSBURGH PA 15232 WWW.UPMC.COM EIN: 25-0965480 163301	X	X		X		X	X			A
3 UPMC SOUTH SURGERY CENTER 1300 OXFORD DRIVE PITTSBURGH PA 15102 WWW.UPMC.COM EIN: 25-0965480 09621500	X								OUTPATIENT AMBULATORY & SURGICAL CENTER	A
4 MAGEE-WOMENS HOSPITAL OF UPMC 300 HALKET STREET PITTSBURGH PA 15213 WWW.UPMC.COM EIN: 25-0965420 650301	X	X		X		X	X			A
5 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
6 CHILDREN'S NORTH 2599 WEXFORD-BAYNE ROAD SEWICKLEY PA 15143 WWW.UPMC.COM EIN: 25-0402510 291201	X								OUTPATIENT AMBULATORY & SURGICAL CENTER	A
7 UPMC MERCY 1400 LOCUST STREET PITTSBURGH PA 15219 WWW.UPMC.COM EIN: 25-0965429 13610100	X	X		X			X			A
8 UPMC PASSAVANT 9100 BABCOCK BLVD PITTSBURGH PA 15237 WWW.UPMC.COM EIN: 25-0965451 400401	X	X				X	X			A
9 UPMC PASSAVANT CRANBERRY 1 ST FRANCIS WAY CRANBERRY TWP PA 16066 WWW.UPMC.COM EIN: 25-0965451 400401	X	X				X	X			A
10 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)

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UPMC MCKEESPORT 1500 FIFTH AVENUE MCKEESPORT PA 15132 WWW.UPMC.COM EIN: 25-0965423 650401	X	X		X			X			A
2 UPMC HORIZON 110 MAIN STREET GREENVILLE PA 16125 WWW.UPMC.COM EIN: 25-0523970 071901	X	X		X			X			A
3 UPMC HORIZON 2200 MEMORIAL DRIVE FARRELL PA 16121 WWW.UPMC.COM EIN: 25-0523970 071901	X	X		X			X			A
4 UPMC NORTHWEST 100 FAIRFIELD DRIVE SENECA PA 16346 WWW.UPMC.COM EIN: 25-0489010 151001	X	X					X			A
5 UPMC BEDFORD 10455 LINCOLN HIGHWAY EVERETT PA 15337 WWW.UPMC.COM EIN: 23-1396795 650501	X	X					X			A
6 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
7 UPMC EAST 2775 MOSSIDE BOULEVARD MONROEVILLE PA 15146 WWW.UPMC.COM EIN: 27-4814831 22760101	X	X					X			A
8 UPMC HAMOT 201 STATE STREET ERIE PA 16550 WWW.UPMC.COM EIN: 25-0965387 082301	X	X		X		X	X			A
9 UPMC HAMOT WOMEN'S HOSPITAL 118 EAST 2ND STREET ERIE PA 16507 WWW.UPMC.COM EIN: 25-0965387 082301	X	X								A
10 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

Section A. Hospital Facilities (list in order of size, from largest to smallest - see instructions) How many hospital facilities did the organization operate during the tax year? _____ Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UPMC ALTOONA 620 HOWARD STREET ALTOONA PA 16601 WWW.UPMC.COM EIN: 23-1352155 012801	X	X		X			X			A
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE PART V SUPPLEMENTAL INFORMATION			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2015			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SAME AS 7(A) ABOVE			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group A

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 400.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.UPMC.COM (SEE PART VI)			
b	[X] The FAP application form was widely available on a website (list url): WWW.UPMC.COM (SEE PART VI)			
c	[X] A plain language summary of the FAP was widely available on a website (list url): WWW.UPMC.COM (SEE PART VI)			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group A

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c ☐ Processed incomplete and complete FAP applications
- d ☐ Made presumptive eligibility determinations
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group A

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V SECTION B LINE 5

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

PART V SECTION B LINE 7A WEBSITE FOR CHNA

HTTP://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX

PART V SECTION B LINE 11

THROUGH A RIGOROUS CHNA METHODOLOGY, UPMC HOSPITALS IDENTIFIED 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

Part V Facility Information *(continued)*

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

THEIR CHNA DOCUMENT AND COMMUNITY HEALTH STRATEGIC PLAN - SEE APPENDIX A

OF EACH HOSPITAL CHNA REPORT.

WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSES

SMENT.ASPX

PART V SECTION B

LINE NUMBER OF HOSPITAL FACILITY, OR LINE NUMBERS OF HOSPITAL FACILITIES

IN A FACILITY REPORTING GROUP (FROM PART V, SECTION A). THE RESPONSES

FOR PART V, SECTION B, FACILITY POLICIES & PRACTICES APPLY TO ALL 21

ENTITIES LISTED IN PART V, SECTION A.

PART V SECTION B

SEPARATE CHNAS WERE CONDUCTED FOR EACH SEPARATE LEGAL ENTITY DISCLOSED IN

PART V SECTION A. FOR THE LEGAL ENTITY UPMC PRESBYTERIAN SHADYSIDE,

THERE ARE 4 SEPARATE FACILITIES LISTED WITH 3 SEPARATE LICENSE NUMBERS.

UPMC PRESBYTERIAN & UPMC SHADYSIDE SITES OPERATE UNDER 1 LICENSE NUMBER.

THE SURGICAL CENTER UPMC SOUTH SURGERY CENTER OPERATES UNDER A SEPARATE

LICENSE NUMBER ALTHOUGH IT IS PART OF THE LEGAL ENTITY UPMC PRESBYTERIAN

SHADYSIDE. ADDITIONALLY, THE DIVISION OF UPMC PRESBYTERIAN SHADYSIDE

WHICH IS BEHAVIORAL HEALTH AND OPERATES AS WESTERN PSYCHIATRIC INSTITUTE

AND CLINIC HAS A SEPARATE LICENSE NUMBER ALSO ALTHOUGH IT IS A PART OF

THE LEGAL ENTITY UPMC PRESBYTERIAN SHADYSIDE.

PART V SECTION B LINES 19 & 20: UPMC DOES NOT DO ANY EXTRAORDINARY

COLLECTION ACTIONS (ECAS) THEREFORE THERE ARE NO NOTIFICATIONS.

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? 115

	Name and address	Type of Facility (describe)
1	UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP 200 LOTHROP STREET PITTSBURGH PA 15213	PHYSICIAN SERVICES
2	UPMC COMMUNITY MEDICINE, INC (CMI) 200 LOTHROP STREET PITTSBURGH PA 15213	PHYSICIAN SERVICES
3	UPMC EMERGENCY MEDICINE, INC (EMI) 200 LOTHROP STREET PITTSBURGH PA 15213	ER PHYSICIANS SERVICES
4	ERIE PHYSICIAN NETWORK-UPMC, INC. (EPN) 3535 PINE AVENUE ERIE PA 16504	PHYSICIAN SERVICES
5	WEST MIFFLIN IMAGING (MAG) 1907 LEBANON CHURCH RD WEST MIFFLIN PA 15122	IMAGING CENTER
6	MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 720 PENN AVENUE PITTSBURGH PA 15221	OUTPATIENT SERVICES
7	MAGEE-WOMENS SPECIALTY SERVICES AT MCKEE 1500 FIFTH AVENUE, STE MA12 MCKEESPORT PA 15132	OUTPATIENT SERVICES
8	MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 4075 MONROEVILLE BLVD 2 STE 330 MONROEVILLE PA 15146	OUTPATIENT SERVICES
9	MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 559 MILLER AVENUE CLAIRTON PA 15025	OUTPATIENT SERVICES
10	MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 1630 ARLINGTON AVENUE PITTSBURGH PA 15210	OUTPATIENT SERVICES

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 4075 MONROEVILLE BLVD 2 STE 225 MONROEVILLE PA 15146	OUTPATIENT SERVICES
2	MAGEE-WOMENS HOSPITAL OF UPMC (MAG) 2599 WEXFORD-BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES & IMAGING CENTER
3	MAGEE-WOMENS CARE SOUTH HILLS (MAG) 1300 OXFORD DRIVE BETHEL PARK PA 15102	OUTPATIENT SERVICES & IMAGING CENTER
4	MAGEE-WOMENS CARE PLEASANT HILLS (MAG) 850 CLAIRTON BLVD, STE 2100 PLEASANT HILLS PA 15236	OUTPATIENT SERVICES
5	WOMEN'S SPECIALTY CTR AT HILLMAN CANCER 5115 CENTER AVENUE, STE G, 3RD FLR PITTSBURGH PA 15232	IMAGING SERVICES
6	MAGEE-WOMANCARE CENTER 1800 UNION AVENUE, STE B NATRONA HEIGHTS PA 15065	IMAGING SERVICES
7	MAGEE-CRANBERRY BREAST IMAGING (MAG) 3 ST. FRANCIS WAY CRANBERRY TWP PA 16066	IMAGING SERVICES
8	MAGEE WOMEN CARE CENTER (MAG) 969 GREENTREE ROAD PITTSBURGH PA 15220	IMAGING SERVICES
9	ULTRA SOUND SERVICES (MAG) 8955 STATE ROUTE 30 IRWIN PA 15642	IMAGING SERVICES
10	MAGEE WOMENS HOSPITAL OF UPMC (MAG) 815 FREEPORT ROAD, STE 2160 PITTSBURGH PA 15215	IMAGING SERVICES

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	UPMC HORIZON HEART & VASCULAR CENTER 428 SOUTH MAIN STREET GREENVILLE PA 16125	OUTPATIENT SERVICES
2	HORIZON INFECTIOUS DISEASE-UPMC 480 N KERRWOOD DR HERMITAGE PA 16148	PHYSICIAN SERVICES
3	HORIZON GASTROENTREROLOGY 480 N KERRWOOD DR HERMITAGE PA 16148	PHYSICIAN SERVICES
4	BEHAVIORAL HEALTH SERVICES 26 CONNEAUT LAKE ROAD GREENVILLE PA 16125	OUTPATIENT BEHAVIORAL HEALTH
5	OUTPATIENT ELECTROMYOGRAPHY CLINC 3150 HIGHLAND ROAD HERMITAGE PA 16148	OUTPATIENT SERVICES
6	REGIONAL CENTER FOR SLEEP DISORDERS(HRZ) 875 N HERMITAGE ROAD HERMITAGE PA 16148	AMBULATORY SERVICES
7	UPMC NORTHWEST MRI CENTER (NWH) 1671 ALLEGHENY BLVD RENO PA 16343	IMAGING SERVICES
8	UPMC NORTHWEST CTR FOR WOUND TREATMENT 6885 US HIGHWAY 322, STE 4 FRANKLIN PA 16323	OUTPATIENT SERVICES
9	CLARION FAMILY PRACTICE (NWH) 22681 ROUTE 68 CLARION PA 16214	OUTPATIENT SERVICES
10	UPMC NORTHWEST 1 MEMORIAL DRIVE OIL CITY PA 16301	OUTPATIENT SERVICES

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	UPMC NORTHWEST 1008 SOUTH FIFTH AVENUE, STE 203 CLARION PA 16214	PHYSICIAN SERVICES
2	UPMC NORTHWEST 1310 LIBERTY STREET FRANKLIN PA 16323	OUTPATIENT SERVICES
3	UPMC PASSAVANT-CRANBERRY CAMPUS (PAS) 3 ST FRANCIS WAY CRANBERRY TWP PA 16066	OUTPATIENT SERVICES
4	UPMC PASSAVANT-CRANBERRY CAMPUS (PAS) 20130 ROUTE 19 CRANBERRY TWP PA 16066	OUTPATIENT SERVICES
5	UPMC WOUND HEALING SERVICES (PAS) 2030 MACKENZIE WAY, STE 400 CRANBERRY TWP PA 16066	OUTPATIENT SERVICES
6	UPMC HEART AND VASCULAR INSTITUTE (PAS) 100 BRADFORD RD, STE 310 WEXFORD PA 15090	OUTPATIENT SERVICES
7	UPMC PASSAVANT-SPINE CENTER (PAS) 12680 PERRY HIGHWAY WEXFORD PA 15090	IMAGING SERVICES
8	UPMC PASSAVANT- OUTPATIENT CENTER HAMPTO 4490 MT. ROYAL BLVD ALLISON PARK PA 15101	IMAGING SERVICES
9	UPMC PASSAVANT(PAS) ONE ST. FRANCIS WAY CRANBERRY TOWNSHIP PA 16066	OUTPATIENT SERVICES
10	UPMC MCKEESPORT CARDIAC REHABILITATION 2001 LINCOLN WAY WHITE OAK PA 15131	OUTPATIENT SERVICES

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	CHILDREN'S EAST (CHP) 4055 MOSSIDE BOULEVARD MONROEVILLE PA 15146	OUTPATIENT SERVICES
2	CHILDREN'S HOSPITAL WEXFORD (CHP) 11279 PERRY HWY WEXFORD PA 15090	OUTPATIENT SERVICES
3	CHILDREN'S HOSPITAL PITTSBURGH (CHP) 3420 FIFTH AVENUE PITTSBURGH PA 15237	OUTPATIENT SERVICES
4	UPMC DIGESTIVE HEALTH AND ENDOSCOPY(PUH) 1000 INTEGRITY DRIVE, STE 110 PITTSBURGH PA 15235	OUTPATIENT SERVICES
5	WESTERN PSYCH INSTITUTE AND CLINIC(PUH) 100 N BELLEFIELD AVE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
6	WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 1011 BINGHAM STREET PITTSBURGH PA 15203	OUTPATIENT BEHAVIORAL HEALTH
7	WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 1835 CENTRE AVENUE PITTSBURGH PA 15219	OUTPATIENT BEHAVIORAL HEALTH
8	WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 2599 WEXFORD BAYNE ROAD, STE 1000 SEWICKLEY PA 15143	OUTPATIENT BEHAVIORAL HEALTH
9	WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 300 HALKET STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
10	WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 310 FISK STREET PITTSBURGH PA 15201	OUTPATIENT BEHAVIORAL HEALTH

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 3501 FORBES AVENUE PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
2	WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 373 BURROWS STREET PITTSBURGH PA 15213	OUTPATIENT BEHAVIORAL HEALTH
3	WESTERN PSYCH INSTITUTE AND CLINIC (PUH) 6714 KELLY STREET PITTSBURGH PA 15208	OUTPATIENT BEHAVIORAL HEALTH
4	UPMC WOUND HEALING SERVICES AT UPMC 215 HOLLAND ST ERIE PA 16507	OUTPATIENT SERVICES
5	HEART AND VASCULAR INSTITUTE (HMT) 120 EAST 2ND STREET ERIE PA 16507	OUTPATIENT SERVICES
6	IMAGING CENTER AT STERLING SQUARE (HMT) 3406 PEACH STREET ERIE PA 16508	IMAGING SERVICES
7	UPMC HAMOT WOMEN'S IMAGING (HMT) 104 EAST 2ND STREET ERIE PA 16507	OUTPATIENT SERVICES
8	UPMC HAMOT SLEEP DISORDERS CENTER (HMT) 4022 ZUCK RD ERIE PA 16506	OUTPATIENT SERVICES
9	UPMC HAMOT SPORTS MEDICINE (HMT) 100 PEACH STREET ERIE PA 16507	OUTPATIENT SERVICES
10	UPMC HAMOT INFUSION CENTER (HMT) 215 HOLLAND ST ERIE PA 16507	OUTPATIENT SERVICES

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	GREAT LAKES HOME HEALTHCARE (HMT) 1700 PEACH STREET ERIE PA 16501	OUTPATIENT SERVICES
2	GREAT LAKES HOSPICE (HMT) 1700 PEACH STREET ERIE PA 16501	OUTPATIENT SERVICES
3	UPMC CANCER CENTER INDIANA (EAST) 850 HOSPITAL RD INDIANA PA 15701	ONCOLOGY SERVICES
4	UPMC CANCER CARE 103 TRANSIT DR UNIONTOWN PA 15401	ONCOLOGY SERVICES
5	JOHN P. MURTHA REGIONAL CANCER CENTER 337 SOMERSET ST JOHNSTOWN PA 15901	ONCOLOGY SERVICES
6	UPMC BEDFORD ORTHOPEDICS (BDF) 249 HOSPITAL DRIVE, STE 1 EVERETT PA 15537	OUTPATIENT SERVICES
7	UPMC MERCY SOUTH SIDE (MER) 2000 MARY STREET PITTSBURGH PA 15203	OUTPATIENT SERVICES
8	REGIONAL HEALTH SERVICES (RHS) 201 STATE STREET ERIE PA 16550	PHYSICIAN SERVICES
9	CRANBERRY PLACE (CRPL) 5 ST FRANCIS WAY CRANBERRY TOWNSHIP PA 16066	SKILLED NURSING FACILITY
10	UPMC HERITAGE SHADYSIDE (HERT) 5701 PHILLIPS AVENUE PITTSBURGH PA 15217	SKILLED NURSING FACILITY

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	SUGAR CREEK STATION (SCS) 315 CAUSEWAY DRIVE FRANKLIN PA 16323	SKILLED NURSING FACILITY
2	CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 205 MILLERS RUN ROAD BRIDGEVILLE PA 15017	OUTPATIENT SERVICES
3	CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 2619 WEXFORD BAYNE ROAD SEWICKLEY PA 15143	OUTPATIENT SERVICES
4	CHILDRENS HOSPITAL OF PITTSBURGH (CHP) 1907 LEBANON CHURCH ROAD WEST MIFFLIN PA 15122	OUTPATIENT SERVICES
5	WILLIAMSBURG FAMILY PHYSICIANS (ALT) 306 PLUM STREET WILLIAMSBURG PA 16693	PHYSICIAN SERVICES
6	UPMC ALTOONA STATION MEDICAL CENTER(ALT) 1516 9TH AVENUE ALTOONA PA 16602	OUTPATIENT SERVICES
7	UPMC ALTOONA-HUNTINGDON FAMILY PRACTICE 9498 WILLIAM PENN HIGHWAY ALTOONA PA 16652	PHYSICIAN SERVICES
8	UPMC ALTOONA HUNTINGDON HEALTHCARE (ALT) 814 WASHINGTON STREET HUNTINGDON PA 16652	OUTPATIENT SERVICES
9	UPMC ALTOONA HUNTINGDON HEALTHCARE (ALT) 846 MEDICAL CENTER DRIVE ALEXANDER PA 16611	OUTPATIENT SERVICES
10	UPMC ALTOONA SURGERY (ALT) 800 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	ALTOONA FAMILY PHYSICIANS (ALT) 501 HOWARD AVENUE ALTOONA PA 16601	PHYSICIAN SERVICES
2	UPMC ALTOONA WOMEN'S HEALTH & WELLNESS C 501 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES
3	UPMC ALTOONA PREGNANCY CARE CENTER (ALT) 501 HOWARD AVENUE ALTOONA PA 16601	OUTPATIENT SERVICES
4	UPMC ALTOONA LOGAN MEDICAL BUILDING 800 S LOGAN BLVD, STE 3100 HOLLIDAYSBURG PA 16648	OUTPATIENT SERVICES
5	ALTOONA EMERGENCY PHYSICIANS 10455 LINCOLN HIGHWAY EVERETT PA 15537	PHYSICIAN SERVICES
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

PART I LINE 3C

FINANCIAL ASSISTANCE OR CHARITY CARE IS AVAILABLE FOR ELIGIBLE

INDIVIDUALS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED,

INELIGIBLE FOR GOVERNMENT PROGRAMS OR OTHERWISE UNABLE TO PAY FOR THEIR

OWN CARE. A PATIENT MAY BE DETERMINED TO HAVE FINANCIAL NEED BASED ON

THE FOLLOWING:

1. INDIGENCY: IF INCOME FALLS AT OR BELOW 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 200% AND LESS THAN OR

EQUAL TO 400% OF THE FEDERAL POVERTY GUIDELINES AND UNINSURED, THE

PATIENT IS ELIGIBLE FOR REDUCED CHARITY CARE. THERE WILL BE AN 85%

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

BELOW:

F/S= FAMILY SIZE2017

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 ASSISTANCE	100% PATIENT 0%	FINANCIAL ASSISTANCE	85% PATIENT 15%
1	$24,120		$48,240	
2	$32,480		$64,960	
3	$40,840		$81,680	
4	$49,200		$98,400	
5	$57,560		$115,120	
6	$65,920		$131,840	
7	$74,280		$148,560	
8	$82,640		$165,280	
+	$ 8,360		$ 16,720	

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 HOUSEHOLD INCOME TOWARDS THEIR MEDICAL BILL OR THE REDUCED AMOUNT WHICHEVER IS LESS.

4. MEDICAL HARDSHIP/CATASTROPHIC CARE: IF A PATIENT IS DENIED FOR

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.

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 HOUSEHOLD 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

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

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 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 7

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

LINE 7

THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I

LINE 7 IS A RATIO OF COSTS TO CHARGES METHOD. THE METHOD EMPLOYED FOR

DETERMINING THE RATIO OF COST TO CHARGES IS IN LINE WITH THOSE DESCRIBED

IN SCHEDULE H, WORKSHEET 2, "RATIO OF PATIENT COSTS TO CHARGES".

PART I LINE 7, COLUMN F

THE TOTAL EXPENSES REPORTED ON FORM 990 PART IX LINE 25 COLUMN A ARE

INCLUSIVE OF ALL ENTITIES REPORTED WITHIN THE UPMC GROUP 990 AND INCLUDES

BAD DEBT EXPENSE FOR ALL ENTITIES. THE EXPENSE USED TO CALCULATE THE

PERCENT OF TOTAL EXPENSE FOR FORM 990 SCHEDULE H PART I LINE 7 COLUMN F

ARE THE TOTAL EXPENSES FROM FORM 990 PART IX (VERSUS ONLY THE EXPENSES

RELATED TO ENTITIES WITHIN THE UPMC GROUP WHO PROVIDE PATIENT CARE). FROM

THIS TOTAL EXPENSE PER PART IX LINE 25 THE AMOUNT RELATED TO BAD DEBT

EXPENSE HAS BEEN REMOVED FROM THE DENOMINATOR WHEN CALCULATING THE

PERCENT OF TOTAL EXPENSE. THE TOTAL EXPENSES USED FOR THIS CALCULATION,

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.

NET OF BAD DEBT EXPENSE, IS $11,895,831,050.

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 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

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.

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 CALLED PARO (PAYMENT ASSISTANCE RANK ORDER). PARO WAS BUILT AS A SOCIO-ECONOMIC SCORE THAT IDENTIFIES THOSE PATIENTS THAT ARE MOST LIKELY TO BE THE HIGHEST NEED OF FINANCIAL ASSISTANCE. THIS IS ACCOMPLISHED BY ANALYZING CONSUMER DATA AND ACTIVITY, COURT RECORDS, GOVERNMENT RECORDS, PROPERTY FILES, CENSUS DATA AND IRS DATA. PARO PROVIDES A SYSTEMATIC APPROACH TO FINANCIAL ASSISTANCE: " PREDICTIVE MODEL THAT ENCOMPASSES HEALTHCARE ECONOMICS AND CREDIT POLICIES; " UNIFORM ASSESSMENT MEASURE FOR EVERY

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.

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 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

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.

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.

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

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.

BE SHORTFALLS IN REIMBURSEMENT FOR SERVICES PROVIDED TO MEDICARE PATIENTS

ARE TRULY UNCOMPENSATED CARE THAT SHOULD BE STATED IN PART I LINE 7 OF

SCHEDULE H OF FORM 990 AS THEY REPRESENT COSTS FOR PROVISION OF SERVICES

TO PATIENTS FOR WHICH THE ENTITY IS UNABLE TO COLLECT, REGARDLESS OF THE

EFFICIENCY OF PROVISION OF THE RELATED CARE COSTS.

PART III LINE 9A AND B

UPMC HAS A DEBT COLLECTION POLICY OUTLINING COLLECTION PRACTICES FOR

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

ARE SENT A FINANCIAL ASSISTANCE APPLICATION. INFORMATION REGARDING

FINANCIAL ASSISTANCE IS PRINTED ON ALL COLLECTION LETTERS. COLLECTIONS

PER POLICY DO NOT APPLY TO ACCOUNT BALANCES KNOWN TO BE ELIGIBLE FOR

FINANCIAL ASSISTANCE.

PART V SECTION B LINE 16:

WWW/UPMC.COM/PATIENTS-VISITORS/PAYING-BILL/SERVICES

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 V SECTION D LINE 1

THE UNIVERSITY OF PITTSBURGH PHYSICIANS HAD 570 CLINICAL LOCATIONS AS OF JUNE 30, 2017.

PART V SECTION D LINE 2

UPMC COMMUNITY MEDICINE, INC. HAD 260 CLINICAL LOCATIONS AS OF JUNE 30, 2017.

PART V SECTION D LINE 3

UPMC EMERGENCY MEDICINE, INC. HAD 16 LOCATIONS AS OF JUNE 30, 2017.

PART V SECTION D LINE 4

ERIE PHYSICIAN NETWORK-UPMC INC. HAD 6 LOCATIONS AS OF JUNE 30, 2017.

PART V SECTION D LINE 98

REGIONAL HEALTH SERVICES HAD 58 LOCATIONS AS OF JUNE 30, 2017.

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 V SECTION D LINE 1 & 3

UNIVERSITY OF PITTSBURGH PHYSICIANS AND UPMC EMERGENCY MEDICINE, INC.

COLLECTIVELY OPERATED 12 URGENT CARE CENTERS AS OF JUNE 30, 2017.

PART VI LINE 1 PART II LINE 2: THE UPMC CENTER FOR HEALTH SECURITY (THE CENTER) CONDUCTS SCIENTIFIC RESEARCH AND EDUCATION: (A) TO PREVENT THE DEVELOPMENT AND USE OF BIOLOGICAL WEAPONS; (B) TO CATALYZE ADVANCES IN SCIENCE AND GOVERNANCE THAT DIMINISH THE POWER OF BIOLOGICAL WEAPONS AS AGENTS OF MASS LETHALITY; AND (C) TO LESSEN THE HUMAN SUFFERING THAT WOULD RESULT IF PREVENTION EFFORTS FAIL.MODERN SOCIETIES ARE HIGHLY VULNERABLE TO BIOATTACKS BECAUSE GLOBAL TRAVEL ENABLES RAPID SPREAD OF CONTAGIOUS DISEASES. ADEQUATE RESPONSE IS NOT DEPENDENT ON MILITARY STRENGTH, BUT ON MEDICAL AND PUBLIC HEALTH SYSTEMS AND THE AVAILABILITY OF EFFECTIVE DRUGS AND VACCINES. TO COUNTER THE THREAT OF BIOTERRORISM, THE UNITED STATES IS DEVELOPING A NEW PARADIGM FOR DEFENSE, AND REALIGNING ITS NATIONAL SECURITY PRIORITIES AND INVESTMENTS ACCORDINGLY. HOSPITAL PERSONNEL, CLINICIANS, PUBLIC HEALTH OFFICIALS AND BIOSCIENTISTS ARE THE FRONTLINE DEFENDERS IN THIS NEW SECURITY ERA.AN EFFECTIVE DEFENSE

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.

AGAINST BIOATTACKS MUST INCLUDE THE DESIGN AND CONSTRUCTION OF NEW

OPERATIONAL SYSTEMS THAT CAN DELIVER EMERGENCY MEDICAL CARE TO LARGE

NUMBER OF CRITICALLY ILL INDIVIDUALS. TO ACCOMPLISH THIS, THE TIME TO

DEVELOP NEW VACCINES AND CREATE NEW DRUGS MUST BE DRAMATICALLY REDUCED IN

ORDER TO RESPOND TO UNANTICIPATED EVENTS AND BIOENGINEERED WEAPONS.THE

WORK OF THE CENTER IS INTENDED TO BENEFIT THE SECURITY OF NATIONS AGAINST

BIOLOGICAL WEAPONS. THE FACULTY OF THE CENTER GIVES PRESENTATIONS AT

MEDICAL, PUBLIC HEALTH, AND SCIENCE MEETINGS AROUND THE WORLD ON ISSUES

RELATED TO BIODEFENSE.THE FACULTY OF THE CENTER SERVES ON NUMEROUS TASK

FORCES AND COMMITTEES THAT SERVE LOCAL, STATE AND INTERNATIONAL

GOVERNMENTS, AND THE FACULTY OFTEN TESTIFY BEFORE THE UNITED STATES

CONGRESS.

PART VI LINE 3 COMMUNICATION OF FINANCIAL ASSISTANCE

UPMC COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE TO ITS

PATIENTS BY PLACING SIGNAGE AND DISTRIBUTING BROCHURES ABOUT THE

FINANCIAL ASSISTANCE PROGRAM IN ITS PROVIDER REGISTRATION AREAS,

ADMISSIONS, EMERGENCY DEPARTMENT AND BUSINESS OFFICE LOCATIONS. IN

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.

ADDITION, UPMC INCLUDES INFORMATION REGARDING HOW A PATIENT CAN REQUEST FINANCIAL ASSISTANCE ON THE BILLS, FOLLOW-UP CORRESPONDENCE AND COLLECTION LETTERS. PATIENTS ALSO MAY FIND INFORMATION ABOUT FINANCIAL ASSISTANCE THROUGH ACCESS TO THE UPMC WEB SITE (WWW.UPMC.COM). PATIENTS ARE ENCOURAGED TO CONTACT UPMC'S TRAINED FINANCIAL COUNSELORS SHOULD THEY REQUIRE ASSISTANCE WITH COMPLETING APPLICATIONS. CONTACT TELEPHONE NUMBERS ARE POSTED STRATEGICALLY THROUGHOUT THE HOSPITAL FACILITIES SO THAT PATIENTS HAVE A RESOURCE FOR OBTAINING SUPPORT WITH ANY FINANCIAL ASSISTANCE QUESTIONS THEY MAY HAVE.

UPMC HAS CREATED A PLAIN LANGUAGE SUMMARY (PLS) TO EXPLAIN, IN SIMPLIFIED TERMS, OUR FINANCIAL ASSISTANCE POLICY (FAP). THIS SUMMARY IS PRINTED AT ALL SAME DAY SURGERY, ER AND INPATIENT LOCATIONS AND GIVEN TO THE PATIENT UPON DISCHARGE. UPMC HAS ALSO TRANSLATED THE PLS, FAP, COLLECTION AND BILLING POLICY, AND FAP APPLICATION INTO THE FOLLOWING LANGUAGES: ARABIC, CHINESE, FRENCH, ITALIAN, NEPALI, RUSSIAN, SPANISH AND BRAILLE. THE DETERMINATION OF LANGUAGES FOR TRANSLATION OF DOCUMENTS WAS DETERMINED BY A STUDY OF ENGLISH PROFICIENCY IN THE COMMUNITIES SERVED AND REVIEW OF

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.

PREDOMINANT NATIVE LANGUAGES IN THOSE COMMUNITIES AS PRESCRIBED IN IRC

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

UPMC WILL NOTIFY ALL PATIENTS APPROVED VIA PRESUMPTIVE ELIGIBILITY IF NOT

RECEIVING THE HIGHEST LEVEL OF ASSISTANCE. A LETTER INFORMING THE

PATIENT THAT THEY MAY QUALIFY FOR A HIGHER LEVEL AND A FINANCIAL

ASSISTANCE APPLICATION WILL BE SENT TO THE PATIENT UPON DETERMINATION.

UPMC HAS WIDELY PUBLICIZED OUR FINANCIAL ASSISTANCE POLICY. UPMC HAS

WORKED WITH HOSPITAL LEADERS AND COMMUNITY LIAISONS TO DETERMINE THE MOST

APPROPRIATE NON-HEALTHCARE LOCATIONS TO REACH THE POPULATIONS THAT WILL

BENEFIT FROM OUR FINANCIAL ASSISTANCE. UPMC HAS PROACTIVELY REACHED OUT

IN THESE COMMUNITIES TO WIDELY PUBLICIZE OUR FINANCIAL ASSISTANCE

POLICY.

FINALLY, UPMC WILL NOW ONLY INCLUDE PATIENT BALANCES FROM ONE YEAR PRIOR

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.

TO THE PATIENT'S FINANCIAL ASSISTANCE APPROVAL DATE. AS A RESULT, UPMC WILL ALSO REFUND ANY PATIENT PAYMENTS MADE WITHIN THAT YEAR OF THE PATIENT'S FINANCIAL ASSISTANCE APPROVAL DATE.

PART VI LINES 2, 4, & 5

UPMC SUPPORTS NUMEROUS COMMUNITY-BUILDING ACTIVITIES THROUGH ALL OF ITS SYSTEM ENTITIES, NOT JUST THOSE ENTITIES REPORTED WITHIN THE UPMC GROUP 990. AS THE LARGEST NON-GOVERNMENTAL EMPLOYER IN PENNSYLVANIA, UPMC'S SYSTEM-WIDE OPERATIONS GENERATED A TOTAL ECONOMIC IMPACT OF MORE THAN $30 BILLION IN FISCAL 2017. UPMC ALSO SUPPORTS MUNICIPALITIES, COUNTIES, AND THE COMMONWEALTH THROUGH APPROXIMATELY $166 MILLION IN TAXES. OVER THE PAST DECADE, UPMC HAS PROVIDED A WIDE VARIETY OF BENEFITS TO THE COMMUNITIES IT SERVES. WORKING IN WAYS BOTH LARGE AND SMALL, UPMC HAS IMPLEMENTED INITIATIVES THAT CONTINUE TO ENHANCE THE HEALTH OF COMMUNITIES THROUGHOUT PENNSYLVANIA AND BEYOND. AS AN INTEGRATED DELIVERY AND FINANCING SYSTEM (IDFS), UPMC CONTINUES TO AMPLIFY AND APPLY THE EXPERTISE THAT EXISTS WITHIN ITS ORGANIZATION TO IMPROVE THE DELIVERY OF OUTSTANDING HEALTH CARE. IN ADDITION, UPMC LEVERAGES ITS IDFS

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.

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 LOCAL COMMUNITIES.MANY OF UPMC'S COMMUNITY BENEFIT ACTIVITIES ARE DIFFICULT TO QUANTIFY OR REPORT WITHIN THE VARIOUS COMMUNITY BENEFIT CATEGORIES OF SCHEDULE H, AS THEY OCCUR SYSTEM-WIDE THROUGH UPMC AND ARE NOT CAPTURED AT THE INDIVIDUAL HOSPITAL ENTITY LEVEL. NONETHELESS, THEY ARE IMPORTANT COMPONENTS IN UPMC'S COMMITMENT TO THE COMMUNITY. SOME OF THESE INITIATIVES INCLUDED:

ECONOMIC DEVELOPMENT- UPMC'S ECONOMIC FOOTPRINT STIMULATES THE ECONOMY THROUGH DIRECT HIRING, AND BY BRINGING OUTSIDE DOLLARS INTO THE REGION; THE ORGANIZATION'S CAPITAL SPENDING CREATES CONSTRUCTION JOBS DOWNSTREAM. IN ADDITION, UPMC HAS A NUMBER OF PROGRAMS AND INITIATIVES DESIGNED TO FOSTER A PRODUCTIVE AND EQUITABLE ECONOMY. A KEY COMPONENT IN THE ORGANIZATION'S ECONOMIC DEVELOPMENT STRATEGY IS SUPPLIER DIVERSITY, WHICH IS AN INTEGRAL PART OF UPMC'S OVERALL SUPPLY CHAIN MANAGEMENT STRATEGY. DESIGNED TO ENSURE THAT CERTIFIED MINORITY, WOMEN-OWNED, OR DISADVANTAGED BUSINESS ENTERPRISES ARE PROVIDED WITH MAXIMUM OPPORTUNITIES TO

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.

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 $124 MILLION IN FISCAL 2017.THROUGH PARTNERSHIPS SUCH AS THE PITTSBURGH HEALTH DATA ALLIANCE, UPMC IS LEVERAGING ITS CLINICAL AND TECHNOLOGICAL EXPERTISE TO REVOLUTIONIZE HEALTH CARE AND WELLNESS. THE ALLIANCE, A COLLABORATION AMONG UPMC, THE UNIVERSITY OF PITTSBURGH, AND CARNEGIE MELLON UNIVERSITY, AIMS TO UNLOCK THE POWER OF BIG DATA AND ACTIVELY TRANSFORM KNOWLEDGE INTO NEW SOLUTIONS THAT DRIVE INNOVATION AND REGIONAL GROWTH. RELATED SPIN-OFF COMPANIES WILL CONTINUE TO IMPROVE HEALTH CARE, WHILE BRINGING SIGNIFICANT INVESTMENT AND NEW JOBS TO THE REGION.

ENVIRONMENTAL IMPROVEMENTS - UPMC PURSUES A POLICY OF AWARD-WINNING ENVIRONMENTAL RESPONSIBILITY THAT REDUCES ITS ENVIRONMENTAL FOOTPRINT, WHILE SUPPORTING THE GROWTH AND DEVELOPMENT OF THE ORGANIZATION. MANY OF UPMC'S FACILITIES INCLUDE HEALING GARDENS FOR PATIENTS, FAMILIES, AND EMPLOYEES. PRESBYTERIAN-SHADYSIDE EARNED RECOGNITION FROM THE PENNSYLVANIA HORTICULTURAL SOCIETY FOR ITS HEALING GARDENS. UPMC

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.

SHADYSIDE INSTALLED A LIVING WALL, USING A UNIQUE ARCHITECTURAL ELEMENT TO TRANSFORM AN INDUSTRIAL SPACE OUTSIDE THE EMERGENCY DEPARTMENT INTO A SERENE AREA DESIGNED TO REDUCE STRESS AND TENSION. AT SEVERAL UPMC HOSPITALS, INCLUDING MAGEE-WOMENS HOSPITAL OF UPMC, HEALING GARDENS ARE TRANSFORMING TO INCORPORATE PRACTICAL PRODUCTIVITY BY GROWING VEGETABLES AND HERBS ONSITE AND USING THEM IN FOOD PREPARATION. IN 2017, SEVERAL UPMC CAFETERIAS EARNED SUSTAINABLE RESTAURANT PERFORMANCE CERTIFICATION THAT FOCUSED ON FOOD WASTE REDUCTION, LOCALIZED PURCHASING, AND ENERGY AND WATER CONSERVATION.

MANY OF UPMC'S FACILITIES HAVE EARNED LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATIONS FROM THE U.S. GREEN BUILDING COUNCIL, INCLUDING CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC'S LAWRENCEVILLE LOCATION, THE UPMC PASSAVANT PAVILION, MAGEE WOMENS HOSPITAL OF UPMC'S INPATIENT ADDITION, UPMC'S CORPORATE HEADQUARTERS IN DOWNTOWN PITTSBURGH, AND UPMC EAST IN MONROEVILLE. LEED-CERTIFIED SPACES INCLUDE FLOORS OCCUPIED BY THE UPMC HEALTH PLAN IN THE U.S. STEEL TOWER IN DOWNTOWN PITTSBURGH, AND THE NEW SOUTH CAMPUS OF CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC. THE U.S. STEEL TOWER, WHERE UPMC IS A MAJOR LEASEE,

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.

EARNED ENERGY STAR STATUS. UPMC INVESTS IN RENOVATING ITS OCCUPIED FLOORS TO LEED SPECIFICATIONS, WHICH CONTRIBUTED SIGNIFICANTLY TO THE BUILDING ACHIEVING ENERGY STAR STATUS. UPMC ACTIVELY PARTICIPATES IN THE U.S. DEPARTMENT OF ENERGY'S BETTER BUILDING CHALLENGE, AND SHARES CREATIVE ENERGY SAVING STRATEGIES WITH OTHER ORGANIZATIONS. UPMC PARTICIPATES IN THE GREEN BUILDING ALLIANCE'S PITTSBURGH 2030 DISTRICT INITIATIVES. UPMC HAMOT IS AN ORGANIZING PARTICIPANT IN THE ERIE 2030 DISTRICT INITIATIVE. UPMC CONTINUES TO SHARE LESSONS LEARNED AND INDUSTRY-BASED BEST PRACTICES WITH OTHER REGIONAL ORGANIZATIONS THAT ARE INCORPORATING SUSTAINABILITY INTO THEIR OPERATIONS. STAFF CONTINUE TO SERVE ON REGIONAL AND STATE PLANNING COMMITTEES, ADVOCATING FOR EXPANDED IMPLEMENTATION OF LOCAL POLICIES THAT POSITIVELY AFFECT HEALTH.

UPMC EMPLOYS ENVIRONMENTALLY CONSCIOUS MATERIALS MANAGEMENT PRACTICES ACROSS THE ORGANIZATION. BY PURCHASING LOCALLY AS FREQUENTLY AS POSSIBLE, UPMC REDUCES ASSOCIATED LOGISTICS IMPACT ON THE ENVIRONMENT. UPMC'S MATERIALS MANAGEMENT DEPARTMENT ACQUIRED CLEAN DIESEL TRANSPORT TRUCKS TO REDUCE AIR QUALITY IMPACT. PACKAGING IS RECYCLED AT UPMC'S WAREHOUSES; AND FURNITURE IS REUSED ACROSS THE SYSTEM. UPMC SHARES

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.

INSIGHTS WITH ITS SUPPLIERS ABOUT ITS COMMITMENT TO SUSTAINABILITY, AND TRACKS WHICH SUPPLIERS ARE ALIGNING WITH THESE PRINCIPLES AND PRACTICES.

IN 2017, UPMC SPONSORED AN INTERNSHIP PROJECT THAT VALIDATED THE APPLICATION OF A SUSTAINABLE PURCHASING DECISION-MAKING TOOL AND REVIEWED ITS APPLICABILITY TO THE EXISTING SUPPLY CHAIN DECISION-MAKING STRUCTURE.

IN DEMONSTRATING REGIONAL STEWARDSHIP, UPMC ACTIVELY COLLABORATES IN COMMUNITY-BASED INITIATIVES. UPMC CONTINUES TO CO-SPONSOR COMMUNITY-BASED HOUSEHOLD HAZARDOUS WASTE COLLECTION EVENTS, AND COMMITTED TO SPONSORING COMMUNITY-BASED REUSABLE COLLECTION EVENTS. UPMC FACILITIES PARTICIPATE 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. IN 2017, TRAINING ON THE ADMINISTRATION OF NALOXONE DRUG OVERDOSE ANTIDOTE WAS CONDUCTED AS PART OF THE FALL COLLECTION EVENT. TO SUPPORT ONGOING UNWANTED MEDICATION DIVERSION, A LIST OF CONTINUOUS COMMUNITY COLLECTION SITES WAS POSTED AT EACH RETAIL PHARMACY OUTLET. UPMC PASSAVANT SPONSORED A COMMUNITY-BASED WASTE PAPER SHREDDING

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.

EVENT. UPMC HEALTH PLAN PROUDLY SPONSORS RIVERLIFE, A PITTSBURGH NONPROFIT DEDICATED TO DEVELOPING AND MAINTAINING RIVERFRONT PARKS THROUGHOUT THE REGION. UPMC PROVIDED EDUCATION ON HEALTHY FOODS AND NUTRITION TO COMMUNITY FAMILIES, WITH A FOCUS ON LOW-INCOME AND MINORITY COMMUNITIES. UPMC ALSO CONTINUED TO WORK WITH GLOBAL LINKS AND THROUGH THE UPMC HORIZON MEDICAL EQUIPMENT RECYCLING PROGRAM TO RECYCLE MEDICAL AND OTHER EQUIPMENT BOTH LOCALLY AND ABROAD. IN 2017, IN RESPONSE TO DEVASTATING HURRICANE DAMAGE SUFFERED IN PUERTO RICO, UPMC COORDINATED HEALTH CARE SUPPLY DONATIONS TO THE REGION THROUGH GLOBAL LINKS.

LEADERSHIP AND WORKFORCE DEVELOPMENT- IN FISCAL 2017, 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, COMMUNITY ALL ACCESS DAYS, 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

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.

COUNTY OFFICE OF INTELLECTUAL DISABILITIES (OID), AND PITTSBURGH SCHOOL DISTRICTS. IT IS DESIGNED TO COMBINE EDUCATION AND WORK EXPERIENCE IN AN EFFORT TO PREPARE STUDENTS WITH DISABILITIES FOR COMPETITIVE EMPLOYMENT. IN 2016-2017 THE PROGRAM WAS EXPANDED TO THREE ADDITIONAL UPMC HOSPITALS, INCLUDING UPMC HAMOT. TWELVE STUDENTS FROM THE MILLCREEK SCHOOL DISTRICT RECEIVED TRAINING FOR THE ENTIRE SCHOOL YEAR AND UPMC HAMOT HIRED EIGHT OF THE STUDENTS AT THE PROGRAM'S CONCLUSION. UPMC'S ONGOING SUPPORT FOR AND COLLABORATION WITH EXTERNAL PARTNERS, SUCH AS THE BIDWELL TRAINING CENTER, JOBLINKS, GOODWILL, AND SCHOOL 2 CAREER, HAS 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 INTEREST IN HEALTH CARE CAREERS. UPMC COLLABORATES WITH URBAN INNOVATION21, PROVIDING SPONSORED INTERNSHIP TRAINING EXPERIENCES FOR PITTSBURGH

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.

PROMISE STUDENTS. UPMC PROVIDES SCHOLARSHIPS AND WORK STUDY JOBS FOR HIGH SCHOOL STUDENTS AT THE HOLY FAMILY ACADEMY, WHICH PROVIDES CAREER-READINESS TRAINING, IN ADDITION TO CLASSES IN SCIENCE TECHNOLOGY, ENGINEERING, AND MATHEMATICS(STEM). THE PROGRAM, WHICH TARGETS UNDERPERFORMING SCHOOL DISTRICTS, IS POSITIVELY IMPACTING STUDENT ATTENDANCE AND GRADES. UPMC ALSO WORKS WITH THE CITY'S LEARN AND EARN PROGRAM TO OFFER EXPLORATORY CAREER EXPERIENCES TO LOCAL YOUTH FROM AT-RISK AREAS. UPMC HAMOT AND THE VICTORY CHRISTIAN CENTER IN ERIE LAUNCHED THE EAGLE'S NEST, A PILOT WORKFORCE-DEVELOPMENT PROGRAM THAT LINKS AT-RISK ERIE YOUTH WITH STABLE AND REWARDING JOBS - PROVIDING FULLTIME EMPLOYMENT AT UPMC HAMOT FOR 80 AT-RISK YOUTH AGED 18 TO 25 YEARS.

EACH YEAR, UPMC'S MILITARY TALENT NETWORK HELPS HUNDREDS OF VETERANS WHO ARE SEEKING EMPLOYMENT, TO HONE THEIR RESUMES, TRANSLATE THEIR MILITARY EXPERIENCE INTO MARKETABLE SKILLS, AND PREPARE FOR THE INTERVIEW PROCESS. SINCE 2015, UPMC HAS BEEN FORMALLY RECOGNIZED AS ONE OF THE TOP MILITARY FRIENDLY® EMPLOYERS IN THE COUNTRY. UPMC'S AWARD-WINNING DIGNITY AND RESPECT CAMPAIGN IS A MODEL FOR USE BY OTHER ENTITIES THROUGHOUT THE

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.

REGION AND NATIONALLY. IN ADDITION, THE CENTER FOR ENGAGEMENT AND INCLUSION (CFEI) OFFERS UNCONCIOUS BIAS LEARNING FORUMS, WHICH PROVIDES OPPORTUNITIES TO LEARN ABOUT VARIOUS ASPECTS OF PERCEPTION AND DIVERSITY, AND DEVELOP TOOLS FOR WORKING IN A COMPLEX AND MULTICULTURAL HEALTH CARE SYSTEM. UPMC PARTICIPATES IN NATIONAL DISABILITY MENTORING DAY THROUGHOUT WESTERN PENNSYLVANIA TO PROMOTE ACADEMIC SUCCESS, PERSONAL GROWTH, AND GOOD DECISION MAKING 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 ENHANCE LOCAL EDUCATIONAL PROSPECTS WHILE DRAWING THE WORLD'S FINEST MINDS TO PITTSBURGH. IN 2017, UPMC MADE ITS FINAL PAYMENT ON A $100-MILLION MATCHING GRANT TO THE PITTSBURGH PROMISE, A CENTERPIECE OF UPMC'S WORKFORCE DEVELOPMENT PORTFOLIO. UPMC'S COMMITMENT TO THIS PROGRAM HAS HELPED NEARLY 7,000 STUDENTS FROM THE PITTSBURGH PUBLIC SCHOOLS ATTEND COLLEGE, WITH PARTICIPATING STUDENTS

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.

DEMONSTRATING GRADUATION 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 SEVERAL NONPROFIT ALLIES IN FISCAL 2017. KEY ALLIANCES INCLUDED RELATIONSHIPS WITH THE PITTSBURGH PUBLIC SCHOOLS, TO PROMOTE HEALTHY HABITS AMONG SCHOOL-AGED CHILDREN, AND WITH THE ERIE SCHOOL DISTRICT TO SUPPORT THE COMMUNITY SCHOOL EFFORT, AND LOCATE HEALTH SERVICES WITHIN THE WAYNE SCHOOL COMMUNITY, ALLIANCES ALSO ENCOMPASSED WORK WITH 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; THE U.S. DRUG ENFORCEMENT ADMINISTRATION TO HOST DRUG TAKE-BACK

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.

DAYS; 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; HOMELESS CHILDREN'S EDUCATION FUND; YMCA OF GREATER PITTSBURGH; THE LET'S MOVE PITTSBURGH PROGRAM TO FOSTER YOUTH HEALTH; AND THE INDEPENDENT FOUNDATIONS OF UPMC'S COMMUNITY HOSPITALS.

UPMC'S HEALTHY COMMUNITIES 365 INITIATIVE ENCOURAGES INDIVIDUALS IN AT-RISK NEIGHBORHOODS TO PARTICIPATE IN HEALTH IMPROVEMENT PROGRAMS THROUGHOUT THE YEAR TO LIVE HAPPY AND HEALTHY LIVES. BY PARTICIPATING IN THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT NEIGHBORHOOD PARTNERSHIP PROGRAM, UPMC CONTRIBUTED TO THE PROVISION OF NECESSARY SERVICES, SUCH AS AFFORDABLE HOUSING, CRIME PREVENTION, EDUCATION, AND JOB TRAINING IN DISTRESSED COMMUNITIES. ADDITIONALLY, UPMC'S INVOLVEMENT IN VARIOUS TAX CREDIT PROGRAMS PROVIDES TUITION AND PROGRAM ASSISTANCE TO STUDENTS FROM PRE-K THROUGH HIGH SCHOOOL WHO OTHERWISE WOULD NOT HAVE THE FINANCIAL RESOURCES TO ATTEND.

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.

IN FISCAL YEAR 2016, UPMC CONDUCTED A CHNA, BUILDING ON THE INITIAL CHNA CONDUCTED IN FISCAL YEAR 2013. THE FISCAL YEAR 2016 CHNA PROVIDED AN OPPORTUNITY FOR THE HOSPITAL TO RE-ENGAGE WITH COMMUNITY STAKEHOLDERS IN A RIGOROUS, STRUCTURED PROCESS GUIDED BY PUBLIC HEALTH EXPERTS. AN ONGOING OBJECTIVE OF THE CHNA EFFORT IS TO HELP ALIGN COMMUNITY BENEFIT PROGRAMS AND RESOURCES WITH COMMUNITY HEALTH NEEDS.

UPMC ACTIVELY ENGAGED ITS HOSPITAL BOARDS, COMMUNITY STAKEHOLDERS, AND PUBLIC HEALTH EXPERTS TO IDENTIFY COMMUNITY HEALTH NEEDS AND TO DETERMINE HOW TO COLLABORATE MOST EFFECTIVELY TO ADDRESS THE NEEDS. THE ORGANIZATION SOLICITED AND TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. DURING JUNE THROUGH JULY 2015, MORE THAN 1,500 COMMUNITY LEADERS AND MEMBERS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, CONSUMER ADVOCATES, NONPROFIT ORGANIZATIONS, ACADEMIC EXPERTS, LOCAL GOVERNMENT OFFICIALS, LOCAL SCHOOL DISTRICTS, COMMUNITY-BASED ORGANIZATIONS, AND HEALTH CARE PROVIDERS WERE INVITED TO PARTICIPATE IN UPMC'S COMMUNITY HEALTH NEEDS SURVEY. MORE THAN 500 INDIVIDUALS COMPLETED THE SURVEY, AND GREATER THAN 70 PERCENT OF THOSE PARTICIPANTS SELF-IDENTIFIED AS BEING A

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.

REPRESENTATIVE OR MEMBER OF A MEDICALLY UNDERSERVED, MINORITY, OR

LOW-INCOME POPULATION.

UPMC USED THE COMMUNITY INPUT TO DEVELOP STRATEGIC PLANS FOR EACH OF ITS

LICENSED HOSPITALS TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS.

IMPORTANTLY, THESE PLANS ADDRESS LOCAL COMMUNITY NEEDS NOT ONLY AT THE

HOSPITAL LEVEL, BUT ALSO INCLUDE EFFORTS UNDERTAKEN IN PARTNERSHIP WITH

OTHER UPMC HOSPITALS, EXTERNAL ORGANIZATIONS, AND THE LARGER UPMC SYSTEM.

KEY THEMES THAT EMERGED AT UPMC HOSPITALS THROUGHOUT WESTERN PENNSYLVANIA

CAN BE GROUPED INTO THREE BROAD CATEGORIES - CHRONIC DISEASE MANAGEMENT,

WELLNESS AND DISEASE PREVENTION, AND NAVIGATING RESOURCES. THE FISCAL

YEAR 2016 CHNA REPORTS AND FISCAL YEAR 2016-2019 STRATEGIC PLANS FOR EACH

UPMC HOSPITAL CAN BE FOUND ON UPMC'S WEBSITE:

HTTP://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEED

S-ASSESSMENT.ASPX.

UPMC MADE MEASURABLE PROGRESS ON IMPROVING COMMUNITY HEALTH IN THE PERIOD

FROM FISCAL YEAR 2014 THROUGH 2017. PROGRAMS AND INITIATIVES FOCUSED ON

THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE JUNE 30, 2013 CHNA AND THE

JUNE 30,2016 CHNA, WHICH INCLUDED: CANCER, DIABETES, HEART DISEASE,

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.

STROKE, OBESITY, BEHAVIORAL HEALTH, NUTRITION AND HEALTHY EATING, MATERNAL AND INFANT HEALTH, IMMUNIZATIONS AND VACCINATIONS, PREVENTIVE HEALTH AND WELLNESS, PREVENTIVE SCREENINGS, SENIOR HEALTH AND CARING FOR AN AGING POPULATION, CARE COORDINATION AND CONTINUITY, POST-DISCHARGE COORDINATION AND FOLLOW-UP, END-OF-LIFE CARE, PRIMARY CARE, ACCESS TO SPECIALISTS, AND MEDICATION MANAGEMENT AND COMPLIANCE. IMPLEMENTATION PLANS DEVELOPED BY UPMC HOSPITALS DRAW SUPPORT FROM AN ARRAY OF ACTIVE AND ENGAGED COMMUNITY PARTNERS, AS WELL AS FROM THE LARGER UPMC SYSTEM, AND INCLUDE HUNDREDS OF INITIATIVES, UTILIZING BOTH EVIDENCE-BASED NATIONALLY RECOGNIZED PROGRAMS AND INTERNALLY DESIGNED PILOT PROGRAMS. THE BOARD OF DIRECTORS AT EACH UPMC HOSPITAL REGULARLY MONITORS THE PROGRESS OF THE COMMUNITY HEALTH IMPROVEMENT PLANS. DURING FISCAL YEARS 2014 THROUGH 2017 UPMC HOSPITALS MADE MEASURABLE PROGRESS IN ALL AREAS IDENTIFIED THROUGH THE CHNA PROCESS. IN SOME CASES UPMC HOSPITALS IMPROVED AND EXPANDED EXISTING PROGRAMS - REACHING OUT NOT ONLY TO MORE PEOPLE, BUT ALSO TARGETING PEOPLE WHO COULD BENEFIT THE MOST. UPMC ALSO DEVELOPED NEW PROGRAMS AND INITIATIVES, WHICH REQUIRED THE CREATION OF OPERATING INFRASTRUCTURE, AND ESTABLISHMENT OF GOALS AND ASSOCIATED

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.

ASSESSMENT TOOLS. PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS WERE DEVELOPED AND ENHANCED TO BETTER COORDINATE RESOURCES. EXAMPLES OF UPMC HOSPITALS' PROGRESS DURING FISCAL YEARS 2014 THROUGH 2017 INCLUDE:

IMPLEMENTED HEALTHIER KIDS PROGRAMS - INCLUDING THE HEALTHY SCHOOLS PROGRAM, WHICH WORKS WITH PITTSBURGH PUBLIC SCHOOLS TO SUPPORT HEALTHY LIVING AMONG SCHOOL-AGED CHILDREN, THE SMARTER LUNCHROOM, WHICH ENCOURAGES HEALTHIER FOOD CHOICES IN THE SCHOOL CAFETERIA, AND A PARTNERSHIP WITH THE PITTSBURGH PARKS CONSERVANCY TO PROMOTE PHYSICAL ACTIVITY OUTSIDE OF THE SCHOOL SETTING.

HEALTH SCREENINGS AND WELLNESS FAIRS - AT WHICH THOUSANDS OF PEOPLE PARTICIPATED IN COMMUNITY EVENTS THAT OFFERED SCREENINGS TO DETECT CHRONIC DISEASES, SUCH AS CANCER, DIABETES, AND HEART DISEASE. MANY OF THESE EVENTS WERE HELD AT NEIGHBORHOOD LOCATIONS, INCLUDING CHURCHES, FIRE DEPARTMENTS, AND SCHOOLS. IMPACT OF THESE EVENTS INCLUDE MORE THAN 5,000 IMMUNIZATIONS BY UPMC MCKEESPORT, AND 17,000 INDIVIDUALS REACHED BY UPMC PRESBYTERIAN-SHADYSIDE THROUGH CANCER PREVENTION EDUCATION AND SCREENINGS. THROUGH A NEW PARTNERSHIP ESTABLISHED IN 2017, UPMC ST. MARGARET IS REACHING OUT TO LOW-INCOME RESIDENTS OF SHARPSBURG. ONCE A

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.

MONTH, THE HOSPITAL OFFERS A FREE HEALTH CLINIC THAT PROVIDES HEALTH SCREENINGS, AS WELL AS AN OPPORTUNITY TO SPEAK WITH A HEALTH PROFESSIONAL.

HEALTH EDUCATION PROGRAMS TARGETING TRADITIONALLY UNDERSERVED POPULATIONS -THOUSANDS PARTICIPATED IN EDUCATION PROGRAMS ON TOPICS RANGING FROM MENTAL HEALTH AWARENESS TO OBESITY PREVENTION. PROGRAMS WERE PROVIDED THROUGHOUT THE COMMUNITY, IN LOCATIONS THAT INCLUDED SENIOR CENTERS, HOMELESS SHELTERS, COMMUNITY GARDENS, LOCAL LIBRARIES, NEIGHBORHOOD CENTERS, SCHOOLS, LOW-INCOME HEALTH CLINICS, AND SUBSTANCE ABUSE TREATMENT CENTERS. FOR EXAMPLE, WITH SUPPORT FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, UPMC WORKS TO ADDRESS THE BEHAVIORAL AND SOCIAL NEEDS OF HOMELESS INDIVIDUALS. THROUGH THE HOMELESS CONTINUUM PROJECT, A TOTAL OF 265 HOUSING ARRANGEMENTS WERE MADE, AND A HIGH PERCENTAGE OF INDIVIDUALS PARTICIPATING IN THE PROGRAM REMAINED IN A HOME FOR A YEAR (97 PERCENT), EARNED INCOME (79 PERCENT), AND RECEIVED MENTAL HEALTH TREATMENT (95 PERCENT). UPMC SERVES AS A FORENSIC LIAISON, WORKING WITH LAW ENFORCEMENT, ATTORNEYS, MAGISTRATES, AND PROBATION AND PAROLE OFFICERS. UPMC ALSO PROVIDES CARE TO INMATES AT THE ALLEGHENY

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.

COUNTY JAIL. TO ADDRESS IMMIGRANT AND REFUGEE HEALTH, EFFORTS HAVE BEEN MADE TO IMPROVE OUTREACH, INCLUDING DEVELOPING A CHILDBIRTH EDUCATION PROGRAM FOR NON-NATIVE ENGLISH SPEAKERS.

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

BEHAVIORAL HEALTH PROGRAMS TARGETING ADDICTION- UPMC OFFERS ITS EXPERTISE AND COMPASSIONATE SERVICES TO INDIVIDUALS FROM ALL WALKS OF LIFE TO HELP THEM OVERCOME SUBSTANCE ABUSE. THROUGH THE PREGNANCY RECOVERY CENTER (PRC), UPMC CARES FOR OPIOID-DEPENDENT PREGNANT WOMEN BY COMBINING ROUTINE PRENATAL APPOINTMENTS WITH COUNSELING AND MEDICATION TO PREVENT WITHDRAWAL. THIS PROGRAM HAS EXPANDED TO FIVE NEW LOCATIONS IN SUBURBAN AND RURAL COMMUNITIES, AND ACHIEVED SUCCESSFUL OUTCOMES WITH FEWER BABIES BORN NEEDING WITHDRAWAL MEDICATIONS. THROUGH THE PEER NAVIGATOR PROGRAM, UPMC IS CONNECTING PATIENTS STRUGGLING WITH ADDICTION TO PEERS WHO SERVE AS MODELS OF RECOVERY. SINCE 2014, PEER NAVIGATORS HAVE MET WITH MORE THAN 1,400 PATIENTS, OFFERING THEM ENCOURAGEMENT TO ENTER TREATMENT AND

Part VI Supplemental Information

Provide the following information.

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

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.

RECOVERY PROGRAMS. UPMC IS ALSO PROMOTING AND DISTRIBUTING OVERDOSE

REVERSAL KITS TO FIRST RESPONDERS AND PATIENTS WHO ARE AT RISK.

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.

PART VI

LINE 6 SEE SCHEDULE O

LINE 7 STATES RECEIVING COMMUNITY BENEFIT REPORT: PENNSYLVANIA

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A GLIMMER OF HOPE P.O. BOX 908 WEXFORD, PA 15090	25-1627978	501(C)(3)	21,350.				CHARITABLE DONATION
(2) ADAGIO HEALTH INC 900 PENN AVE PITTSBURGH, PA 15222	23-7104168	501(C)(3)	10,000.				CHARITABLE DONATION
(3) ADVISORY BOARD ON AUTISM & RELATED DIS. 35 WILSON STREET PITTSBURGH, PA 15223	25-1760214	501(C)(3)	6,667.				AUTISM RESEARCH
(4) ALLEGHENY CONF ON COMMUNITY DEVELOPMENT 11 STANWIX STREET PITTSBURGH, PA 15222	25-0965213	501(C)(3)	288,500.				CHARITABLE DONATION
(5) ALLEGHENY COUNTY ONE SMITHFIELD STREET PITTSBURGH, PA 15222	25-6001017	GOVERNMENT	19,356.				CHARITABLE DONATION
(6) ALTOONA BLAIR COUNTY DEVELOPMENT CORP 3900 INDUSTRIAL PARK DR ALTOONA, PA 16602	25-1143641	501(C)(3)	10,000.				CHARITABLE DONATION
(7) ALZHEIMERS DISEASE AND RELATED DIS ASSOC 1100 LIBERTY AVE PITTSBURGH, PA 15222	13-3039601	501(C)(3)	6,750.				ALZHEIMERS RESEARCH
(8) AMER ASSOC OF PEOPLE WITH DISABILITIES 2013 H ST WASHINGTON, DC 20006	52-1930174	501(C)(3)	15,000.				CHARITABLE DONATION
(9) AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	131,697.				CANCER RESEARCH
(10) AMERICAN DIABETES ASSOCIATION 100 W STATION SQ DR PITTSBURGH, PA 15219	13-1623888	501(C)(3)	55,000.				DIABETES RESEARCH
(11) AMERICAN HEART ASSOCIATION 444 LIBERTY AVE PITTSBURGH, PA 15222	13-5613797	501(C)(3)	412,426.				HEART RESEARCH
(12) AMERICAN RED CROSS PO BOX 185 PITTSBURGH, PA 15230	53-0196605	501(C)(3)	14,000.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANIMAL FRIENDS 562 CAMP HORNE ROAD PITTSBURGH, PA 15237	25-0951565	501(C)(3)	134,300.				CHARITABLE DONATION
(2) ANIMAL RESCUE LEAGUE 6620 HAMILTON AVE PITTSBURGH, PA 15206	25-0325750	501(C)(3)	9,000.				CHARITABLE DONATION
(3) ARTHRITIS FOUNDATION 790 HOLIDAY DRIVE PITTSBURGH, PA 15220	25-0983073	501(C)(3)	67,250.				ARTHRITIS RESEARCH
(4) ATTACK THEATRE INC 2425 LIBERTY AVE PITTSBURGH, PA 15222	20-1909284	501(C)(3)	10,000.				COMMUNITY DEVEL
(5) AUTISM SPEAKS 1 EAST 33RD ST NEW YORK, NY 10016	20-2329938	501(C)(3)	7,500.				AUTISM RESEARCH
(6) BEAVER COUNTY EDUCATIONAL TRUST P.O. BOX 216 BEAVER, PA 15009	25-1381854	501(C)(3)	10,000.				COMMUNITY DEVEL
(7) BIG BROTHERS BIG SISTERS OF GREATER PGH 5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206	25-6074707	501(C)(3)	12,500.				COMMUNITY DEVEL
(8) BIRMINGHAM FOUNDATION 2005 SARAH STREET PITTSBURGH, PA 15203	25-0965572	501(C)(3)	22,000.				CHARITABLE DONATION
(9) BLAIR COUNTY CHAMBER FOUNDATION INC 3900 INDUSTRIAL PARK DR ALTOONA, PA 16602	25-1895033	501(C)(3)	6,250.				CHARITABLE DONATION
(10) BLAIR COUNTY RESPIRATORY DISEASE SOCIETY 159 LAKEMONT PARK BLVD ALTOONA, PA 16602	25-1697156	501(C)(3)	6,250.				CHARITABLE DONATION
(11) BLOOMFIELD LITTLE ITALY DAYS INC 2549 PENN AVE PITTSBURGH, PA 15222	46-0691769		10,000.				CHARITABLE DONATION
(12) BOB PERKS CANCER ASSISTANCE FUND 1290 DEERBROOK DRIVE PORT MATILDA, PA 16870	20-4220990	501(C)(3)	15,000.				CANCER RESEARCH

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOROUGH OF GREENVILLE 125 MAIN ST. GREENVILLE, PA 16125	25-6000376	GOVERNMENT	35,000.				COMMUNITY DEVEL
(2) BOYS AND GIRLS CLUBS OF WESTERN PA 630 WASHINGTON AVE CARNEGIE, PA 15106	25-1206970	501(C)(3)	6,000.				COMMUNITY DEVEL
(3) BRIDGE CONSULTING CORP. 2034 MILL ROAD BOOTHWYN, PA 19061	20-0650892		20,000.				CHARITABLE DONATION
(4) CANCER CARING CENTER 4117 LIBERTY AVE PITTSBURGH, PA 15224	25-1547942	501(C)(3)	12,750.				CANCER RESEARCH
(5) CARNEGIE INSTITUTE 4400 FORBES AVE PITTSBURGH, PA 15213	25-0965280	501(C)(3)	30,000.				EDUCATIONAL RESEARCH
(6) CATHOLIC CHARITIES INC OF THE DIOCESE 212 9TH ST PITTSBURGH, PA 15222	25-1326213	501(C)(3)	31,000.				CHARITABLE DONATION
(7) CCCHAMPIONS 1401 CANDLEWOOD DR PITTSBURGH, PA 15241	45-2831126	501(C)(3)	20,000.				CHARITABLE DONATION
(8) CELEBRATE POSITIVE LLC 9055 FOREST PATH DR GAINESVILLE, GA 30506	27-2198733		7,500.				COMMUNITY DEVEL
(9) CENTRAL CATHOLIC HIGH SCHOOL 4720 5TH AVENUE PITTSBURGH, PA 15213-2952	20-0478989	501(C)(3)	5,150.				EDUCATION
(10) CHABAD JEWISH CENTER OF MONROEVILLE INC 137 MONTICELLO DR MONROEVILLE, PA 15146	27-0540008	501(C)(3)	6,200.				COMMUNITY DEVEL
(11) CHILDRENS HOSPITAL OF PGH FOUNDATION 4401 PENN AVE PITTSBURGH, PA 15224	25-1865744	501(C)(3)	70,000.				HEALTHCARE SUPPORT
(12) CHILDRENS MUSEUM OF PGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	25-1379704	501(C)(3)	10,000.				COMMUNITY DEVEL

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF FARRELL 500 ROEMER BLVD FARRELL, PA 16121	25-6000858	GOVERNMENT	35,100.				CHARITABLE DONATION
(2) CITY THEATRE 1300 BINGHAM ST PITTSBURGH, PA 15203	25-1554580	501(C)(3)	10,000.				COMMUNITY DEVEL
(3) CIVIC LIGHT OPERA ASSOC OF GREATER PGH 719 LIBERTY AVE PITTSBURGH, PA 15222	25-6000890	501(C)(3)	18,000.				CHARITABLE DONATION
(4) COMMUNITY HUMAN SERVICES CORP 374 LAWN ST PITTSBURGH, PA 15213	25-1219610	501(C)(3)	34,009.				COMMUNITY DEVEL
(5) COMMUNITY LIVER ALLIANCE 612 SHADY OAK CT MARS, PA 16046	46-1909171	501(C)(3)	55,000.				LIVER RESEARCH
(6) CORO CENTER FOR CIVIC LEADERSHIP 33 TERMINAL WAY PITTSBURGH, PA 15219	31-1703402	501(C)(3)	20,650.				CHARITABLE DONATION
(7) COUNTY OF BLAIR 423 ALLEGHENY ST HOLLIDAYSBURG, PA 16648	23-6003045	GOVERNMENT	8,288.				COMMUNITY DEVEL
(8) CRANBERRY TOWNSHIP COMMUNITY CHEST 2525 ROCHESTER RD CRANBERRY TWP, PA 16066	25-1484323	501(C)(3)	25,000.				COMMUNITY DEVEL
(9) CROHNS AND COLITIS FOUNDATION OF AMERICA 580 S AIKEN AVE PITTSBURGH, PA 15232	13-6193105	501(C)(3)	11,250.				CROHNS & COLITIS RES
(10) CULTURES ARTS FESTIVALS AND EVENT ERIE 626 STATE STREET ERIE, PA 16501	61-1428869	501(C)(3)	7,500.				COMMUNITY DEVEL
(11) CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 20814	13-1930701	501(C)(3)	29,000.				CYSTIC FIBROSIS RES
(12) DAPPER DAN CHARITIES 34 BLVD OF THE ALLIES PITTSBURGH, PA 15222	52-0881841	501(C)(3)	17,500.				CHARITABLE DONATION

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DELTA FOUNDATION OF PITTSBURGH 911 GALVESTON AVE PITTSBURGH, PA 15233	23-2874576	501(C)(3)	35,000.				CHARITABLE DONATION
(2) DEPAUL SCHOOL FOR HEARING AND SPEECH 6202 ALDER ST PITTSBURGH, PA 15206	25-0965321	501(C)(3)	12,940.				EDUCATION
(3) DIOCESE OF ALTOONA -JOHNSTOWN PO BOX 231 ALTOONA, PA 16603	25-0965567	501(C)(3)	48,000.				CHARITABLE DONATION
(4) DISABILITY RIGHTS PENNSYLVANIA 429 FOURTH AVE PITTSBURGH, PA 15219	23-2041538	501(C)(3)	7,500.				CHARITABLE DONATION
(5) DIVERSITY AND LEADERSHIP INC 650 SMITHFIELD ST PITTSBURGH, PA 15222	20-4317404		10,000.				CHARITABLE DONATION
(6) DOLLAR ENERGY FUND INC PO BOX 42329 PITTSBURGH, PA 15203	25-1442933	501(C)(3)	10,000.				CHARITABLE DONATION
(7) DRESS FOR SUCCESS PITTSBURGH 5001 BAUM BLVD PITTSBURGH, PA 15213	20-2388089	501(C)(3)	7,500.				COMMUNITY DEVEL
(8) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	300,600.				EDUCATION
(9) EAGLES NEST LEADERSHIP CORPORATION 1129 PENNSYLVANIA AVE ERIE, PA 16503	45-4708848	501(C)(3)	6,000.				CHARITABLE DONATION
(10) EAST LIBERTY FAMILY 6023 HARVARD ST PITTSBURGH, PA 15206	25-1417228	501(C)(3)	90,000.				CHARITABLE DONATION
(11) EASTERN MINORITY SUPPLIER DEVELOP CO 611 WILLIAM PENN PL PITTSBURGH, PA 15219	25-1236796	501(C)(3)	11,000.				CHARITABLE DONATION
(12) EDUCATING TEENS ABOUT HIV/AIDS INC 1425 PENNSYLVANIA AVE PITTSBURGH, PA 15233	36-4591444	501(C)(3)	6,750.				COMMUNITY DEVEL

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EPILEPSY FOUNDATION WESTERN CENTRAL PA 1501 REEDSDALE ST PITTSBURGH, PA 15233	23-7241930	501(C)(3)	31,050.				EPILEPSY RESEARCH
(2) ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 16507	25-6032032	501(C)(3)	15,000.				COMMUNITY DEVEL
(3) ERIE OTTERS HOCKEY CLUB 201 8TH E STREET ERIE, PA 16501	25-1792922		22,500.				CHARITABLE DONATION
(4) ERIE ZOOLOGICAL SOCIETY PO BOX 3268 PITTSBURGH, PA 16508	25-1114213	501(C)(3)	6,600.				CHARITABLE DONATION
(5) EYE AND EAR FOUNDATION 203 LOTHROP ST PITTSBURGH, PA 15213	25-1439732	501(C)(3)	6,100.				CHARITABLE DONATION
(6) FAMILY HOSPICE AND PALLIATIVE CARE 50 MOFFETT STREET PITTSBURGH, PA 15243	25-1529649	501(C)(3)	13,700.				CHARITABLE DONATION
(7) FAMILY HOUSE INC 233 MCKEE PLACE PITTSBURGH, PA 15213	25-1519959	501(C)(3)	170,000.				COMMUNITY DEVEL
(8) FAMILY LINKS INC 843 CLIMAX ST PITTSBURGH, PA 15210	25-1660725	501(C)(3)	6,000.				CHARITABLE DONATION
(9) FAMILY MEDICINE EDUCATION CONSORTIUM INC 7795 RAINTREE RD CENTERVILLE, OH 45459	31-1436038	501(C)(3)	12,500.				CHARITABLE DONATION
(10) FAMILY SERVICES OF WPA 3230 WILLIAM PITT WAY PITTSBURGH, PA 15238	25-0965341	501(C)(3)	22,167.				COMMUNITY DEVEL
(11) FARRELL AREA SCHOOL DISTRICT 1600 ROEMER BLVD FARRELL, PA 16121	76-4325097	GOVERNMENT	35,490.				EDUCATION
(12) FAYETTE EMERGENCY MEDICAL SERVICE PO BOX 862 CONNELLSVILLE, PA 15425	25-1762416	501(C)(3)	10,000.				HEALTHCARE SUPPORT

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FRATERNAL ASSOC OF PROF PARAMEDICS 313 HAYS AVE MOUNT OLIVER, PA 15210	25-1368007	501(C)(3)	12,000.				HEALTHCARE SUPPORT
(2) GATEWAY MEDICAL SOCIETY 1835 CENTRE AVE PITTSBURGH, PA 15219	02-0704699	501(C)(3)	74,000.				CHARITABLE DONATION
(3) GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA ST PITTSBURGH, PA 15212	25-1126094	501(C)(3)	20,000.				COMMUNITY DEVEL
(4) GLORIA GATES MEMORIAL FOUNDATION PO BOX 89 ALTOONA, PA 16603	25-1832472	501(C)(3)	31,000.				CHARITABLE DONATION
(5) GRANTMAKERS OF WESTERN PENNSYLVANIA 650 SMITHFIELD ST PITTSBURGH, PA 15222	25-1496312	501(C)(3)	8,000.				CHARITABLE DONATION
(6) GREATER PGH CONVENTION & VISITORS BUR 120 5TH AVE PITTSBURGH, PA 15222	25-0729260	501(C)(3)	50,000.				CHARITABLE DONATION
(7) GREENVILLE AREA CHAMBER OF COMMERCE PO BOX 350 GREENVILLE, PA 16125	25-0931476	501(C)(6)	5,320.				CHARITABLE DONATION
(8) GREENVILLE AREA SCHOOL DISTRICT 9 DONATION ROAD GREENVILLE, PA 16125	25-6011926	GOVERNMENT	35,150.				EDUCATION
(9) GWENS GIRLS 711 WEST COMMONS PITTSBURGH, PA 15212	75-3114136	501(C)(3)	12,500.				CHARITABLE DONATION
(10) HABITAT FOR HUMANITY OF GREATER PGH 6435 FRANKSTOWN AVE PITTSBURGH, PA 15206	25-1529652	501(C)(3)	10,000.				COMMUNITY DEVEL
(11) HAIR PEACE CHARITIES 102 CLEVELAND AVENUE PITTSBURGH, PA 15202	56-2524841	501(C)(3)	7,500.				CHARITABLE DONATION
(12) HERITAGE COMMUNITY INITIATIVES INC 820 BRADDOCK AVE BRADDOCK, PA 15104	25-1442838	501(C)(3)	30,000.				COMMUNITY DEVEL

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HISTORICAL SOC OF W PA 1810 FUNSTON AVE PITTSBURGH, PA 15235	25-6089948	501(C)(3)	18,500.				COMMUNITY DEVEL
(2) HOME NURSING AGENCY AND VNA PO BOX 352 ALTOONA, PA 16603	25-1832472	501(C)(3)	8,750.				CHARITABLE DONATION
(3) INSTITUTE FOR RES ED & TRAINING 611 WILLIAM PENN PL PITTSBURGH, PA 15219	25-1857820	501(C)(3)	45,000.				EDUCATION
(4) J FILM THE PITTSBURGH JEWISH FILM FORUM 1789 S. BRADDOCK AVE PITTSBURGH, PA 15218	47-2906717	501(C)(3)	10,000.				CHARITABLE DONATION
(5) JAMESON HEALTHCARE FOUNDATION 1211 WILMINGTON AVE NEW CASTLE, PA 16105	25-1536037	501(C)(3)	5,375.				HEALTHCARE SUPPORT
(6) JEWISH FEDERATION OF GREATER PITTSBURGH 234 MCKEE PLACE PITTSBURGH, PA 15213	25-1017602	501(C)(3)	50,000.				CHARITABLE DONATION
(7) JUNIOR ACHIEVEMENT 5001 CENTRE AVE PITTSBURGH, PA 15213	25-0983059	501(C)(3)	16,400.				COMMUNITY DEVEL
(8) JUVENILE DIABETES RESEARCH FOUNDATION 960 PENN AVE PITTSBURGH, PA 15222	23-1907729	501(C)(3)	60,100.				DIABETES RESEARCH
(9) KAPPA SCHOLARSHIP ENDOWMENT FUND OF W PA PO BOX 5013 PITTSBURGH, PA 15206	25-1672589	501(C)(3)	10,000.				EDUCATION
(10) KIDS VOICE 437 GRANT STREET PITTSBURGH, PA 15219	25-0983060	501(C)(3)	11,000.				COMMUNITY DEVEL
(11) LADIES HOSPITAL AID SOCIETY 3459 FIFTH AVE PITTSBURGH, PA 15213	23-7257527	501(C)(3)	246,052.				CHARITABLE DONATION
(12) LAUREL HIGHLANDS COUNCIL 1275 BEDFORD AVE PITTSBURGH, PA 15219	25-0965214	501(C)(3)	16,100.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAWRENCEVILLE CORP 100 43RD ST PITTSBURGH, PA 15201	25-1471440	501(C)(3)	8,500.				CHARITABLE DONATION
(2) LEUKEMIA AND LYMPHOMA SOCIETY INC 33 TERMINAL WAY PITTSBURGH, PA 15219	13-3470494	501(C)(3)	28,375.				LEUKEMIA & LYMPHOMA
(3) LUMINARI INC 219 RICHLAND LN PITTSBURGH, PA 15208	26-4196781	501(C)(3)	15,000.				CHARITABLE DONATION
(4) MARCH OF DIMES BIRTH DEFECTS FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	16,400.				CHARITABLE DONATION
(5) MARIO LEMIEUX FOUNDATION 816 FIFTH AVENUE PITTSBURGH, PA 15219	25-1708231	501(C)(3)	22,100.				CHARITABLE DONATION
(6) MATTRESS FACTORY LTD 500 SAMPSONIA WAY PITTSBURGH, PA 15212	25-1338941	501(C)(3)	10,000.				CHARITABLE DONATION
(7) MCKEESPORT HOSPITAL FOUNDATION 1500 FIFTH AVENUE MCKEESPORT, PA 15132	25-1380418	501(C)(3)	14,575.				HEALTHCARE SUPPORT
(8) MIGHTY PENGUINS SLED HOCKEY INC 8000 CRNBRY SPR DR CRANBERRY TWP, PA 16066	27-5095701	501(C)(3)	15,000.				CHARITABLE DONATION
(9) MONROEVILLE AREA CHAMBER OF COMMERCE 2790 MOSSIDE BLVD MONROEVILLE, PA 15146	25-1293687	501(C)(6)	5,200.				CHARITABLE DONATION
(10) MT ARARAT COMMUNITY ACTIVITY CENTER 271 PAULSON AVENUE PITTSBURGH, PA 15206	25-1628168	501(C)(3)	18,500.				COMMUNITY DEVEL
(11) MUNICIPALITY OF MONROEVILLE 2700 MONROEVILLE BLVD MONROEVILLE, PA 15146	25-6004094	GOVERNMENT	10,500.				COMMUNITY DEVEL
(12) MUTUAL AID AMBULANCE SERV INC PO BOX 350 GREENSBURG, PA 15601	25-1191386	501(C)(3)	5,208.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NAMI 3803 N. FAIRFAX DR. ARLINGTON, VA 22203	43-1201653	501(C)(3)	10,100.				CHARITABLE DONATION
(2) NAMI PA 105 BRAUNLICH DRIVE PITTSBURGH, PA 15237	25-1477291	501(C)(3)	39,500.				CHARITABLE DONATION
(3) NATIONAL BLACK NURSES ASSOCIATION PO BOX 5554 PITTSBURGH, PA 15206	25-1609325	501(C)(3)	5,640.				CHARITABLE DONATION
(4) NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	13-1673104	501(C)(3)	25,000.				KIDNEY RESEARCH
(5) NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	13-5661935	501(C)(3)	15,000.				MS RESEARCH
(6) NATIONAL NURSING CENTERS CONSORTIUM 1500 MARKET STREET PHILADELPHIA, PA 19102	01-0560081	501(C)(3)	10,000.				CHARITABLE DONATION
(7) NATL ASSOC ADVANCEMENT OF COLORED PEOPLE 2203 WYLIE AVE PITTSBURGH, PA 15219	25-6086867	501(C)(3)	20,000.				CHARITABLE DONATION
(8) NATL COUNCIL OF JEWISH WOMEN PGH SECTION 1620 MURRAY AVENUE PITTSBURGH, PA 15217	25-0965441	501(C)(3)	10,000.				COMMUNITY DEVEL
(9) NATL OVARIAN CANCER COALITION 6507 WILKINS AVE PITTSBURGH, PA 15217	65-0628064	501(C)(3)	15,000.				OVARIAN CANCER RES
(10) NEGRO EDUCATIONAL EMERGENCY DRIVE 332 FIFTH AVENUE PITTSBURGH, PA 15222	25-6070821	501(C)(3)	25,000.				EDUCATION
(11) NEW CASTLE COMMUNITY YMCA 20 W WASHINGTON ST. NEW CASTLE, PA 16101	25-0969496	501(C)(3)	12,000.				COMMUNITY DEVEL
(12) NEW ERA CAP FOUNDATION 501 SILVERSIDE ROAD WILMINGTON, DE 19809	81-1548325	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NIGHTINGALE AWARDS OF PA 2400 ARDMORE BOULEVARD PITTSBURGH, PA 15221	23-2567118	501(C)(3)	10,000.				CHARITABLE DONATION
(2) NORTH ALLEGHENY SCHOOL DISTRICT 200 HILLVUE LANE PITTSBURGH, PA 15237	25-6002301	GOVERNMENT	8,000.				EDUCATION
(3) NORTH AMERICAN RESCUE 35 TEDWALL CT GREER, SC 29650	27-1024029		46,682.				CHARITABLE DONATION
(4) OAKLAND BUSINESS IMPROVEMENT DISTRICT 235 ATWOOD ST PITTSBURGH, PA 15213	25-6000879		92,000.				CHARITABLE DONATION
(5) OAKLAND PLANNING AND DEVELOPMENT CORP 235 ATWOOD ST PITTSBURGH, PA 15213	25-1382510	501(C)(3)	10,000.				CHARITABLE DONATION
(6) OMICELO DREAMON FESTIVAL LLC 2140 S DUPONT HIGHWAY CAMDEN, DE 19934	46-5014153		12,500.				CHARITABLE DONATION
(7) OPERA THEATER OF PGH INC 286 MAIN STREET PITTSBURGH, PA 15201	25-1342994	501(C)(3)	10,000.				CHARITABLE DONATION
(8) OPERATION OUR TOWN INC 5506 6TH AVE ALTOONA, PA 16602	20-5879618	501(C)(3)	16,500.				CHARITABLE DONATION
(9) ORTHOPAEDIC RESEARCH AND EDUCATION FOUND 6300 NORTH RIVER ROAD ROSEMONT, IL 60018	36-6009467	501(C)(3)	10,000.				EDUCATION & RESEARCH
(10) PA BASEBALL AND SOFTBALL COACHES CLINIC P.O. BOX 1752 MEDIA, PA 19063	23-1967414	501(C)(3)	7,000.				COMMUNITY DEVEL
(11) PA MENTAL HEALTH CONSUMER ASSOCIATION 4105 DERRY ST HARRISBURG, PA 17111	23-2484283	501(C)(3)	6,000.				CHARITABLE DONATION
(12) PAAR 81 SOUTH 19TH STREET PITTSBURGH, PA 15203	25-1253675	501(C)(3)	10,500.				CHARITABLE DONATION

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PARKINSON FOUNDATION WESTERN PA 575 LINCOLN AVE BELLEVUE, PA 15202	25-1803585	501(C)(3)	7,500.				PARKINSON RESEARCH
(2) PASSAVANT HOSPITAL FOUNDATION 9100 BABCOCK BOULEVARD PITTSBURGH, PA 15237	23-1511600	501(C)(3)	156,790.				HEALTHCARE SUPPORT
(3) PATIENT SAFETY MOVEMENT FOUNDATION 52 DISCOVERY IRVINE, CA 92618	46-2730379	501(C)(3)	10,000.				CHARITABLE DONATION
(4) PATRICK NARDUZZI FOOTBALL CAMPS, LLC 3450 S WATER STREET PITTSBURGH, PA 15203	47-3308658		7,500.				CHARITABLE DONATION
(5) PENNSYLVANIA BASKETBALL COACHES ASSOC 10675 PERRY HIGHWAY WEXFORD, PA 15090	47-4576549		10,000.				COMMUNITY DEVEL
(6) PENNSYLVANIA RESOURCE COUNCIL 64 S. 14TH STREET PITTSBURGH, PA 15203	23-6403971	501(C)(3)	19,000.				CHARITABLE DONATION
(7) PEOPLES OAKLAND 3433 BATES ST PITTSBURGH, PA 15213	23-7407933	501(C)(3)	38,009.				CHARITABLE DONATION
(8) PERSAD CENTER INC 5301 BUTLER STREET PITTSBURGH, PA 15201	25-1234680	501(C)(3)	45,000.				CHARITABLE DONATION
(9) THE FOUNDATION OF THE PA MEDICAL SOCIETY 777 E PARK DR HARRISBURG, PA 17105	37-1732501	501(C)(3)	11,250.				CHARITABLE DONATION
(10) PINE RICHLAND BOYS BASKETBALL BOOSTERS 700 WARRENDALE RD GIBSONIA, PA 15044	47-3356677	501(C)(3)	5,500.				COMMUNITY DEVEL
(11) PITTSBURGH ARTS AND LECTURES 301 S. CRAIG STREET PITTSBURGH, PA 15213	25-1657947	501(C)(3)	10,000.				CHARITABLE DONATION
(12) PITTSBURGH BALLET THEATRE INC 2900 LIBERTY AVE PITTSBURGH, PA 15201	23-7101094	501(C)(3)	27,500.				CHARITABLE DONATION

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PITTSBURGH COMMUNITY SERVICES INC 249 N CRAIG ST PITTSBURGH, PA 15213	25-1445441	501(C)(3)	9,500.				COMMUNITY DEVEL
(2) PITTSBURGH CYCLING PERFORMANCE 311 DELL AVE PITTSBURGH, PA 15216	45-1622869		6,000.				CHARITABLE DONATION
(3) PITTSBURGH IRISH AND CLASSICAL THEATRE PO BOX 7964 PITTSBURGH, PA 15216	23-2874694	501(C)(3)	10,000.				COMMUNITY DEVEL
(4) PITTSBURGH OPERA 2425 LIBERTY AVE PITTSBURGH, PA 15222	25-1073139	501(C)(3)	12,500.				CHARITABLE DONATION
(5) PITTSBURGH PENGUINS FOUNDATION ONE CHATHAM CENTER PITTSBURGH, PA 15219	27-3431123	501(C)(3)	8,500.				CHARITABLE DONATION
(6) PITTSBURGH PUBLIC THEATER CORP 621 PENN AVE PITTSBURGH, PA 15222	23-7398683	501(C)(3)	12,500.				COMMUNITY DEVEL
(7) STEELWHEELERS INC 83 WESTMINSTER PLACE PITTSBURGH, PA 15209	25-1358502	501(C)(3)	15,000.				CHARITABLE DONATION
(8) PITTSBURGH THREE RIVERS MARATHON 810 RIVER AVE PITTSBURGH, PA 15212	26-2524046	501(C)(3)	16,000.				CHARITABLE DONATION
(9) PITTSBURGH TRUST FOR CULTURAL RESOURCES 803 LIBERTY AVE PITTSBURGH, PA 15222	25-1469002	501(C)(3)	57,500.				CHARITABLE DONATION
(10) PITTSBURGH URBAN MAGNET PROJECT 100 ROSS ST. PITTSBURGH, PA 15219	25-1800835	501(C)(3)	10,000.				CHARITABLE DONATION
(11) PITTSBURGH WINE FESTIVAL LLC 1 PNC CTR PITTSBURGH, PA 15222	20-3730209		50,000.				CHARITABLE DONATION
(12) POISE FOUNDATION 2228 WYLIE AVE PITTSBURGH, PA 15219	25-1393426	501(C)(3)	16,000.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PRESBYTERIAN SENIOR CARE 1215 HULTON ROAD OAKMONT, PA 15139	56-2289600	501(C)(3)	14,050.				CHARITABLE DONATION
(2) PRESQUE ISLE PARTNERSHIP 301 PENNINSULA DR ERIE, PA 16505	25-1737521	501(C)(3)	10,000.				CHARITABLE DONATION
(3) RETREAT & REFRESH STROKE CAMP 2000 W PIONEER PKWY PEORIA, IL 61615	64-0954851	501(C)(3)	25,000.				CHARITABLE DONATION
(4) ROBERT MORRIS UNIVERSITY 6001 UNIVERSITY BLVD MOON, PA 15108	25-1120678	501(C)(3)	25,000.				EDUCATION
(5) RS IMPRINTS LLC 5 MILTON BLVD NEWTON FALLS, OH 44444	30-0726117		5,978.				CHARITABLE DONATION
(6) SCENIC RIVERS YMCA 7 PETROLEUM ST OIL CITY, PA 16301	25-0965626	501(C)(3)	52,000.				COMMUNITY DEVEL
(7) SERVICE ACCESS AND MANAGEMENT INC 19 N 6TH STREET READING, PA 19601	23-2897133	501(C)(3)	283,669.				CHARITABLE DONATION
(8) SHADYSIDE HOSPITAL FOUNDATION 532 S AIKEN AVE PITTSBURGH, PA 15232	25-1290546	501(C)(3)	10,000.				HEALTHCARE SUPPORT
(9) SHENANGO VALLEY CHAMBER OF COMMERCE 41 CHESTNUT AVE SHARON, PA 16146	25-1039261	501(C)(6)	8,045.				CHARITABLE DONATION
(10) SILK SCREEN ASIAN AMERICAN 424 SOUTH 27TH ST PITTSBURGH, PA 15203	20-2602704	501(C)(3)	15,194.				CHARITABLE DONATION
(11) SMART FUTURES 401 WOOD ST PITTSBURGH, PA 15222	30-0263715	501(C)(3)	15,000.				COMMUNITY DEVEL
(12) SOUTH SIDE CHAMBER OF COMMERCE 1100 E CARSON STREET PITTSBURGH, PA 15203	25-1188530	501(C)(6)	7,000.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SPECIAL OLYMPICS PENNSYLVANIA 2570 BLVD OF THE GEN NORRISTOWN, PA 19403	23-2078543	501(C)(3)	12,500.				COMMUNITY DEVEL
(2) ST ANTHONY CHARITABLE FOUNDATION 2000 CORPORATE DRIVE WEXFORD, PA 15090	20-4705213	501(C)(3)	10,000.				CHARITABLE DONATION
(3) ST MARGARET FOUNDATION 815 FREEPORT ROAD PITTSBURGH, PA 15215	25-1520340	501(C)(3)	7,500.				HEALTHCARE SUPPORT
(4) ST PAUL HOMES 339 E JAMESTOWN RD GREENVILLE, PA 16125	25-0773080	501(C)(3)	13,000.				CHARITABLE DONATION
(5) STEEL CITY DRAGON BOAT ASSOC INC 326 MARBERRY DRIVE PITTSBURGH, PA 15216	20-2353564	501(C)(3)	9,750.				CHARITABLE DONATION
(6) STRONG WOMEN STRONG GIRLS INC 262 WASHINGTON STREET BOSTON, MA 02108	20-2321377	501(C)(3)	7,500.				COMMUNITY DEVEL
(7) SUSAN G. KOMEN PITTSBURGH AFFILIATE 1133 S BRADDOCK AVE PITTSBURGH, PA 15218	81-0665396	501(C)(3)	107,000.				CANCER RESEARCH
(8) T CONN SPORTS INC 528 SKYLINE DRIVE BELLE VERNON, PA 15012	22-3902543		15,000.				CHARITABLE DONATION
(9) THE AMERICAN IRELAND FUND 1601 MARYS AVE PITTSBURGH, PA 15215	25-1626106	501(C)(3)	30,000.				CHARITABLE DONATION
(10) THE CHAMBER OF COMMERCE INC 5000 BROOKTREE RD WEXFORD, PA 15090	25-1374594	501(C)(6)	5,800.				CHARITABLE DONATION
(11) THE DOOR CAMPAIGN INC 101 HAZLETT STREET PITTSBURGH, PA 15214	46-3765178	501(C)(3)	6,000.				CHARITABLE DONATION
(12) THE FIRST TEE OF PITTSBURGH 5370 SCHENLEY DRIVE PITTSBURGH, PA 15217	01-0867393	501(C)(3)	25,000.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE MENTORING PARTNERSHIP OF SW PA 1901 CENTRE AVENUE PITTSBURGH, PA 15219	23-2876447	501(C)(3)	12,500.				COMMUNITY DEVEL
(2) THE PITTSBURGH CONTINGENCY INC 1716 NEVADA ST PITTSBURGH, PA 15218	45-5398705	501(C)(3)	11,250.				CHARITABLE DONATION
(3) THE REGIONAL OPPORTUNITY CENTER P.O. BOX 1544 PITTSBURGH, PA 15230	20-2939474	501(C)(3)	10,000.				CHARITABLE DONATION
(4) THE UNITED WAY 1250 PENN AVENUE PITTSBURGH, PA 15230	25-1043578	501(C)(3)	90,515.				CHARITABLE DONATION
(5) THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	13-3705951	501(C)(3)	7,934.				CHARITABLE DONATION
(6) THE WOINER FOUNDATION PO BOX 15439 PITTSBURGH, PA 15237	46-1450202	501(C)(3)	6,000.				CHARITABLE DONATION
(7) THE WOMEN GIRLS FND OF SOUTHWESTERN PA 100 STATION SQ DR PITTSBURGH, PA 15219	74-3055311	501(C)(3)	12,500.				COMMUNITY DEVEL
(8) THELMA LOVETE YMCA 2114 CENTRE AVENUE PITTSBURGH, PA 15219	27-2990653	501(C)(3)	10,000.				COMMUNITY DEVEL
(9) THREE RIVERS MOTHERS MILK BANK 3127 PENN AVE PITTSBURGH, PA 15201	46-4221983	501(C)(3)	10,000.				COMMUNITY DEVEL
(10) THREE RIVERS ROWING ASSOC 300 WATERFRONT DR PITTSBURGH, PA 15222	25-1544798	501(C)(3)	10,500.				CHARITABLE DONATION
(11) TRAVELERS AID SOCIETY OF PITTSBURGH INC 343 BLVD. OF THE ALLIES PGH, PA 15222	25-0965581	501(C)(3)	10,000.				CHARITABLE DONATION
(12) TURTLE CREEK VALLEY COG 723 BRADDOCK AVENUE BRADDOCK, PA 15104	25-1250510	501(C)(3)	10,500.				CHARITABLE DONATION

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	9,833,838.				EDUCATION
(2) UPMC KANE 600 GRANT ST PITTSBUGH, PA 15219	25-0998168	501(C)(3)	1,002,500.				HEALTHCARE SUPPORT
(3) UPTOWN PARTNERS OF PITTSBURGH PO BOX 53074 PITTSBURGH, PA 15219	45-0560925	501(C)(3)	20,000.				CHARITABLE DONATION
(4) URBAN IMPACT FOUNDATION 801 UNION AVE PITTSBURGH, PA 15212	25-1752269	501(C)(3)	12,000.				CHARITABLE DONATION
(5) URBAN LEAGUE OF GREATER PGH 610 WOOD STREET PITTSBURGH, PA 15222	25-0965592	501(C)(3)	55,000.				COMMUNITY DEVEL
(6) WESLEY SPECTRUM SERVICES 221 PENN AVE PITTSBURGH, PA 15221	25-1180602	501(C)(3)	7,500.				CHARITABLE DONATION
(7) WESTERN PA NATL HEMOPHILIA FOUNDATION 20411 US-19 #14 CRANBERRY TWP, PA 16066	25-1359331	501(C)(3)	6,957.				CHARITABLE DONATION
(8) WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DR PITTSBURGH, PA 15222	25-1053485	501(C)(3)	20,000.				COMMUNITY DEVEL
(9) WESTERN REGIONAL EMS 1002 CHURCH HILL RD PITTSBURGH, PA 15205	25-0981156	501(C)(3)	11,127.				HEALTHCARE SUPPORT
(10) WESTMORELAND COUNTY CHAMBER OF COMMERCE 241 TOLLGATE HILL RD GREENSBURG, PA 15601	25-0523468	501(C)(6)	5,850.				CHARITABLE DONATION
(11) WOMEN FOR A HEALTHY ENVIRONMENT 5877 COMMERCE ST PITTSBURGH, PA 15206	47-2651553	501(C)(3)	12,500.				COMMUNITY DEVEL
(12) WOODLANDS FOUNDATION 134 SHENOT ROAD WEXFORD, PA 15090	25-1818538	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WORLD AFFAIRS COUNCIL OF PITTSBURGH 2640 BNY MELLON CENTER PITTSBURGH, PA 15219	25-1064871	501(C)(3)	10,000.				CHARITABLE DONATION
(2) WORLD SERIES TOURNAMENTS INC 12 N JEFFERSON AVE CANONSBURG, PA 15317	30-0061092	501(C)(3)	7,000.				CHARITABLE DONATION
(3) WORLD VISION INC 210 OVERLOOK DRIVE SEWICKLEY, PA 15143	95-1922279	501(C)(3)	10,000.				CHARITABLE DONATION
(4) YMCA OF GREATER PITTSBURGH 420 FORT DUQUENSE BVLD PITTSBURGH, PA 15222	25-0969497	501(C)(3)	31,500.				COMMUNITY DEVEL
(5) Z-MEDICA LLC 4 FAIRFIELD BLVD WALLINGFORD, CT 06492	20-2127953		74,250.				CHARITABLE DONATION
(6) FREDDIE FU CYCLING TEAM 1229 TWELVE OAKS CT MURRYSVILLE, PA 15668	99-9999999		7,000.				CHARITABLE DONATION
(7) VENANGO COUNTY 206 SENECA STREET OIL CITY, PA 16301	25-1240475	501(C)(3)	5,180,179.				CHARITABLE DONATION
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 181.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 30.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART 1 LINE 2

IT IS THE POLICY OF UPMC TO CONTRIBUTE FINANCIAL SUPPORT TO TAX EXEMPT ORGANIZATIONS AND AGENCIES THAT SUPPORT THE UPMC MISSION AND STRENGTHEN THE HEALTH AND QUALITY OF LIFE OF THOSE WHO LIVE AND WORK IN THE COMMUNITIES WE SERVE. UPMC MAKES CERTAIN SUPPORT PAYMENTS TO THE UNIVERSITY OF PITTSBURGH (EIN 25-0965591) UNDER AN AFFILIATION AGREEMENT BETWEEN THE TWO ORGANIZATIONS FOR THE PURPOSE OF FURTHERING THEIR JOINT EDUCATIONAL AND RESEARCH MISSION. THE TOTAL OF THIS SUPPORT FOR THE FISCAL YEAR ENDING JUNE 30, 2017 INCLUSIVE OF AMOUNTS REPORTED ABOVE AND INCLUSIVE OF AMOUNTS PAID BY ALL UPMC ENTITIES IS IN EXCESS OF $213M.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	[X] First-class or charter travel		
	[ ] Travel for companions		
	[X] Tax indemnification and gross-up payments		
	[ ] Discretionary spending account		
	[ ] Housing allowance or residence for personal use		
	[ ] Payments for business use of personal residence		
	[X] Health or social club dues or initiation fees		
	[ ] Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2	X	
3	Indicate which, if any, of the following the 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.		
	[X] Compensation committee		
	[X] Independent compensation consultant		
	[X] Form 990 of other organizations		
	[ ] Written employment contract		
	[X] Compensation survey or study		
	[X] Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? 4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8	X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	X	

Schedule J (Form 990) 2016 Page 2

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID BADWAY M.D.	(i)	563,542.	79,400.	9,258.	21,234.	4,205.	677,639.	0.
	BOARD CHAIR AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
2	DAN SWAYZE	(i)	163,127.	15,000.	504.	12,553.	14,315.	205,499.	0.
	BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	
3	DONALD GOODMAN	(i)	158,813.	59,000.	778.	15,697.	6,900.	241,188.	0.
	TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
4	DOUGLAS GARRETSON	(i)	196,191.	112,000.	2,843.	20,902.	21,924.	353,860.	0.
	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
5	CHRISTOPHER A GESSNER	(i)	454,553.	335,000.	128,792.	96,755.	19,442.	1,034,542.	120,798.
	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
6	NICHOLAS BARCELLONA	(i)	134,836.	113,100.	251.	11,823.	18,498.	278,508.	0.
	TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
7	JAMES GAVIN	(i)	293,736.	276,000.	46,654.	57,612.	21,459.	695,461.	35,350.
	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
8	JAMES GIAMMARCO	(i)	159,173.	94,000.	1,212.	16,773.	8,860.	280,018.	0.
	CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
9	KENNETH NASH MD	(i)	122,508.	65,110.	992.	9,381.	989.	198,980.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
10	BRYANT WESLEY ESQ	(i)	155,235.	89,000.	748.	13,006.	5,780.	263,769.	0.
	SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
11	WILLIAM A NIGRO	(i)	0.	0.	0.	0.	0.	0.	0.
	BOARD MEMBER,TREAS AND CFO	(ii)	132,965.	20,000.	153.	10,829.	6,788.	170,735.	0.
12	BRYAN DONOHUE MD	(i)	647,650.	72,980.	11,252.	21,200.	24,526.	777,608.	0.
	BOARD MEMBER AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
13	PHILIP M CACCHIONE MD	(i)	418,800.	24,428.	80,270.	21,200.	16,663.	561,361.	0.
	BOARD CHAIR AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
14	NOREEN FREDRICK	(i)	151,421.	20,000.	2,128.	9,363.	16,207.	199,119.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
15	AMY SWINDELL, DO	(i)	213,644.	0.	422.	12,819.	1,063.	227,948.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
16	DIANA WOY	(i)	0.	0.	0.	0.	0.	0.	0.
	BOARD MEMBER	(ii)	144,141.	0.	241.	34,940.	6,402.	185,724.	0.

Schedule J (Form 990) 2016 Page 2

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	DONALD BECKSTEAD	(i)	299,257.	0.	2,846.	37,100.	15,239.	354,442.	0.
1	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	PHILIP FREEMAN	(i)	198,668.	56,000.	969.	15,120.	14,583.	285,340.	0.
2	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	MARK CHUFF	(i)	121,556.	1,968.	392.	17,812.	15,537.	157,265.	0.
3	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	NANCI CASE	(i)	178,369.	73,552.	1,598.	14,051.	2,055.	269,625.	0.
4	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	CAREY ANDREW-JAJA MD	(i)	313,849.	10,778.	0.	21,200.	18,150.	363,977.	0.
5	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	RICHARD BEIGI MD	(i)	165,827.	54,620.	794.	16,131.	2,530.	239,902.	0.
6	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	ROBERT P EDWARDS MD	(i)	259,500.	150,000.	4,448.	21,200.	4,530.	439,678.	0.
7	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	MARK ZACHARIA ESQ	(i)	136,733.	23,000.	405.	11,594.	14,777.	186,509.	0.
8	BOARD VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	DAVID BOBRZYNSKI	(i)	143,400.	89,000.	1,104.	15,560.	19,592.	268,656.	0.
9	BOARD TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
	MANISH SAPRA M.D.	(i)	167,680.	137,748.	48,883.	15,900.	2,816.	373,027.	0.
10	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	AJAIPAL KANG MD	(i)	854,420.	1,208,767.	1,873.	18,550.	27,331.	2,110,941.	0.
11	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	LYNN RUPP	(i)	190,152.	84,000.	601.	14,920.	11,344.	301,017.	0.
12	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	MBEMBO BONGUTU MD	(i)	305,354.	71,931.	1,104.	18,550.	15,845.	412,784.	0.
13	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	NATHAN MOORE MD	(i)	216,302.	104,329.	602.	18,550.	24,078.	363,861.	0.
14	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	DANIEL GRANT	(i)	0.	0.	0.	0.	0.	0.	0.
15	BOARD MEMBER	(ii)	170,645.	70,000.	1,562.	16,167.	17,265.	275,639.	0.
	MARK BONDI	(i)	0.	0.	0.	0.	0.	0.	0.
16	PRESIDENT	(ii)	187,643.	77,000.	7,934.	18,640.	20,290.	311,507.	0.

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	RICHARD BONDI	(i)	164,812.	90,600.	348.	15,022.	18,133.	288,915.	0.
1	TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	ROBERT FERRIS M.D.	(i)	550,000.	172,859.	2,864.	18,550.	5,038.	749,311.	0.
2	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	STANLEY MARKS MD	(i)	1,275,538.	144,000.	154,226.	238,126.	20,150.	1,832,040.	128,987.
3	BOARD CHAIR	(ii)	771,215.	0.	0.	0.	0.	771,215.	0.
	MARLENE R COOPER	(i)	36,347.	5,005.	89.	3,188.	2,170.	46,799.	0.
4	FORMER BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	ABHINAV HUMAR MD	(i)	1,240,656.	350,000.	5,548.	18,550.	6,787.	1,621,541.	0.
5	TRANSPLANT PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	ANN EVANS	(i)	294,400.	308,000.	25,238.	70,596.	20,025.	718,259.	24,200.
6	CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	CHRISTOPHER SCHMIDT MD	(i)	1,333,995.	520,010.	5,410.	18,550.	15,100.	1,893,065.	0.
7	ORTHOPAEDIC SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
	CLIFTON CALLAWAY MD	(i)	119,784.	96,480.	1,166.	18,474.	1,146.	237,050.	0.
8	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	DAVID A LEWIS MD	(i)	315,959.	251,000.	8,770.	21,200.	3,860.	600,789.	0.
9	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	DEREK ANGUS MD	(i)	365,000.	205,000.	2,976.	21,200.	3,762.	597,938.	0.
10	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	FREDDIE H FU MD	(i)	1,320,420.	145,000.	30,632.	21,200.	5,462.	1,522,714.	0.
11	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	GEORGE K MICHALOPOULOS	(i)	305,190.	195,000.	16,213.	21,200.	3,239.	540,842.	0.
12	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	GEORGE MAZARIEGOS MD	(i)	361,190.	80,671.	2,133.	21,200.	3,395.	468,589.	0.
13	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	GHASSAN BEJJANI MD	(i)	1,793,246.	256,289.	9,528.	18,550.	24,452.	2,102,065.	0.
14	NEUROSURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
	GREGORY BUMP MD	(i)	137,203.	45,892.	53,255.	12,874.	1,813.	251,037.	0.
15	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	HOWARD GUTSTEIN MD	(i)	400,028.	83,333.	9,583.	18,550.	5,206.	516,700.	0.
16	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016 Page 2

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	HYAGRIV SIMHAN MD	(i)	224,667.	94,179.	691.	18,550.	3,048.	341,135.	0.
1	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	JAMES D LUKETICH MD	(i)	2,143,500.	250,000.	15,919.	21,200.	5,462.	2,436,081.	0.
2	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	JEANNETTE SOUTH-PAUL MD	(i)	72,145.	100,000.	3,002.	14,374.	1,066.	190,587.	0.
3	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	JOEL B NELSON MD	(i)	641,328.	323,750.	9,888.	21,200.	5,970.	1,002,136.	0.
4	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	JOEL S GREENBERGER MD	(i)	272,000.	230,000.	24,393.	21,200.	3,530.	551,123.	0.
5	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	JONAS T JOHNSON MD	(i)	465,000.	365,000.	23,680.	21,200.	5,004.	879,884.	0.
6	BOARD MEMBER/DEPT CHAIR/TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
	JOON SUP LEE MD	(i)	863,656.	125,000.	62,758.	21,200.	6,704.	1,079,318.	0.
7	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	JOSE SAHEL MD	(i)	247,027.	240,000.	6,296.	0.	2,520.	495,843.	0.
8	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	JOSEPH LOSEE MD	(i)	382,960.	116,600.	69,906.	18,550.	5,278.	593,294.	0.
9	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	J. PETER RUBIN MD	(i)	735,433.	130,800.	4,674.	14,300.	5,119.	890,326.	0.
10	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	JULES SUMKIN MD	(i)	370,668.	172,358.	7,243.	21,200.	4,534.	576,003.	0.
11	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	LAWRENCE WECHSLER MD	(i)	236,400.	162,000.	6,289.	21,200.	2,647.	428,536.	0.
12	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	LOUIS ALARCON MD	(i)	263,656.	209,914.	56,325.	21,200.	4,579.	555,674.	0.
13	BOARD MEMBER & MEDICAL DIRECTR	(ii)	0.	0.	0.	0.	0.	0.	0.
	LOUIS D FALO JR MD	(i)	221,874.	226,000.	4,886.	21,200.	3,444.	477,404.	0.
14	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	MARK GLADWIN MD	(i)	230,256.	165,000.	1,382.	18,550.	2,693.	417,881.	0.
15	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	MARK RODOSKY MD	(i)	616,984.	817,942.	59,604.	21,200.	10,554.	1,526,284.	0.
16	ORTHOPAEDIC SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016 Page 2

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT M FRIEDLANDER MD	(i)	1,226,513.	233,000.	6,863.	18,550.	6,960.	1,491,886.	0.
	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
2	STEPHANIE NICHOLAS MD	(i)	357,315.	47,775.	2,254.	21,200.	24,592.	453,136.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
3	TERENCE DERMODY MD	(i)	219,294.	0.	4,066.	0.	2,559.	225,919.	0.
	BOARD MEMBER AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
4	THOMAS GLEASON MD	(i)	1,418,656.	20,000.	58,643.	18,550.	6,801.	1,522,650.	0.
	CARDIOTHORACIAC SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
5	TIMOTHY ROBERT BILLIAR	(i)	447,053.	355,200.	12,718.	21,200.	6,424.	842,595.	0.
	BOARD SECRETARY AND DEPT CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
6	TRENT EMERICK MD	(i)	215,729.	149,829.	490.	15,900.	18,172.	400,120.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
7	VICTOR MORELL MD	(i)	1,812,960.	146,717.	54,993.	18,550.	7,502.	2,040,722.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
8	ARTHUR S LEVINE MD	(i)	12,430.	0.	0.	0.	0.	12,430.	0.
	BOARD MEMBER	(ii)	1,043,438.	186,000.	83,496.	31,800.	48,579.	1,393,313.	0.
9	C TALBOT HEPPENSTALL JR	(i)	463,000.	774,142.	156,710.	494,370.	28,842.	1,917,064.	146,270.
	EVP AND TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
10	CHARLES BOGOSTA	(i)	452,590.	843,007.	182,879.	272,989.	29,182.	1,780,647.	174,908.
	EXEC VP	(ii)	0.	0.	0.	0.	0.	0.	0.
11	DAVID FARNER	(i)	563,554.	1,107,889.	269,366.	675,576.	28,742.	2,645,127.	264,187.
	EVP AND CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
12	DIANE HOLDER	(i)	0.	0.	0.	0.	0.	0.	0.
	EXEC VP, PRES UPMC HEALTH PLAN	(ii)	658,187.	2,123,622.	247,617.	636,469.	12,729.	3,678,624.	226,481.
13	GREGORY K PEASLEE	(i)	462,766.	843,007.	211,780.	331,268.	29,075.	1,877,896.	177,638.
	EVP & CHIEF ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
14	JEFFREY A ROMOFF	(i)	961,203.	3,385,800.	423,952.	1,326,895.	21,066.	6,118,916.	379,915.
	PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
15	LESLIE C. DAVIS	(i)	520,310.	869,007.	67,339.	323,611.	20,654.	1,800,921.	59,856.
	SR VP AND COO HSD	(ii)	0.	0.	0.	0.	0.	0.	0.
16	MARK A NORDENBERG	(i)	0.	0.	0.	0.	0.	0.	0.
	BOARD MEMBER	(ii)	487,696.	0.	326,559.	67,623.	16,055.	897,933.	0.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 2

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MARSHALL WEBSTER MD	(i)	312,128.	723,650.	198,743.	188,113.	6,868.	1,429,502.	157,400.
	SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
2	MICHELE P JEGASOTHY ESQ	(i)	128,394.	84,000.	266.	12,457.	21,966.	247,083.	0.
	SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
3	PATRICK GALLAGHER	(i)	0.	0.	0.	0.	0.	0.	0.
	BOARD MEMBER	(ii)	518,938.	0.	20,999.	121,200.	96,470.	757,607.	0.
4	ROBERT A DEMICHIEI	(i)	463,356.	843,007.	883,927.	480,618.	28,485.	2,699,393.	879,831.
	EVP AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
5	STEVEN D SHAPIRO MD	(i)	413,445.	1,220,800.	123,940.	822,412.	6,746.	2,587,343.	114,062.
	EVP AND CHIEF MED AND SCI OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
6	W THOMAS MCGOUGH ESQ	(i)	595,272.	939,025.	91,405.	327,444.	20,249.	1,973,395.	73,645.
	EVP AND CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
7	DAVID RUSSELL	(i)	216,940.	160,600.	2,791.	39,055.	4,619.	424,005.	2,055.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
8	GERALD MURRAY	(i)	445,056.	283,000.	66,382.	132,403.	20,341.	947,182.	59,302.
	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
9	MARIO WILFONG	(i)	134,188.	41,000.	409.	10,840.	20,419.	206,856.	0.
	TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
10	MICHAEL SCHLECHTER MD	(i)	0.	0.	0.	0.	0.	0.	0.
	BOARD MEMBER	(ii)	282,368.	101,783.	1,300.	21,200.	23,215.	429,866.	0.
11	RONALD J. MCCONNELL	(i)	317,416.	128,004.	20,509.	64,960.	16,935.	547,824.	18,890.
	VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
12	JOSEPH ANTONOWICZ MD	(i)	290,522.	0.	3,976.	37,100.	17,044.	348,642.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
13	TIMOTHY BALCONI	(i)	174,399.	45,000.	671.	14,918.	17,958.	252,946.	0.
	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
14	CHRISTOPHER SAMUEL MD	(i)	399,195.	142,085.	2,732.	18,550.	16,914.	579,476.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
15	DAVID BAER MD	(i)	236,737.	44,000.	3,962.	21,200.	19,589.	325,488.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
16	NICOLE DEBOLT, DO	(i)	321,916.	0.	723.	7,950.	17,024.	347,613.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016 Page 2

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	CANDI CASTLEBERRY-SINGL	(i)	180,359.	0.	46,992.	0.	17,391.	244,742.	0.
1	BOARD VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	MARK O'HERN	(i)	163,295.	62,000.	277.	12,070.	18,772.	256,414.	0.
2	BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	ANITA CICERO	(i)	325,944.	0.	1,675.	18,550.	3,494.	349,663.	0.
3	BOARD MEMBER, SEC AND TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
	FRANCIS SOLANO MD	(i)	545,125.	310,482.	27,618.	46,912.	20,737.	950,874.	24,300.
4	BOARD MEMBER AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	ROBERT DEVLIN ESQ	(i)	168,870.	88,000.	2,894.	17,920.	24,681.	302,365.	0.
5	BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	DEBORAH S BRODINE	(i)	305,299.	300,000.	25,409.	64,364.	19,193.	714,265.	23,644.
6	BOARD MEMBER AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	JEROME SHAFFER	(i)	189,550.	114,000.	1,635.	19,960.	15,985.	341,130.	0.
7	BOARD MEMBER TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	BRIAN FRITZ	(i)	139,498.	55,000.	249.	11,947.	16,738.	223,432.	0.
8	FORMER BOARD TREASURER/ CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	KOTAYYA KONDAVEETI MD	(i)	450,000.	50,000.	0.	0.	0.	500,000.	0.
9	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	LAURENE TIMMONS	(i)	116,584.	13,000.	7,015.	10,625.	12,674.	159,898.	0.
10	CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	MARK SEVCO	(i)	293,901.	240,000.	22,200.	76,688.	23,707.	656,496.	20,685.
11	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	RAJESH SEHGAL MD	(i)	0.	0.	0.	0.	0.	0.	0.
12	BOARD MEMBER	(ii)	662,931.	0.	443.	7,950.	17,049.	688,373.	0.
	ROBERT VOINCHET ESQ	(i)	245,956.	200,000.	17,030.	63,410.	25,984.	552,380.	14,700.
13	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	TAMRA MINTON	(i)	168,191.	55,000.	1,502.	13,083.	6,984.	244,760.	0.
14	BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	COLLEEN BRENNAN	(i)	43,164.	0.	53,596.	11,563.	8,239.	116,562.	0.
15	FORMER TREASURER AND CFO	(ii)	87,480.	27,750.	2,113.	0.	9,536.	126,879.	0.
	DONALD M YEALY MD	(i)	364,899.	145,000.	5,118.	21,200.	3,635.	539,852.	0.
16	BOARD MEMBER AND V PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 2

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RICHARD WADAS MD	(i)	472,241.	140,000.	4,400.	10,600.	19,303.	646,544.	0.
	BOARD MEMBER AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
2	RUSSELL MEYERS	(i)	114,129.	18,500.	199.	9,632.	17,675.	160,135.	0.
	BOARD TREASUER	(ii)	0.	0.	0.	0.	0.	0.	0.
3	TERRENCE LEWIS ESQ	(i)	153,300.	75,000.	469.	12,510.	10,342.	251,621.	0.
	SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
4	JAMES SCHUSTER, MD	(i)	300,297.	180,865.	14,154.	57,990.	28,115.	581,421.	9,548.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
5	JOHN LOVELACE	(i)	0.	0.	0.	0.	0.	0.	0.
	BOARD MEMBER AND PRESIDENT	(ii)	374,880.	563,000.	31,257.	79,359.	12,262.	1,060,758.	18,000.
6	SCOTT LAMMIE	(i)	408,115.	882,500.	94,329.	228,948.	27,948.	1,641,840.	87,708.
	BOARD MEMBER, TREAS, AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
7	SHERYL KASHUBA ESQ	(i)	266,644.	381,000.	12,137.	45,324.	9,739.	714,844.	10,235.
	BOARD MEMBER, SECTY & CLO	(ii)	0.	0.	0.	0.	0.	0.	0.
8	STEPHEN PERKINS MD	(i)	0.	0.	0.	0.	0.	0.	0.
	BOARD MEMBER	(ii)	322,280.	246,250.	16,398.	63,787.	23,891.	672,606.	11,060.
9	STEPHEN DANCH	(i)	285,122.	100,500.	10,055.	34,006.	16,238.	445,921.	5,873.
	TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
10	V. JAMES FIORENZO	(i)	371,316.	250,000.	51,858.	67,333.	17,679.	758,186.	43,150.
	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
11	DONALD OWREY	(i)	234,143.	167,500.	5,060.	53,653.	19,816.	480,172.	3,850.
	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
12	TULIO ESTRADA MD	(i)	521,544.	0.	7,999.	18,550.	19,393.	567,486.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
13	THOMAS BURICH	(i)	116,340.	0.	39,846.	0.	1,436.	157,622.	0.
	FORMER PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
14	EDWARD MARINZEL	(i)	219,348.	92,000.	18,626.	35,495.	22,031.	387,500.	13,250.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
15	CHRISTOPHER STOCKHAUSEN	(i)	142,291.	69,000.	663.	9,947.	7,876.	229,777.	0.
	TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
16	MERLE TAYLOR	(i)	165,446.	89,000.	349.	12,900.	17,501.	285,196.	0.
	FORMER BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016 Page 2

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MOHAMMAD IDREES, MD	(i)	291,856.	18,588.	9,048.	21,200.	16,017.	356,709.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
2	SANDY RADER	(i)	288,832.	150,000.	5,984.	29,796.	19,566.	494,178.	3,220.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
3	AJ PINEVICH, MD	(i)	319,058.	98,000.	10,511.	36,900.	17,793.	482,262.	7,430.
	BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
4	JOHN MCKEATING MD	(i)	353,826.	0.	3,695.	19,125.	20,441.	397,087.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
5	KIMBERLY MOSES ESQ	(i)	132,614.	48,000.	407.	7,667.	5,737.	194,425.	0.
	BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
6	MICHAEL GRACE	(i)	312,627.	300,000.	13,880.	59,026.	22,089.	707,622.	6,388.
	BOARD MEMBER AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
7	ROBERT BLOSAT	(i)	392,957.	200,000.	49,459.	75,835.	21,470.	739,721.	43,800.
	BOARD CHAIR AND PRES	(ii)	0.	0.	0.	0.	0.	0.	0.
8	BRAD DINGER	(i)	146,993.	20,000.	265.	8,442.	15,008.	190,708.	0.
	CFO AND TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
9	BRIAN DURNIOK	(i)	168,432.	97,000.	803.	17,320.	6,831.	290,386.	0.
	BOARD MEMBER AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
10	DAVID GIBBONS	(i)	329,484.	226,000.	24,913.	55,446.	7,373.	643,216.	22,775.
	BOARD MEMBER AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
11	DAVID MCCANDLESS MD	(i)	241,480.	61,253.	8,291.	19,250.	14,773.	345,047.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
12	JAMES DONNELLY	(i)	188,080.	80,250.	1,729.	17,142.	17,352.	304,553.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
13	RANDALL BOGGESS	(i)	374,366.	14,166.	1,370.	18,550.	18,580.	427,032.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
14	SERGIO GIANCOLA, MD	(i)	545,457.	19,853.	1,959.	16,295.	20,406.	603,970.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
15	TAMRA MINNIER	(i)	324,313.	325,000.	45,189.	80,384.	16,646.	791,532.	42,338.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
16	WILLIAM SHAFFNER ESQ	(i)	126,735.	57,465.	2,869.	12,093.	13,848.	213,010.	0.
	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	JOHN KUZMISHIN	(i)	449,351.	393,400.	20,133.	18,550.	2,278.	883,712.	18,000.
1	TREAS, SEC, AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	DANIEL R SULLIVAN MD	(i)	290,000.	72,450.	65,147.	21,200.	1,885.	450,682.	0.
2	BOARD VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	DAVID T MARTIN	(i)	448,666.	438,000.	65,987.	91,891.	24,667.	1,069,211.	58,063.
3	PRESIDENT & BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	JAMES W BOYLE MD	(i)	349,283.	93,728.	4,016.	21,200.	22,704.	490,931.	0.
4	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	THOMAS NEWMAN	(i)	184,304.	122,287.	1,154.	20,140.	7,446.	335,331.	0.
5	CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	CHARISSA PACELLA MD	(i)	281,177.	69,681.	54,385.	18,550.	1,526.	425,319.	0.
6	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	EDWARD T KARLOVICH	(i)	406,866.	660,000.	102,270.	139,779.	21,044.	1,329,959.	72,129.
7	CFO ACADEMIC COMM HOSPITALS	(ii)	0.	0.	0.	0.	0.	0.	0.
	EILEEN SIMMONS	(i)	282,250.	210,000.	5,829.	51,191.	12,596.	561,866.	4,000.
8	CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	JARED WEINER	(i)	140,831.	19,690.	246.	9,811.	15,236.	185,814.	0.
9	CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	JOHN INNOCENTI	(i)	467,517.	565,000.	89,613.	185,666.	25,593.	1,333,389.	77,340.
10	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	ALEXANDER J CIOCCA ESQ	(i)	192,181.	140,000.	15,997.	36,532.	20,593.	405,303.	12,850.
11	BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	DAVID PATTON	(i)	243,732.	158,000.	10,718.	42,195.	17,776.	472,421.	9,934.
12	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	MARSHALL STAFFORD MD	(i)	238,922.	0.	1,281.	19,276.	11,936.	271,415.	0.
13	BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	SANDRA MCANALLEN	(i)	0.	0.	0.	0.	0.	0.	0.
14	BOARD MEMBER	(ii)	371,424.	678,700.	27,658.	73,911.	10,820.	1,162,513.	18,000.
	PAULA THOMAS	(i)	111,831.	43,374.	1,521.	14,776.	22,518.	194,020.	0.
15	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	PENNY MILANOVICH	(i)	212,610.	72,000.	5,714.	18,987.	6,208.	315,519.	0.
16	PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT GRIFFITH	(i)	152,266.	20,000.	125.	7,218.	6,251.	185,860.	0.
	CFO AND TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
2	JOSE CABALLE MD	(i)	314,100.	27,365.	9,723.	13,250.	2,830.	367,268.	0.
	FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
3	TIMOTHY GAUL MD	(i)	222,085.	39,872.	2,717.	20,544.	23,721.	308,939.	0.
	FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
4	ELEANOR MEDVED	(i)	0.	0.	0.	0.	0.	0.	0.
	FORMER DIRECTOR	(ii)	103,585.	10,870.	133.	8,301.	16,776.	139,665.	0.
5	CHRISTINA MIKOLAY	(i)	38,020.	0.	0.	1,001.	6,782.	45,803.	0.
	FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
6	DAVID NACE MD	(i)	115,069.	40,375.	911.	13,230.	922.	170,507.	0.
	FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
7	STEPHEN NIMMO ESQ	(i)	278,664.	246,000.	59,984.	20,570.	22,337.	627,555.	30,150.
	FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
8	ANDREW NOWALK MD	(i)	83,148.	31,298.	44,331.	8,154.	2,676.	169,607.	0.
	FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
9	ROBERT PACKER	(i)	314,150.	0.	0.	0.	12.	314,162.	0.
	FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
10	ROY SARTORI MD	(i)	265,773.	28,069.	1,750.	0.	15,760.	311,352.	0.
	FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
11	DENNIS SCULLY MD	(i)	34,060.	16,153.	0.	4,260.	5,994.	60,467.	0.
	FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
12	ERIC CARTWRIGHT	(i)	288,115.	200,000.	34,857.	74,068.	27,065.	624,105.	19,000.
	FORMER BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SCHEDULE J

PART 1 QUESTION 1: UPMC MAY PROVIDE THE FOLLOWING BENEFITS TO CERTAIN EXECUTIVES WHEN THEY ARE NECESSARY TO ACHIEVE UPMC'S CHARITABLE MISSION OBJECTIVES: FIRST-CLASS OR CHARTER TRAVEL; 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 RETIREMENT BENEFITS THROUGH A SUPPLEMENTAL RETIREMENT PROGRAM. THE SUPPLEMENTAL RETIREMENT PROGRAM IS

Part III Supplemental Information

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

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 GENERALLY HAS BEEN EARNED OVER HER OR HIS ENTIRE CAREER, HAS NOT AND WILL NOT BE DISTRIBUTED UNTIL THE OFFICER OR KEY EMPLOYEE RETIRES OR SEPARATES FROM SERVICE FROM 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

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ 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.*

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		20,985,000.		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	31,252,910.	35,000,000.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	328,700.	522,137.		
8	Credit enhancement from proceeds	500,770.			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	30,423,440.	10,527,255.		
11	Other spent proceeds		23,950,608.		
12	Other unspent proceeds				
13	Year of substantial completion	2010	2010		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X					

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ 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.*

OMB No. 1545-0047

2016

Open to Public Inspection

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				

		A		B		C		D	
		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?								

Part III Private Business Use *(Continued)* ERIE COUNTY HOSPITAL AUHORITY

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

Part IV Arbitrage

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

Part III Private Business Use *(Continued)*

MISCELLANEOUS

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

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 isn't available under applicable regulations?								

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

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

HAMOT SERIES 2007

DESCRIPTION OF PURPOSE

SCHEDULE K PART I, DESCRIPTION OF PURPOSE, COLUMN (F) SERIES 2007 - CONSTRUCTION AND EQUIPPING OF A NEW HOSPTIAL AND HEALTH CENTER FOCUSED ON WOMEN'S AND BABIES' HEALTH CARE

PART IV ARBITRAGE, LINE 2C

$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

DESCRIPTION OF PURPOSE

SCHEDULE K PART I, DESCRIPTION OF PURPOSE, COLUMN (F)SERIES 2010ABC - REFUNDED ERIE COUNTY HOSPITAL AUTHORITY'S REVENUE SERIES 1998A BONDS ISSUED 6/30/1998; ADVANCE REFUNDED ERIE COUNTY HOSPITAL AUTHORITY'S REVENUE SERIES 2002 BONDS ISSUED 12/5/2002; CONSTRUCT, RENOVATE, EQUIP INPATIENT AND OUTPATIENT HOSPITAL AND HEALTH CARE FACILITIES TO BE OWNED

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

AND OPERATED BY THE MEDICAL CENTER, INCLUDING THE HAMOT WOMEN'S HOSPITAL.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2016

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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)					

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

TRANSACTIONS WITH INTERESTED PERSONS

A NAME OF INTERESTED PERSON MICHAEL MONTLER

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UPMC ALTOONA BOARD

MEMBER ROBERT MONTLER

C AMOUNT OF TRANSACTION 79,235.93

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON VICKI WERTZ

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UPMC ALTOONA BOARD

MEMBER ROBERT E. WERTZ, M.D.

C AMOUNT OF TRANSACTION 143,553.82

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UPMC ALTOONA BOARD

MEMBER ROBERT E WERTZ, M.D

C AMOUNT OF TRANSACTION 600,346.40

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON EDITH TZENG MD

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH

PHYSICIAN BOARD MEMBER TIMOTHY

BILLIAR M.D.

C AMOUNT OF TRANSACTION 160,415.85

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

A NAME OF INTERESTED PERSON ANNA ROMAN PHD

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

FAMILY MEMBER OF UNIVERSITY OF PITTSBURGH

PHYSICIAN BOARD MEMBER GEORGE

MICHALOPULOS M.D.

C AMOUNT OF TRANSACTION 320,452.00

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	4.	12,200.	FAIR MARKET VALUE
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		19,269.	FAIR MARKET VALUE
5	Clothing and household goods	X		38,065.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	82.	39,708.	FAIR MARKET VALUE
19	Food inventory	X	38.	20,784.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 1)		1,714.	1,390,389.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

ADDITIONAL INFORMATION

PART 1, COLUMN (B), LINE 25 - OTHER THE AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS NOT THE NUMBER OF ITEMS CONTRIBUTED. LINE 25 - BABY FORMULA MAGEE WOMENS HOSPITAL OF UPMC RECEIVES DONATIONS OF INFANT FORMULA THAT IT IN TURN DISTRIBUTES TO NEEDY MOTHERS OF INFANTS WHO COULD NOT OTHERWISE AFFORD THE FORMULA.

LINE 25 - OTHER FOR VARIOUS FUNDRAISING EVENTS STEELER ITEMS, AMUSEMENT PARK ADMISSION TICKETS AND OTHER SUCH ITEMS ARE DONATED FOR USE IN THE FUNDRAISING EVENT.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
BABY FORMULA	X	1.	463,776.	FAIR MARKET VALUE
ENTERTAINMENT	X	3.	6,705.	FAIR MARKET VALUE
ADMISSION TICKETS	X	59.	29,695.	FAIR MARKET VALUE
JEWELRY	X	4.	3,930.	FAIR MARKET VALUE
GIFT CERTIFICATES	X	118.	30,114.	FAIR MARKET VALUE
SPORT EVENTS	X	17.	11,956.	FAIR MARKET VALUE
FOOTBALL EVENT	X	6.	17,500.	FAIR MARKET VALUE
MISCELLANEOUS	X	960.	273,165.	FAIR MARKET VALUE
TOYS	X	511.	446,801.	FAIR MARKET VALUE
GIFT BASKETS	X	20.	4,870.	FAIR MARKET VALUE
ADVERTISING	X	7.	79,327.	FAIR MARKET VALUE
TRIPS, TOURS, SHOWS	X	8.	22,550.	FAIR MARKET VALUE
TOTALS		1,714.	1,390,389.	

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2016 Open to Public Inspection

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

PART 1 SUMMARY

PART 1, LINE 5 AND PART V LINE 2A

THE TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2016 OF 60,845 IS REPRESENTATIVE OF THE SUM OF ALL INDIVIDUALS EMPLOYED BY EACH OF THE 48 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 REFLECTS THE COMPOSITE INFORMATION AND OPERATIONS OF FORTY-EIGHT (48) TAX EXEMPT ENTITIES, INCLUDING 13 HOSPITAL ENTITIES, 12 PHYSICIAN SERVICE ENTITIES, 3 SKILLED NURSING FACILITIES, AND 20 OTHER ANCILLARY SERVICE AND SUPPORT ENTITIES FROM WITHIN THE UPMC (UNIVERSITY OF PITTSBURGH MEDICAL CENTER) INTEGRATED HEALTHCARE DELIVERY SYSTEM (IHDS). THIS DELIVERY SYSTEM IS COMPRISED OF PREMIER HEALTHCARE PROVIDERS SUCH AS ACUTE INPATIENT HOSPITALS, CANCER TREATMENT FACILITIES, PHYSICIAN GROUPS, SKILLED NURSING FACILITIES AND OTHER ORGANIZATIONS

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

PROVIDING HEALTHCARE SUPPORT SERVICES THAT PATIENTS MAY NEED.

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, THE ENTITIES WITHIN UPMC GROUP ADMITTED 206,497 INPATIENTS, RECORDED 1,189,610 INPATIENT DAYS, 715,372 EMERGENCY ROOM VISITS, 173,570 SURGERIES, AND 668 TRANSPLANTS. THEY PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT COST, OF OVER $650,000,000. UPMC GROUP MEMBERS PROVIDED SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED PROGRAMS, OUTREACH PROGRAMS, HEALTH SCREENINGS, EDUCATIONAL CLASSES, AND VOLUNTEER SERVICES AT A COST OF OVER $216,000,000. UPMC GROUP ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN EXCESS OF $372,000,000 .

THE THIRTEEN HOSPITALS THAT ARE PART OF UPMC GROUP ARE UPMC PRESBYTERIAN SHADYSIDE, CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC, MAGEE-WOMENS HOSPITAL OF UPMC, UPMC MERCY, UPMC ST. MARGARET, UPMC PASSAVANT, UPMC HORIZON, UPMC NORTHWEST, UPMC MCKEESPORT, UPMC BEDFORD, UPMC EAST, UPMC HAMOT, AND UPMC ALTOONA.

UPMC PRESBYTERIAN SHADYSIDE IS THE ACADEMIC HUB OF UPMC'S INPATIENT PROVIDER SERVICES, AND IS THE REGION'S LARGEST INPATIENT ACUTE CARE HOSPITAL. THE MISSION OF UPMC PRESBYTERIAN SHADYSIDE IS TO PROVIDE PREMIER PROGRAMS IN PATIENT CARE, BIOMEDICAL AND HEALTH SERVICES RESEARCH, AND TEACHING THAT WILL CONTRIBUTE TO THE PREVENTION, DIAGNOSIS, AND TREATMENT OF HUMAN DISEASE AND DISABILITY, REGARDLESS OF PATIENTS'

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

ABILITY TO PAY. THE FACILITIES THAT ARE A PART OF THE UPMC PRESBYTERIAN SHADYSIDE CAMPUSES ARE UPMC PRESBYTERIAN, UPMC SHADYSIDE, WESTERN PSYCHIATRIC INSTITUTE AND CLINIC (WPIC), UPMC MONTEFIORE, AND EYE AND EAR INSTITUTE. UPMC PRESBYTERIAN SHADYSIDE HAS LEADING PROGRAMS IN ORGAN TRANSPLANTATION, ONCOLOGY, CARDIOLOGY AND CARDIOTHORACIC SURGERY, CRITICAL CARE MEDICINE AND TRAUMA SERVICES, NEUROSURGERY, ORTHOPEDICS, OPHTHALMOLOGY, AND BEHAVIORAL HEALTH, AS WELL AS OTHER MEDICAL SPECIALTIES. UPMC PRESBYTERIAN (INCLUDING UPMC MONTEFIORE) IS A 782-BED TEACHING HOSPITAL THAT HAS BEEN PROVIDING HEALTH CARE SINCE 1893. UPMC SHADYSIDE IS A 519-BED TERTIARY HOSPITAL THAT HAS BEEN SERVING THE RESIDENTS OF PITTSBURGH AND THE TRI-STATE AREA SINCE 1866 AND IS A MAGNETTM 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 303-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 $234,200,000 DURING THE YEAR ENDED JUNE 30, 2017. UPMC PRESBYTERIAN SHADYSIDE IS ACTIVELY INVOLVED IN SPONSORING MANY PROGRAMS FOR PATIENTS, CHILDREN, TEENS, SENIORS, AND THE COMMUNITY AS A WHOLE AND PROVIDES SERVICES TO THE COMMUNITY THROUGH CHARITABLE DONATIONS, SUBSIDIZED PROGRAMS, OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS,

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

EDUCATIONAL CLASSES, AND MENTORSHIPS, WHICH ARE COLLECTIVELY TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY AT LARGE, AT A COST OF $52,500,000. UPMC PRESBYTERIAN SHADYSIDE ALSO FUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF $156,900,000.

UPMC PRESBYTERIAN SHADYSIDE REACHED THE COMMUNITY THROUGH MANY EDUCATIONAL PRESENTATIONS, HEALTH FAIRS AT SCHOOLS AND NEIGHBORHOOD CENTERS, FREE HEALTH SCREENINGS, AND SUPPORT GROUPS. OTHER COMMUNITY PROGRAMS THAT BENEFITED PATIENTS AND GUESTS INCLUDE DISCOUNTED OR FREE PARKING AND USE OF THE BLUE SHUTTLE, WHICH PROVIDES FREE TRANSPORTATION FROM FAMILY HOUSE TO THE HOSPITAL. UPMC PRESBYTERIAN SHADYSIDE PROVIDED MEDICATIONS TO PATIENTS BEING DISCHARGED WHO COULD NOT AFFORD THE COST OF PRESCRIPTIONS. ASSISTANCE WITH GUARDIANSHIP AND TRANSPORTATION SERVICES WAS PROVIDED TO PATIENTS AND THEIR FAMILIES WHO ARE EXPERIENCING FINANCIAL DIFFICULTY. BUS, WHEELCHAIR VAN, AND AMBULANCE TRANSPORTATION WAS PROVIDED FOR PATIENTS IN NEED, AND FREE PARKING WAS PROVIDED TO MANY ORGANIZATIONS THAT HELD EVENTS FURTHERING UPMC PRESBYTERIAN SHADYSIDE'S MISSION. FINALLY, STAFF ATTENDED NUMEROUS HEALTH FAIRS IN THE AREA. SUBJECTS COVERED INCLUDED INJURY PREVENTION, CANCER PREVENTION AND EARLY DETECTION, NUTRITION, CPR INSTRUCTION, AND MANY OTHER MEDICAL TOPICS. COMFORT CARTS WERE PROVIDED TO FAMILY MEMBERS OF TERMINAL PATIENTS. DONATIONS OF CLOTHING, ACCESSORIES, AND PERSONAL PRODUCTS WERE COLLECTED FOR VARIOUS ORGANIZATIONS AND FOOD DRIVES BENEFITED AREA FOOD BANKS. SCHOOL SUPPLIES AND CHRISTMAS GIFTS WERE ALSO COLLECTED FOR CHILDREN IN NEED. UPMC PRESBYTERIAN SHADYSIDE PARTICIPATED IN DRUG TAKE BACK DAYS TO

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

GET UNUSED MEDICATIONS OUT OF CIRCULATION AND OUT OF THE HANDS OF PEOPLE WHO COULD BE HARMED BY THEM.

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. CHILDREN'S HAS ONCE AGAIN ACHIEVED THE PRESTIGIOUS MAGNETTM DESIGNATION. MAGNET HOSPITALS ARE RECOGNIZED FOR BUILDING AND SUPPORTING A CONTINUOUS CULTURE OF TRANSFORMATIONAL LEADERSHIP, STRUCTURAL EMPOWERMENT, EXEMPLARY EVIDENCE-BASED PRACTICE, ADVANCED TRAINING, AND NEW KNOWLEDGE APPLICATION AND INNOVATIONS. 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. CHILDREN'S RECOGNIZES THAT THE NEED FOR EXCELLENT PATIENT CARE JUST DOESN'T EXIST WITHIN THEIR OWN COMMUNITY BUT EXISTS EVERYWHERE. CHILDREN'S HOSPITAL IS A LEADER IN LIVER TRANSPLANTATION AND CARDIOTHORACIC SERVICES. TO INCREASE ACCESS TO CARE OF PATIENTS THROUGHOUT THE STATE OF FLORIDA AND VIRGINIA, CHILDREN'S HOSPITAL HAS CREATED PARTNERSHIPS WITH ST. JOSEPH'S CHILDREN'S HOSPITAL AND THE UNIVERSITY OF VIRGINIA'S CHILDREN'S HOSPITAL. 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.

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

CHILDREN'S LEADS THE WAY IN ADVANCED TECHNOLOGY APPLICATION WITH RESPECT TO ITS USE OF ELECTRONIC MEDICAL RECORDS, AND HAS BEEN RECOGNIZED BY AN INDEPENDENT HEALTH CARE RESEARCH ORGANIZATION AS THE NUMBER ONE PEDIATRIC HOSPITAL IN ITS USE OF HEALTH CARE INFORMATION TECHNOLOGY. DURING FISCAL YEAR 2017, CHILDREN'S SUCCESSFULLY REVALIDATED FOR STAGE 7 CERTIFICATION OF THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) ANALYTIC ELECTRONIC MEDICAL RECORD ADOPTION MODEL (ENRAM). CHILDREN'S WAS ALSO RECOGNIZED BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION AS A LEADER IN LGBTQ HEALTHCARE EQUALITY AND BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES AS A LEADER IN SUCCESSFULLY AFFECTING THE HEALTH OF RESIDENTS THROUGH COMMUNITY HEALTH NEEDS ASSESSMENTS.

CHILDREN'S PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICARE AND MEDICAID SHORTFALLS, AT A COST OF OVER $26,000,000 DURING FISCAL YEAR 2017. SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH CHARITABLE CONTRIBUTIONS, OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES AND MENTORSHIPS WHICH WERE TARGETED AT PATIENTS, PATIENTS' FAMILIES AND THE COMMUNITY AT LARGE, AT A COST OF $11,600,000. CHILDREN'S SUPPORTED UNFUNDED RESEARCH AND HEALTH PROFESSIONS EDUCATION AT A COST OF $46,600,000 DURING FISCAL YEAR 2017.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

ONE OF THE COMMUNITY PROGRAMS OFFERED BY CHILDREN'S IS THE FAMILY CARE

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

CONNECTION (FCC), WITH THE GOAL OF IMPROVING THE HEALTH OF CHILDREN AND FAMILIES IN AREAS WITH HIGH RATES OF CHILD ABUSE, INFANT MORTALITY, AND POVERTY. THE FCC OFFERS A VARIETY OF FAMILY SUPPORT PROGRAMS THAT ENHANCE RELATIONSHIPS BETWEEN PARENTS AND CHILDREN, IMPROVE MATERNAL AND CHILD HEALTH, ADDRESS SCHOOL READINESS THROUGH CHILD DEVELOPMENT ACTIVITIES, AND ASSESS AND EDUCATE THE PUBLIC TO PREVENT CHILD ABUSE AND NEGLECT. FCC STAFF PROVIDES HOME VISITS, ON-SITE PROGRAMMING AND CONSULTATION, REFERRAL AND LINKAGES TO A VAST NUMBER OF COMMUNITY AGENCIES, AND CHILD DEVELOPMENT, PARENTING, EDUCATIONAL AND COMMUNITY-BUILDING ACTIVITIES.

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 DIABETES, RESPIRATORY ILLNESS, AND ORGAN TRANSPLANT CAMPS. THESE CAMPS PROVIDED CHILDREN WITH MEDICAL CONDITIONS THE OPPORTUNITY TO PARTICIPATE IN VARIOUS ACTIVITIES AND TO CONNECT WITH CHILDREN WITH SIMILAR CONDITIONS. CHILDREN'S ALSO HAS A SAFETY CENTER IN THE HOSPITAL THAT IS OPEN TO THE COMMUNITY. IT PROVIDES EDUCATION, HANDS ON TRAINING, AND SAFETY RESOURCES TO FAMILIES AT NO COST.

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

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

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, PLASTIC SURGERY, VASCULAR SURGERY, CANCER TREATMENT, 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. APPROXIMATELY 10,000 BIRTHS OCCUR AT MAGEE EACH YEAR. MAGEE IS ALSO THE REGIONAL REFERRAL CENTER FOR HIGH-RISK MATERNAL CARE. THE HOSPITAL'S NEONATAL INTENSIVE CARE UNIT IS THE LARGEST IN PENNSYLVANIA, TREATING MORE THAN 2,000 SERIOUSLY OR CRITICALLY ILL INFANTS ANNUALLY.

MAGEE WAS RECOGNIZED BY PRACTICE GREENHEALTH AS A PARTNER FOR CHANGE. THE AWARD IS PRESENTED IN RECOGNITION FOR SUCCESSFUL PROGRAMS TO REDUCE OPERATIONAL ENVIRONMENTAL IMPACT TO HEALTH CARE FACILITIES THAT CONTINUOUSLY IMPROVE AND EXPAND UPON PROGRAMS TO ELIMINATE MERCURY, REDUCE AND RECYCLE WASTE, SOURCE PRODUCTS SUSTAINABLY AND MORE. MAGEE

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

PREVIOUSLY EARNED RECOGNITION FOR ITS GREEN PRACTICES, INCLUDING RECYCLING, REDUCING WASTE, ENERGY AND CHEMICALS IN SURGICAL PROCEDURES, MAINTAINING AN ORGANIC GARDEN THAT PROVIDES VEGETABLES USED FOR PATIENT AND CAFETERIA MEALS, AND INCORPORATING ENVIRONMENTAL HEALTH INTO COMMUNITY EDUCATION PROGRAMS.

MAGEE PARTICIPATED IN SEVERAL COMMUNITY EVENTS. EDUCATIONAL INFORMATION WAS OFFERED AT VARIOUS HEALTH FAIRS, FREE AND DISCOUNTED PARKING WAS PROVIDED TO PATIENTS AND LOCAL COMMUNITY ORGANIZATIONS, AND THE HOSPITAL PROVIDED NEW REFUGEE ARRIVALS WITH WOMEN'S HEALTH EDUCATION. THE PRENATAL EMAIL PROGRAM PROVIDES WEEKLY EMAILS, AT NO COST, TO PREGNANT WOMEN AND THEIR FAMILIES. THESE EMAILS INCLUDE INFORMATION ON THE GROWING BABY, CURRENT RESEARCH FINDINGS ON NEWBORN HEALTH, AND HEALTHY BEHAVIORS FOR PREGNANT WOMEN. BREAST CANCER AWARENESS SYMPOSIUMS WERE OFFERED AS WELL AS EDUCATION ABOUT ISSUES FOR CANCER SURVIVORS.

MAGEE IS ACTIVELY INVOLVED IN THE COMMUNITY, SERVING INFANTS, TEENS, WOMEN, MEN, AND THEIR FAMILIES. DURING THE FISCAL YEAR ENDED JUNE 30, 2017, 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 OVER $20,000,000. MAGEE PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $132,800,000 FOR THE FISCAL YEAR ENDED JUNE 30, 2017.

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

HILLMAN CANCER CENTER (THE CENTER) IS THE FLAGSHIP TREATMENT AND RESEARCH FACILITY OF UPMC. HOME TO THE STATE-OF-THE-ART CLINICAL SERVICES OF UPMC AND THE NATIONALLY AND INTERNATIONALLY RECOGNIZED RESEARCH OF UNIVERSITY OF PITTSBURGH CANCER INSTITUTE (UPCI), HILLMAN CANCER CENTER PROVIDES SPECIALIZED DIAGNOSIS, TREATMENT, PREVENTION, AND CARE FOR PATIENTS AND THEIR FAMILIES.

HILLMAN CANCER CENTER IS HOME TO INTERNATIONALLY RENOWNED 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 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.

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,

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

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 $20,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017. UPMC MERCY ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH VARIOUS OUTREACH AND OTHER COMMUNITY SERVICES PROGRAMS AT A COST OF $5,500,000, AND PROVIDED FUNDING OF OVER $18,900,000 FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION.

STAFF FROM UPMC MERCY PARTICIPATED IN MANY COMMUNITY HEALTH FAIRS. THEY PROVIDED EDUCATIONAL INFORMATION IN THE AREAS OF REHABILITATION, STROKE, CANCER, DIABETES, SCREENINGS, COUNSELING, AND CONDUCTED SEXUAL ASSAULT RESPONSE TRAINING FOR VARIOUS LOCAL POLICE DEPARTMENTS. IN ADDITION, SUPPORT GROUPS FOR STROKE, WEIGHT MANAGEMENT, AND AMPUTEES ARE OFFERED BY UPMC MERCY. UPMC MERCY ALSO PROVIDED SPIRITUAL CARE AND HEALTH CARE TO

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

THE HOMELESS. PROGRAMS FOR FAMILIES INCLUDED BABY CARE BASIC TRAINING, INFANT AND CHILD CPR AND FIRST AID, CHILDBIRTH PREPARATION, AND A SIBLING PROGRAM. UPMC MERCY PROVIDED CAB SERVICE VOUCHERS AND BUS TICKETS TO PATIENTS IN NEED, AND MADE CONTRIBUTIONS TO SUPPORT SEVERAL AREA PROGRAMS AND CHARITIES. UPMC MERCY CONDUCTED A STROKE CAMP FOR SURVIVORS AND CAREGIVERS. IT ALLOWED SURVIVORS TO INTERACT AND NETWORK WITH OTHER STROKE SURVIVORS AND THEIR CAREGIVERS, AND GAVE CAREGIVERS A RESPITE AS VOLUNTEERS HELPED WITH THE CARE OF THE STROKE SURVIVORS. THE HOSPITAL ALSO PROVIDED FREE AND DISCOUNTED MEAL TICKETS TO FAMILIES, VOLUNTEERS, AND OTHERS. LEFTOVER FOOD WAS PACKAGED AND LABELED FOR DONATION TO THE FOOD BANK.

UPMC MERCY PROVIDES JOB SHADOWING AND MENTORING EXPERIENCES FOR NURSING STUDENTS AND MENTORS OTHER STUDENTS FROM VARIOUS DISCIPLINES.

UPMC ST. MARGARET IS A 250-BED ACUTE-CARE AND TEACHING HOSPITAL SERVING PRIMARILY THE MORE THAN 250,000 RESIDENTS OF PITTSBURGH'S NORTHERN AND EASTERN SUBURBS AND IS MAGNETTM DESIGNATED. 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.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED
UPMC ST. MARGARET IS COMMITTED TO ITS MISSION OF PROVIDING QUALITY HEALTH CARE TO ALL IN NEED AND HAS IMPLEMENTED POLICIES TO ASSURE ACCESS TO ITS SERVICES, REGARDLESS OF ABILITY TO PAY. IT PROVIDED CHARITY CARE AND

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

OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $19,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017. UPMC ST. MARGARET ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH FREE OR LOW-COST OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY. THESE PROGRAMS HAVE ASSISTED THOUSANDS OF PEOPLE IN THE COMMUNITY AT A COST TO THE HOSPITAL OF OVER $2,800,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017. UPMC ST. MARGARET ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF OVER $8,500,000 IN FISCAL YEAR 2017.

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 PARAMEDIC WHO RESPONDS TO ASSIST WHEN DISPATCHED BY COUNTY 911 OPERATORS.

FREE OR DISCOUNTED PARKING WAS PROVIDED TO ALL PATIENTS WHO CAME TO THE HOSPITAL FOR OUTPATIENT SERVICES. UPMC ST. MARGARET OFFERED FREE FLU SHOTS AND CHOLESTEROL AND GLUCOSE SCREENINGS TO AREA RESIDENTS AGE 65 AND OLDER AND TO INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS. THE HOSPITAL ALSO PREPARED BROWN BAG LUNCHES AND DELIVERED THEM TO A HOMELESS SHELTER, OFFERED DIABETES EDUCATION CLASSES, COPD MANAGEMENT CLASSES, SMOKING CESSATION INFORMATION, AND EDUCATIONAL PRESENTATIONS OF VARIOUS HEALTH ISSUES.

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

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 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 FISCAL YEAR 2017, UPMC PASSAVANT WAS CREDENTIALED AS A MAGNETTM ORGANIZATION. MAGNET STATUS IS THE HIGHEST INTERNATIONAL RECOGNITION FOR NURSING EXCELLENCE AND LEADERSHIP.

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, UPMC PASSAVANT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER $50,000,000.

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

UPMC PASSAVANT PROVIDED MANY COMMUNITY OUTREACH AND SUPPORT PROGRAMS IN FISCAL YEAR 2017 THAT INCLUDED HEALTH FAIRS, HEALTH SCREENINGS, EDUCATIONAL/COUNSELING PROGRAMS, IMMUNIZATIONS, SUPPORT GROUPS, AND OTHER PROGRAMS THAT BENEFITED 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 $6,800,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017. UPMC PASSAVANT ALSO PROVIDED FUNDING FOR RESEARCH AND HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2017 AT A COST OF OVER $4,000,000.

THE COMMUNITY BENEFITED FROM MANY HEALTH FAIRS IN WHICH UPMC PASSAVANT PARTICIPATED. INFORMATION WAS OFFERED ON CARDIAC CARE, CANCER, AND STROKE. ALSO, SCREENINGS FOR COLON CANCER, OSTEOPOROSIS, AND HIGH BLOOD PRESSURE WERE PROVIDED. MANY OF THESE ARE PROVIDED AT NO COST TO PARTICIPANTS. THE HOSPITAL ALSO PARTICIPATED IN A SCHOOL-TO-WORK TRANSITION PROGRAM FOR STUDENTS WITH SPECIAL NEEDS.

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

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

DISORDERS, BARIATRIC SURGERY, WOMEN'S HEALTH, RADIOLOGY/IMAGING SERVICES, AND PAIN MANAGEMENT.

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, UPMC HORIZON PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF $24,000,000. THE COMMUNITIES SERVED BY UPMC HORIZON ARE IN AN ECONOMICALLY DISTRESSED AND MEDICALLY UNDERSERVED AREA. IN THE YEAR ENDED JUNE 30, 2017, UPMC HORIZON PROVIDED COMMUNITY SERVICE PROGRAMS AND OTHER FUNDING AT A COST OF OVER $2,700,000 AND FUNDING FOR EDUCATION AND RESEARCH AT A COST OF APPROXIMATELY $1,900,000.

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 FOCUSING ON CONDITIONS SUCH AS SLEEP APNEA, BREAST CANCER, DIABETES AND PULMONARY HYPERTENSION. THE HOSPITAL ALSO TRANSPORTED PATIENTS IN NEED TO AND FROM APPOINTMENTS. UPMC HORIZON PROMOTES THE MEDICAL EQUIPMENT RECYCLING PROGRAM AND AVAILABILITY OF DURABLE MEDICAL EQUIPMENT FOR THE COMMUNITY. THE HOSPITAL DONATED AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) TO AREA BUSINESSES AND ORGANIZATIONS, AND DONATED BOXES OF DISPOSABLE MEDICAL GLOVES TO A LOCAL FIRE DEPARTMENT.

UPMC NORTHWEST, ESTABLISHED IN 1899, SERVES THE RESIDENTS OF THE

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

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 70% OF UPMC NORTHWEST'S FISCAL YEAR 2017 PATIENTS WERE MEDICARE OR STATE MEDICAID PATIENTS.

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, UPMC NORTHWEST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF $17,500,000. THE HOSPITAL PROVIDED FUNDING AND SERVICES TO THE COMMUNITY IN THE AGGREGATE OF $4,100,000 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

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

PRESSURE SCREENINGS, OSTEOPOROSIS SCREENINGS, SMOKING CESSATION INFORMATION, NUTRITION INFORMATION, STROKE SCREENINGS, STROKE EDUCATION, BODY COMPOSITION SCREENINGS, AND DIABETES EDUCATION. UPMC NORTHWEST PROVIDED TRANSPORTATION TO PATIENTS WHO WERE IN NEED UPON DISCHARGE FROM THE HOSPITAL AND PROVIDED COMPLEMENTARY ROOM USAGE TO VARIOUS COMMUNITY ORGANIZATIONS. THE HOSPITAL DONATED SUPPLIES FOR 1,000 FIRST AID KITS, ENOUGH FOR 1,000 CHILDREN.

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.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED
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 IN A GEOGRAPHIC AREA OF ECONOMIC DISTRESS, AND MUCH OF THE SURROUNDING COMMUNITY IS RECOGNIZED AS MEDICALLY UNDERSERVED, WITH A POPULATION THAT IS PREDOMINANTLY ELDERLY AND ECONOMICALLY DISADVANTAGED. THE HOSPITAL'S MISSION IS TO SERVE THE COMMUNITY 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

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

PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY.

DURING THE FISCAL YEAR ENDED JUNE 30, 2017, UPMC MCKEESPORT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST IN EXCESS OF $12,000,000. THE HOSPITAL ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH OUTREACH PROGRAMS, REFERRAL CENTERS, SCREENINGS, EDUCATIONAL CLASSES, AND FUNDING OF SCHOOLS FOR HEALTH PROFESSIONS. THE ESTIMATED COSTS OF PROVIDING THESE SERVICES IN FISCAL YEAR 2017, AS WELL AS FUNDING EDUCATION AND RESEARCH SUPPORT, WERE APPROXIMATELY $2,600,000 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 AND COMMUNITY PROGRAMMING. UPMC MCKEESPORT ALSO PROVIDED TRANSPORTATION FOR PATIENTS.

UPMC MCKEESPORT HAS A LEADERSHIP ROLE IN THE MON RIVER FLEET COMMUNITY PARTNERSHIP, WHICH PROVIDED FREE INFLUENZA IMMUNIZATIONS TO COMMUNITY RESIDENTS. THE HOSPITAL OFFERED SPACE AT REDUCED RATES TO VARIOUS CHARITABLE/COMMUNITY ORGANIZATIONS AND ENHANCED THE QUALITY OF LIFE FOR AREA SENIORS BY OFFERING SCREENINGS, SOCIALIZATION OPPORTUNITIES, AND HEALTH EDUCATION. UPMC MCKEESPORT PROVIDED FOOD AND SNACKS FOR VARIOUS ORGANIZATIONS' MEETINGS, AND STAFF PACKED BAGS OF FOOD FOR THE YMCA

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

SCHOOL PROGRAM SO CHILDREN IN THE COMMUNITY DID NOT GO HUNGRY ON THE WEEKENDS.

UPMC BEDFORD IS AN ACUTE CARE GENERAL HOSPITAL, LOCATED IN EVERETT, PENNSYLVANIA, WITH UNITS FOR MEDICAL CARE, SURGICAL CARE, OBSTETRICAL CARE, INTENSIVE CARE, AND TELEMETRY SERVICES. IT OFFERS A VARIETY OF DIAGNOSTIC CAPABILITIES, INCLUDING CT SCAN AND MRI. THE HOSPITAL OPERATES A CARDIAC-PULMONARY REHABILITATION PROGRAM, AN OUTPATIENT 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, 2017, UPMC BEDFORD PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $3,300,000. THE HOSPITAL ALSO PROVIDED SERVICES, WITH AN AGGREGATE VALUE OF OVER $2,600,000 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. THE HOSPITAL HELD BABYSITTING CLASSES TO PROVIDE

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

EDUCATION FOR STUDENTS WISHING TO LEARN BABYSITTING PROCEDURES AND TECHNIQUES. UPMC BEDFORD CONTRIBUTED SPACE FOR SEVERAL AREA CHARITABLE/COMMUNITY GROUPS, INCLUDING THE TOPS BEDFORD, BEDFORD COUNTY FOOD PANTRY, AND OSTOMY SUPPORT GROUP. STAFF PARTICIPATED IN MANY HEALTH FAIRS TO PROVIDE EDUCATION AND SCREENINGS SUCH AS BLOOD PRESSURE, DIABETES, VISION, FOOT EXAMS, AND BONE DENSITY. THE HOSPITAL DONATED LINENS FOR THE ANNUAL CAMP CADET PROGRAM OFFERED TO MIDDLE SCHOOL STUDENTS.

UPMC EAST IS A FULL-SERVICE COMMUNITY HOSPITAL THAT PROVIDES PATIENT-CENTERED CARE. LOCATED IN MONROEVILLE, PENNSYLVANIA, 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, 2017, UPMC EAST PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF APPROXIMATELY $15,800,000. THE HOSPITAL ALSO PROVIDED SERVICES WITH AN AGGREGATE VALUE OF ALMOST $1,000,000 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, HEART DISEASE, STROKE, AND BLOOD PRESSURE. THE HOSPITAL PROVIDED

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

POINSETTIAS FOR PATIENTS, SCHOOL SUPPLIES FOR CHILDREN IN NEED, TOTE BAGS TO AN AREA EMS, BLANKETS FOR THOSE LIVING ON THE STREET, AND PROM GOWNS FOR THE UNDERSERVED IN LOCAL SCHOOL DISTRICTS. STAFF ALSO ASSISTED IN PACKING BOXES OF FOOD FOR DISTRIBUTION BY THE GREATER PITTSBURGH COMMUNITY FOOD BANK.

UPMC HAMOT (HAMOT) IS A 422 BED TERTIARY MEDICAL CENTER WITH SPECIALTIES THAT INCLUDE CARDIOLOGY, NEUROSCIENCE, CRITICAL CARE, ORTHOPEDICS, AND WOMEN'S HEALTH SERVICES. THE MEDICAL CENTER REACHES OUT TO MORE THAN 1 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 $21,000,000 DURING FISCAL YEAR 2017. SERVICES WERE PROVIDED TO THE COMMUNITY THROUGH DONATIONS, OUTREACH PROGRAMS, SCREENINGS, AND EDUCATIONAL CLASSES AT A COST OF $7,800,000. HAMOT SUPPORTED UNFUNDED RESEARCH AND HEALTH

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

PROFESSIONS EDUCATION AT A COST OF $6,000,000 DURING FISCAL YEAR 2017.

HAMOT HAS BEEN RECOGNIZED AS A MAGNETTM DESIGNATED HOSPITAL. MAGNET STATUS IS THE HIGHEST INTERNATIONAL RECOGNITION FOR NURSING EXCELLENCE AND LEADERSHIP. THE HOSPITAL WAS REQUIRED TO MEET NEARLY 80 STANDARDS OF EXCELLENCE AND WAS RECOGNIZED FOR BUILDING AND SUPPORTING A CONTINUOUS CULTURE OF TRANSFORMATIONAL LEADERSHIP, ADVANCED TRAINING, AND NEW KNOWLEDGE APPLICATION AND INNOVATIONS. HAMOT IS THE FIRST AND ONLY ACCREDITED KIDNEY TRANSPLANT PROGRAM IN THE NORTHWESTERN PENNSYLVANIA REGION AND HAS BEEN HONORED BY THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION FOR THE CARE OF ITS STROKE PATIENTS.

HAMOT REACHED THE COMMUNITY THROUGH TELEVISION HEALTH SEGMENTS AS WELL AS THROUGH PRINT MEDIA. OTHER PROGRAMS AND PRESENTATIONS INCLUDED CAR SEAT CHECKS, BICYCLE SAFETY, MOTORCYCLE SAFETY, CONSEQUENCES OF DRIVING UNDER THE INFLUENCE AND DISTRACTED DRIVING, COPD EDUCATION, NUTRITION, ARTHRITIS, PREVENTING INJURIES, AND GUN VIOLENCE PREVENTION. SCREENINGS WERE OFFERED FOR CHOLESTEROL AND BLOOD PRESSURE, AND AUDIOLOGY AND SPEECH SERVICES WERE PROVIDED TO CLEFT PALATE CLINIC PATIENTS. THE HOSPITAL DONATED FOOD TO A LOCAL FOOD BANK AND PROVIDED NOURISHMENT TO PATIENTS' FAMILIES.

UPMC ALTOONA IS A 375-BED HOSPITAL SERVING PRIMARILY THE MORE THAN 20 COUNTIES THROUGHOUT CENTRAL PENNSYLVANIA. IT MAINTAINS A LEVEL II ADULT TRAUMA CENTER, PROVIDING COMPREHENSIVE CARE FOR THE MOST SEVERELY

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

INJURED. UPMC ALTOONA CARES FOR THE BEHAVIORAL HEALTH OF THE REGION THROUGH A 34-BED INPATIENT FACILITY AND OFFERS OUTPATIENT THERAPY, INCLUDING A 24-HOUR CRISIS CENTER, SCHOOL PROGRAMS, AND FAMILY-BASED DRUG AND ALCOHOL TREATMENT. UPMC ALTOONA'S STATION MEDICAL CENTER BRINGS OUTPATIENT SERVICES CLOSER TO PATIENTS BY PROVIDING MANY STATE-OF-THE-ART DIAGNOSTIC SERVICES. THESE SERVICES INCLUDE NEUROLOGY TESTING, SLEEP STUDIES, FULL SERVICE MEDICAL IMAGING, LABORATORY SERVICES, OCCUPATIONAL MEDICINE, A BREAST CENTER, CARDIAC REHABILITATION, AND PHYSICAL AND OCCUPATIONAL THERAPY.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED
UPMC ALTOONA IS COMMITTED TO ITS MISSION OF PROVIDING EXCEPTIONAL HEALTH CARE TO ALL IN NEED, REGARDLESS OF ABILITY TO PAY. IT PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, INCLUDING MEDICAID AND MEDICARE SHORTFALLS, AT A COST OF OVER $20,700,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017. UPMC ALTOONA ALSO PROVIDED SERVICES TO THE COMMUNITY THROUGH FREE OR LOW-COST OUTREACH PROGRAMS TARGETED AT PATIENTS, PATIENTS' FAMILIES, AND THE COMMUNITY. THESE PROGRAMS AND SUPPORT, INCLUDING DIRECT DONATIONS, HAVE ASSISTED THOUSANDS OF PEOPLE IN THE COMMUNITY WITH THE COSTS TO THE HOSPITAL OF APPROXIMATELY $13,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017. UPMC ALTOONA ALSO FUNDED SCHOOLS OF HEALTH PROFESSIONS AND MEDICAL RESIDENCY PROGRAMS AS WELL AS MEDICAL RESEARCH AT A COMBINED COST OF $3,700,000 IN FISCAL YEAR 2017.

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

UPMC ALTOONA PROVIDES MEETING SPACE TO VARIOUS GROUPS INCLUDING THE ALZHEIMER'S SUPPORT GROUP, SUICIDE LOSS SUPPORT GROUP, PARKINSON'S SUPPORT GROUP, BARIATRIC SUPPORT GROUP, DEPRESSION AND BIPOLAR SUPPORT GROUP, SLEEP APNEA SUPPORT GROUP, AND THE CAREGIVER'S SUPPORT GROUP. THE HOSPITAL SUPPORTS LET'S MOVE BLAIR COUNTY, WHICH PROMOTES ACTIVITY, GOOD NUTRITION, AND HEALTHY LIFESTYLES, AND HELPS PROMOTE HEALTH AT AREA BUSINESSES BY PERFORMING SCREENINGS AND PROVIDING INFORMATION AT THEIR HEALTH AND WELLNESS FAIRS.

FREE MEDICATIONS ARE DISTRIBUTED BY UPMC ALTOONA TO PATIENTS UPON DISCHARGE WHO LACK THE RESOURCES OR INSURANCE COVERAGE TO COVER THE COSTS OF MEDICATIONS OR COPAYS. UPMC ALTOONA PROVIDED FREE TAXI RIDES FOR INDIGENT PATIENTS FROM THE COMMUNITY CRISIS CENTER AND INPATIENT BEHAVIORAL HEALTH UNIT, AS WELL AS TRANSPORT FOR UNINSURED OR UNDERINSURED PATIENTS WHO REQUIRE A HIGHER LEVEL OF CARE.

THERE ARE TWELVE PHYSICIAN SERVICE ENTITIES THAT ARE PART OF UPMC GROUP, INCLUDING UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES, UNIVERSITY OF PITTSBURGH PHYSICIANS, UPMC COMMUNITY MEDICINE, INC., UPMC EMERGENCY MEDICINE, INC., REGIONAL HEALTH SERVICES, INC., BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC., BUTLER HEALTH SYSTEM/UPMC OB/GYN JOINT VENTURE, INC., DONOHUE AND ALLEN CARDIOLOGY-UPMC, INC., ERIE PHYSICIAN NETWORK-UPMC, INC., PASSAVANT PROFESSIONAL ASSOCIATES, INC., UNIVERSITY HEALTH CENTER OF PITTSBURGH, AND UPMC ADVANCED PRACTICE PROVIDERS. THESE PHYSICIAN SERVICE ENTITIES

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

INCLUDE OVER 4,700 PHYSICIANS AND PHYSICIAN EXTENDERS.

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES (UPMC CANCER CENTERS) PROVIDES THE HIGHEST LEVEL OF ONCOLOGY SERVICES TO PATIENTS THROUGHOUT THE TRI-STATE REGION. WORKING IN TANDEM WITH THE UNIVERSITY OF PITTSBURGH CANCER INSTITUTE (UPCI), WHICH COMPRISES THE ACADEMIC AND RESEARCH ACTIVITIES FOR ONCOLOGY AT THE UNIVERSITY OF PITTSBURGH AND UPMC, UPMC CANCER CENTERS OFFERS PATIENTS THE LATEST ADVANCES IN CANCER PREVENTION, DETECTION, DIAGNOSIS, AND TREATMENT.

THE MISSION OF UPMC CANCER CENTERS REFLECTS THE OVERALL MISSION OF UPCI AS A PREMIER NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER TO PROVIDE THE HIGHEST LEVEL OF CLINICAL CARE TO THE MORE THAN 110,000 PATIENTS TREATED AT ITS FACILITIES EACH YEAR WHILE PERFORMING CUTTING-EDGE CANCER RESEARCH. AT UPMC CANCER CENTERS, MORE THAN 2,000 PHYSICIANS, SCIENTISTS, ADMINISTRATIVE STAFF, AND OTHER HEALTH CARE PROFESSIONALS WORK TOGETHER TO REDUCE THE BURDEN OF CANCER. THEY REPRESENT A VARIETY OF SPECIALTIES INCLUDING SURGICAL ONCOLOGY, MEDICAL ONCOLOGY, RADIATION ONCOLOGY, OTOLARYNGOLOGY, NEURO-ONCOLOGY, GYNECOLOGIC ONCOLOGY, PALLIATIVE CARE, AND BEHAVIORAL MEDICINE. COMBINED, THESE DISCIPLINES GIVE THE CANCER CENTERS A RANGE OF KNOWLEDGE WHICH COVERS VIRTUALLY ALL TYPES OF ADULT CANCER.

THE MEDICAL PROFESSIONALS AT UPMC CANCER CENTERS ENCOMPASS 15 AREAS OF EXPERTISE, EACH FOCUSING ON A SPECIFIC TYPE OR TREATMENT OF CANCER. THESE

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

INCLUDE A WORLD-RENOWNED MELANOMA PROGRAM, AS WELL AS PROGRAMS DEVOTED TO BRAIN CANCERS, BREAST CANCER, COLON AND GASTROINTESTINAL CANCERS, HEAD AND NECK CANCERS, PANCREATIC CANCER, LIVER CANCER, LUNG CANCER, GYNECOLOGIC CANCERS, PROSTATE AND UROLOGIC CANCERS, AND STEM CELL TRANSPLANTATION. PEDIATRIC CANCERS ARE TREATED BY SPECIALISTS AT THE CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC.

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 200 AFFILIATED ONCOLOGISTS AT MORE THAN 60 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 LINKS.

IN ADDITION TO THE MANY SERVICES OFFERED BY UPMC CANCER CENTERS, IT IS ALSO SIGNIFICANTLY INVOLVED IN THE COMMUNITY. DURING FISCAL YEAR 2017, UPMC CANCER CENTERS FUNDED MANY COMMUNITY BENEFIT PROGRAMS, CHARITABLE DONATIONS, AND EDUCATION AND RESEARCH COSTING OVER $15,800,000.

THE UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP) IS A MULTI-SPECIALTY FACULTY/PHYSICIAN PRACTICE PLAN WHOSE MISSION IS TO SUPPORT THE CLINICAL AND ACADEMIC MISSIONS OF UPMC, SUPPORT UPMC'S HEALTH CARE SERVICES

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

SUBSIDIARIES AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE (SCHOOL OF MEDICINE), AND PROVIDE HIGHLY ACCESSIBLE, HIGH-QUALITY PATIENT CARE THROUGH A WIDE ARRAY OF PHYSICIAN/MEDICAL SPECIALTIES AT UPMC AND ITS AFFILIATED HOSPITALS AND HEALTH CARE ENTITIES.

UPP INCLUDES 3,615 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 PATIENT'S ABILITY TO PAY. THIS COMMITMENT IS EVIDENCED BY THE FACT THAT UPP PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, AT A COST OF OVER $27,000,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017. UPP SERVES TO ENHANCE THE QUALITY HEALTH CARE SERVICES OF ALL THE TERTIARY AND ADVANCED

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

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, FREE FLU SHOTS, AND PROVIDED EDUCATIONAL INFORMATION ON BARIATRIC SURGERY, DIABETES, AND OBESITY.

THE HOMELESS, WORKING POOR, TRANSIENTLY HOUSED, AND UNINSURED ARE PROVIDED HEALTH CARE SERVICES AT NO CHARGE THROUGH THE PROGRAM FOR HEALTH CARE TO UNDERSERVED POPULATIONS. THIS INCLUDES VOLUNTEER-STAFFED BASIC CARE CLINICS THAT OFFER SERVICES THAT INCLUDE GENERAL PRIMARY CARE, ACUTE CARE, CHRONIC DISEASE MANAGEMENT, SPECIALTY CARE, AND BEHAVIORAL HEALTH SERVICES, AS WELL AS FREE PHARMACEUTICALS AND PHARMACEUTICAL ASSISTANCE PROGRAMS AND HEALTH EDUCATION. THESE CLINICS ARE STAFFED BY VOLUNTEER PHYSICIANS AND PHARMACISTS.

IN TOTAL, UPP PROVIDED COMMUNITY SERVICE PROGRAMS AND DONATIONS OF $1,600,000 AND FUNDED OVER $83,700,000 IN MEDICAL EDUCATION AND RESEARCH IN THE FISCAL YEAR ENDED JUNE 30, 2017.

IT IS THE MISSION OF UPMC COMMUNITY MEDICINE, INC. (CMI) TO PROVIDE HIGH-QUALITY AND ACCESSIBLE PATIENT CARE THROUGH PRIMARY CARE PHYSICIANS AND OTHER PHYSICIAN/MEDICAL SPECIALTIES AT UPMC AND ITS AFFILIATED HOSPITALS AND HEALTH CARE ENTITIES. CMI HAS OVER 700 PHYSICIANS AND PHYSICIAN EXTENDERS.

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

THE CREATION OF CMI AS A MULTI-SPECIALTY PHYSICIAN PRACTICE PLAN HAS MADE OBTAINING MEDICAL CARE EASIER, MORE EFFICIENT, AND MORE EFFECTIVE FOR PATIENTS. THE VAST ARRAY OF MEDICAL PHYSICIANS AND SPECIALISTS ARE READILY ACCESSIBLE TO VIRTUALLY ALL PATIENTS WITHIN CMI'S SERVICE AREAS WHICH INCLUDE WESTERN PENNSYLVANIA AND THE TRI-STATE AREA. THE PHYSICIANS' SPECIALTIES AVAILABLE WITHIN CMI INCLUDE: FAMILY MEDICINE, INTERNAL MEDICINE, GERIATRICS, ORTHOPAEDICS, NEUROSURGERY, PEDIATRICS, OBSTETRICS/GYNECOLOGY, SURGERY, OPHTHALMOLOGY, NEUROLOGY, RHEUMATOLOGY, ENDOCRINOLOGY, AND PULMONOLOGY.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED
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 $5,300,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017. CMI ALSO SERVES TO ENHANCE THE QUALITY OF HEALTH CARE SERVICES PROVIDED BY THE HOSPITALS AND OTHER HEALTHCARE SUBSIDIARIES AND AFFILIATES OF UPMC. CMI PROVIDED CHARITABLE CONTRIBUTIONS AND SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY AT A COST OF OVER $75,000,000.

AS A PART OF ITS MISSION, CMI PHYSICIANS AND STAFF PROVIDE SERVICES TO THE COMMUNITY THROUGH VARIOUS PROGRAMS WHICH ARE TARGETED TO PATIENTS,

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

PATIENTS' FAMILIES, AND THE COMMUNITY AT LARGE TO EDUCATE AND PROMOTE GOOD HEALTH. IN CONJUNCTION WITH OTHER UPMC ENTITIES AND COMMUNITY RESOURCES, CMI PHYSICIANS AND STAFF ROUTINELY PARTICIPATE IN VARIOUS SCREENING PROGRAMS FOR MEDICAL CONDITIONS SUCH AS OSTEOPOROSIS, HIGH BLOOD PRESSURE, DIABETES, CORONARY HEART FAILURE, AND BARIATRIC SURGERY. MANY CMI PHYSICIANS AND STAFF ALSO PARTICIPATE IN ONGOING PATIENT, FAMILY, COMMUNITY, AND PHYSICIAN EDUCATIONAL PROGRAMS RELATED TO THESE MEDICAL CONDITIONS AND A VARIETY OF OTHER MEDICAL TOPICS WHICH ARE DESIGNED TO IMPROVE THE QUALITY OF PATIENT CARE AND PATIENT OUTCOMES.

CMI PROVIDES PHYSICIAN AND MEDICAL SERVICES THROUGHOUT WESTERN PENNSYLVANIA AND THE TRI-STATE AREA IN BOTH URBAN AND RURAL SETTINGS, INCLUDING MANY UNDERSERVED AREAS. SOME OF THESE AREAS WOULD 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, NEUROSURGERY, PAIN MEDICINE, PULMONOLOGY, BARIATRIC SURGERY, UROLOGY, ORTHOPEDIC SURGERY, ENDOCRINOLOGY, AND INFECTIOUS DISEASE SERVICES. RHS PROVIDED CHARITY CARE AND OTHER UNCOMPENSATED CARE, AT A COST OF

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

APPROXIMATELY $3,400,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017, AS WELL AS $5,100,000 IN SUBSIDIZED HEALTH SERVICES AND COMMUNITY PROGRAMS.

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 $3,700,000 IN THE FISCAL YEAR ENDED JUNE 30, 2017.

BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC. (F/K/A UPMC MULTISPECIALTY GROUP) PROVIDES A BROAD SPECTRUM OF MUSCULOSKELETAL CARE TO THE COMMUNITIES IT SERVES. APPROXIMATELY 170 STAFF MEMBERS, INCLUDING PHYSICIANS AND ADVANCED PRACTICE PROVIDERS, SUPPORT THE GROUP'S ONGOING COMMITMENT TO PROVIDING QUALITY, COMMUNITY-BASED MUSCULOSKELETAL CARE TO PATIENTS IN NORTHERN ALLEGHENY, BUTLER AND CONTIGUOUS COUNTIES IN WESTERN

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

PENNSYLVANIA, REGARDLESS OF A PATIENTS' ABILITY TO PAY. OVER $270,000 WAS PROVIDED FOR CHARITY CARE AND UNCOMPENSATED CARE IN THE FISCAL YEAR ENDED JUNE 30, 2017. PHYSICIANS AND ADVANCED PRACTICE PROVIDERS PROVIDED SPORTS PHYSICALS AND CONCUSSION SCREENINGS. THEY ALSO REGULARLY VOLUNTEER THEIR TIME TO PARTICIPATE IN FREE COMMUNITY HEALTH EVENTS AND SERVE AS SPEAKERS AT FREE HEALTH EDUCATION PROGRAMS.

UNIVERSITY HEALTH CENTER OF PITTSBURGH'S (UHCP) PRIMARY PURPOSE IS TO PROVIDE LEADERSHIP AND MANAGEMENT TO UPMC'S GRADUATE MEDICAL EDUCATION PROGRAMS. UHCP'S ACTIVITIES CONSIST OF IMPLEMENTING, WITH NON-PROFIT BOARD DIRECTION AND APPROVAL, POLICIES AND PROCEDURES FOR THE COMMON BENEFIT OF ITS MEMBER HOSPITALS. THESE POLICIES AND PROCEDURES PROMOTE THE OPERATION OF UHCP AS AN EFFICIENT, WELL-ROUNDED, AND EFFECTIVE COMMUNITY AND REGIONAL HEALTH RESOURCE.

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.

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

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, 2017, SUGARCREEK STATION PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF OVER $1,900,000.

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 DUALLY CERTIFIED BY MEDICARE AND MEDICAID. SPACIOUS GROUNDS, COURTYARDS, AND SINGLE LEVEL DESIGN ALLOWS FOR SAFE MOVEMENT THROUGHOUT THE RESIDENCE. THE CRANBERRY PLACE SKILLED NURSING SITE IS LOCATED ON THE CAMPUS OF UPMC PASSAVANT-CRANBERRY HOSPITAL OF CRANBERRY TOWNSHIP.

CRANBERRY PLACE PROVIDES THE HIGHEST LEVEL OF SKILLED CARE, REGARDLESS OF A PATIENT'S ABILITY TO PAY. DURING THE FISCAL YEAR ENDED JUNE 30, 2017, CRANBERRY PLACE PROVIDED UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY $3,100,000.

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

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, 2017, THE HERITAGE SHADYSIDE PROVIDED FREE OR UNCOMPENSATED CARE INCLUDING MEDICAID SHORTFALL OF APPROXIMATELY $2,700,000.

UPMC HORIZON COMMUNITY HEALTH FOUNDATION (THE FOUNDATION) PROVIDES A VOLUNTEER NETWORK OF COMMUNITY MEMBERS TO INCREASE PHILANTHROPIC SUPPORT FOR UPMC HORIZON. THE FOUNDATION RAISES AND DISTRIBUTES MONEY IN SUPPORT OF PROGRAMS AND SERVICES THAT CONTRIBUTE TO GOOD HEALTH AND IMPROVED QUALITY OF LIFE FOR RESIDENTS IN THE UPMC HORIZON SERVICE AREA. THEY PROVIDED ASSISTANCE TO COMMUNITY BENEFIT PROGRAMS AND DONATIONS FOR THE COMMUNITY AT A COST OF OVER $1,000,000.

UPMC VISITING NURSES ASSOCIATION (VNA) IS RANKED BY THE NATIONAL ASSOCIATION OF HOME CARE PROVIDERS AS THE LARGEST PENNSYLVANIA HOME HEALTH PROVIDER AND FOURTEENTH LARGEST NATIONALLY. THE ORGANIZATION PROVIDES COMPLETE HOME HEALTH NURSING SERVICES, INCLUDING BEHAVIORAL HEALTH, IV THERAPY, MEDICAL-SURGICAL, OBSTETRICS, PEDIATRICS, AND REHABILITATION, REGARDLESS OF A PATIENT'S ABILITY TO PAY. VNA PROVIDED

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

UNCOMPENSATED CARE AND COMMUNITY PROGRAMS OF OVER $895,000 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, 2017, HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION PROVIDED $750,000 OF UNCOMPENSATED CARE AND VOLUNTEER TIME TO ITS HOME HEALTH CLIENTS.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED
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,

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

COMMUNITY HEALTH, AND WELLNESS SERVICES TO CLIENTS IN THEIR SOUTHERN CENTRAL PENNSYLVANIA MARKET AREA. THEY PROVIDE ADULT DAY CARE SERVICES TO CLIENTS IN CAMBRIA AND BEDFORD COUNTIES WITH SUPPORTIVE DAY CARE. THE AGENCY ALSO PROVIDED PRIVATE DUTY SERVICES, INCLUDING LIVING ASSISTANCE AND SUPPORTIVE SERVICES. FOR THE FISCAL YEAR ENDED JUNE 30, 2017, HOME NURSING AGENCY COMMUNITY SERVICES PROVIDED $38,000 IN UNCOMPENSATED CARE.

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY ENHANCES THE DENTAL HEALTH OF INDIVIDUALS IN BLAIR COUNTY AND ITS SURROUNDING AREAS THROUGH THE JAMES BARNER COMMUNITY DENTAL CLINICS, WHICH PROVIDE DENTAL CARE. THE ORGANIZATION SPONSORS OTHER COMMUNITY EFFORTS TARGETED AT IMPROVING THE HEALTH STATUS OF THE COMMUNITY.

UPMC ALTOONA FOUNDATION PROVIDES A COMPREHENSIVE FUND AND GRANT DEVELOPMENT PROGRAM TO SUPPORT THE EXEMPT MISSION OF UPMC ALTOONA, THE REGIONAL HEALTHCARE PROVIDER.

THE CENTRAL PENNSYLVANIA MEDICAL FOUNDATION GENERATES FUNDS IN SUPPORT OF UPMC ALTOONA AND ITS EXEMPT SUBSIDIARIES TO AID IN PROVIDING COST EFFECTIVE HEALTHCARE AND SUPPORT SERVICES AND PROGRAMS TO THE RESIDENTS OF CENTRAL PENNSYLVANIA.

UPMC COMMUNITY PROVIDER SERVICES' PROGRAMS INCLUDE LIVING-AT-HOME, STAYING-AT-HOME, THE INSTITUTE FOR REHABILITATION AND RESEARCH, AND THE

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

INSTITUTE ON AGING. LIVING-AT-HOME AND STAYING-AT-HOME ARE COMMUNITY OUTREACH PROGRAMS THAT PROVIDE ONGOING CASE MANAGEMENT SERVICES TO SENIOR CITIZENS. THE INSTITUTE FOR REHABILITATION AND RESEARCH AND THE INSTITUTE ON AGING ARE BOTH COLLABORATIVE PROGRAMS THAT ARE DESIGNED TO IMPROVE CLINICAL AND RESEARCH CAPABILITIES TO IMPROVE QUALITY OF CARE AND OUTCOMES FOR SPECIFIC POPULATIONS WITHIN WESTERN PENNSYLVANIA AND THE NATION. THE AGING INSTITUTE'S INFORMATION AND REFERRAL LINE PROVIDES ACCESS TO INFORMATION, SERVICES, AND RESOURCES FOR OLDER ADULTS, CAREGIVERS, RESEARCHERS, EDUCATORS AND PROFESSIONALS THROUGH ADVOCACY SERVICES FOCUSED ON GUIDANCE AND SUPPORT. EACH CALL IS HANDLED BY A SOCIAL WORKER WHO PROVIDES APPROPRIATE COUNSELING AND SUPPORT BASED ON A THOROUGH NEEDS ASSESSMENT. THE SOCIAL WORKER ALSO PROVIDES OUTREACH AND EDUCATION. THE LIVING-AT-HOME PROGRAM PROVIDES CHRONIC CARE MANAGEMENT TO HELP MAINTAIN INDEPENDENCE AND FUNCTION OF THE ELDERLY BY COORDINATING THEIR CARE, PROVIDING EDUCATION ABOUT THEIR CONDITIONS, AND ASSISTING THEM IN MANAGING THEIR MEDICATIONS AND OBTAINING SERVICES THROUGH COMMUNITY RESOURCES. THIS PROGRAM ALSO PROVIDES HEALTH SELF-MANAGEMENT INFORMATION THROUGH SENIOR CENTERS AND HOUSING.

UPMC COMMUNITY PROVIDER SERVICES PROVIDED OVER $5,000,000 IN SUPPORT FOR COMMUNITY BENEFIT PROGRAMS IN THE FISCAL YEAR ENDED JUNE 30, 2017.

COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION (COMMUNITY CARE) IS A BEHAVIORAL HEALTH MANAGED CARE ORGANIZATION (BH-MCO) WHICH MANAGES BEHAVIORAL HEALTH SERVICES FOR APPROXIMATELY 1.8 MILLION MEMBERS WHOSE

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

HEALTH COVERAGE IS SPONSORED THROUGH MEDICAID, MEDICARE OR COMMERCIAL PLANS. COMMUNITY CARE'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH THE DELIVERY OF CLINICALLY EFFECTIVE, COST-EFFICIENT, AND ACCESSIBLE BEHAVIORAL HEALTH SERVICES. IT SEEKS TO IMPROVE THE QUALITY OF SERVICES FOR MEMBERS THROUGH A STAKEHOLDER PARTNERSHIP FOCUSED ON OUTCOMES. COMMUNITY CARE BELIEVES THAT QUALITY IS MEASURED BY THE IMPROVED HEALTH OF ITS MEMBERS, WHICH TRANSLATES TO HIGHER FUNCTIONING IN THE COMMUNITY.

COMMUNITY CARE BELIEVES THAT THE HIGHEST QUALITY SERVICES ARE BEST PROVIDED THROUGH A NOT-FOR-PROFIT PARTNERSHIP WITH PUBLIC AGENCIES, EXPERIENCED LOCAL PROVIDERS, AND INVOLVED MEMBERS AND FAMILIES. COMMUNITY CARE'S PRIMARY OPERATIONS CONSIST OF ASSUMING RISK AND/OR MANAGING BEHAVIORAL HEALTH SERVICES, AS WELL AS TREATMENT FOR DRUG AND ALCOHOL ABUSE TO MEDICAL ASSISTANCE ENROLLEES UNDER CONTRACTS WITH 16 PENNSYLVANIA COUNTIES AND WITH THE COMMONWEALTH OF PENNSYLVANIA FOR AN ADDITIONAL 23 PENNSYLVANIA COUNTIES PURSUANT TO THE HEALTHCHOICES MANAGED CARE PROGRAM ESTABLISHED THROUGH THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES (FORMERLY THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE). INDIVIDUALS ELIGIBLE FOR THE MEDICAL ASSISTANCE PROGRAM ARE LOW-INCOME OR INDIGENT MEMBERS OF THE COMMUNITY WHO OTHERWISE WOULD NOT BE ABLE TO AFFORD MENTAL HEALTH THERAPY AND TREATMENT AND/OR TREATMENT FOR ALCOHOL OR DRUG ADDICTION OR DEPENDENCY. AT THE END OF FISCAL YEAR 2017, THERE WERE APPROXIMATELY 980,000 HEALTHCHOICES MEMBERS.

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

WITH A NETWORK OF APPROXIMATELY 2,150 BEHAVIORAL HEALTH CARE PROVIDERS, COMMUNITY CARE IS THE ONLY BH-MCO WITH CONTRACTS IN EVERY PENNSYLVANIA HEALTHCHOICES REGION (SOUTHEAST, SOUTHWEST, NORTHEAST, NORTH CENTRAL, AND LEHIGH-CAPITAL). COMMUNITY CARE'S ACTIVITIES INCLUDE THE FULL RANGE OF SERVICES NECESSARY TO MANAGE EFFECTIVE TREATMENT FOR ITS BEHAVIORAL/MENTAL HEALTH ENROLLEES, INCLUDING CARE MANAGEMENT, TREATMENT COORDINATION WITH OTHER HEALTHCARE PROVIDERS, CLAIMS PROCESSING, AND QUALITY MANAGEMENT PURSUANT TO NATIONAL COMMITTEE FOR QUALITY ASSURANCE STANDARDS.

COMMUNITY CARE HAS AN ARRANGEMENT WITH UPMC HEALTH PLAN TO MANAGE THE BEHAVIORAL HEALTH FOR THEIR COMMERCIAL MEMBERS. AT YEAR-END 2017, THERE WERE APPROXIMATELY 840,000 COMMERCIAL AND MEDICARE MEMBERS.

EFFECTIVE JANUARY 1, 2016, COMMUNITY CARE CONTRACTED WITH CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP) IN THE STATE OF NEW YORK TO PROVIDE BEHAVIORAL HEALTH CARE MANAGEMENT SERVICES TO CDPHP'S HARP MEMBERS, AS WELL AS EDUCATION FOR STAFF AND PROVIDERS. HARPS (HEALTH AND RECOVERY PLANS)
ARE A SEPARATE PRODUCT LINE DESIGNED TO MEET THE COMPLEX NEEDS OF INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS ACROSS BEHAVIORAL HEALTH, PHYSICAL HEALTH, AND PSYCHOSOCIAL ENVIRONMENTS. THE ESTIMATED HARP MEMBERSHIP FOR CDPHP IS APPROXIMATELY 2,500 FOR ANNUAL REVENUE OF $1.4 MILLION.

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

UPMC OVERSEAS SUPPORTS THE INTERNATIONAL ORGAN TRANSPLANTATION PROGRAM OF UPMC PRESBYTERIAN SHADYSIDE BY COORDINATING THE MANAGEMENT AND PROFESSIONAL SERVICES FOR THE ISTITUTO, AN ITALIAN TRANSPLANT FACILITY OPERATED AS A JOINT VENTURE BETWEEN SEVERAL ITALIAN GOVERNMENTAL HOSPITALS AND UPMC.

THE UPMC CENTER FOR HEALTH SECURITY (THE SECURITY CENTER) WAS ORGANIZED TO CONDUCT SCIENTIFIC RESEARCH AND EDUCATION: (A) TO PREVENT THE DEVELOPMENT AND USE OF BIOLOGICAL WEAPONS; (B) TO CATALYZE ADVANCES IN SCIENCE AND GOVERNANCE THAT DIMINISH THE POWER OF BIOLOGICAL WEAPONS AS AGENTS OF MASS LETHALITY; AND (C) TO LESSEN THE HUMAN SUFFERING THAT WOULD RESULT IF PREVENTION EFFORTS FAIL.

MODERN SOCIETIES ARE HIGHLY VULNERABLE TO BIOATTACKS BECAUSE GLOBAL TRAVEL ENABLES RAPID SPREAD OF CONTAGIOUS DISEASES. ADEQUATE RESPONSE IS 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

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

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

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED
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 OVER 415,000 MEDICAL ASSISTANCE MEMBERS DURING FISCAL YEAR 2017. UPMC FOR YOU REMAINS A TOP-QUALITY PLAN IN PENNSYLVANIA AND CURRENTLY HAS A 4.5 NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTH PLAN RATING FOR 2016-2017.

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

UPMC FOR YOU SERVES THOSE MEMBERS THAT MEET CERTAIN FEDERAL POVERTY GUIDELINES, INCLUDING THE AGED, BLIND, AND DISABLED, AND HAS BEEN VERY SUCCESSFUL IN MEETING THE NEEDS OF THIS UNIQUE POPULATION. UPMC HEALTH PLAN (INCLUDING UPMC FOR YOU) RANKS HIGHEST IN PENNSYLVANIA IN OVERALL MEMBER SATISFACTION, FOR A SECOND CONSECUTIVE YEAR, ACCORDING TO THE J.D. POWER 2017 MEMBER HEALTH PLAN STUDYSM. UPMC FOR YOU ASSISTED THE COMMUNITY WITH OVER $2,200,000 IN CHARITABLE DONATIONS IN FISCAL YEAR 2017.

THE CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA (EMERGENCY CENTER) WAS ORIGINALLY FORMED IN 1978 TO BRING THE CITY OF PITTSBURGH AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE TOGETHER TO IMPROVE THE QUALITY AND DELIVERY OF EMERGENCY MEDICAL SERVICES IN PITTSBURGH. CURRENTLY, THE CENTER PROVIDES MEDICAL DIRECTION FOR THE CITY OF PITTSBURGH BUREAU OF EMS.

STAT MEDEVAC, A SERVICE OF THE CENTER FOR EMERGENCY MEDICINE, PROVIDES AIR MEDICAL TRANSPORT TO PATIENTS WITH CRITICAL ILLNESSES AND/OR INJURIES. EACH OF STAT MEDEVAC'S HELICOPTERS ARE STAFFED 24-HOURS A DAY WITH AN EMS PILOT AND A TWO-PERSON MEDICAL CREW INCLUDING A NURSE, PARAMEDIC, OR PHYSICIAN.

AS A CONSORTIUM, THE CENTER FOR EMERGENCY MEDICINE IS A UNIQUE MODEL OF SUCCESS -- AN ADVANCED SYSTEM OF EMERGENCY TRANSPORT, CLINICAL CARE, AND EDUCATION AND RESEARCH. THE CENTER HAS BECOME THE WORLD'S LEADING

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

INSTITUTE FOR THE ADVANCEMENT OF EMERGENCY MEDICINE RESEARCH AND EDUCATION, AND MOST IMPORTANTLY, PATIENT CARE. DURING FISCAL YEAR 2017, THE CENTER FOR EMERGENCY MEDICINE PROVIDED UNCOMPENSATED CARE AT COST OF OVER $2,300,000.

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 (75%). PLEASE SEE THE UPMC PARENT FORM 990 FOR MORE INFORMATION.

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

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

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

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

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

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

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

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

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

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

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

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

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

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 EMPL
HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS

PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5) THE SPONSORING ENTITY OF UPMC GROUP, UPMC, HAS ELECTED TO REPORT INFORMATION ABOUT

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

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

PART VII OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES INDIVIDUALS THAT HOLD REPORTING POSITIONS WITH MORE THAN ONE ORGANIZATION ARE LISTED SEPARATELY IN PART VII WITH REGARD TO EACH ENTITY. INDIVIDUALS ARE COMPENSATED FOR OPERATIONAL ROLES ONLY, NOT FOR DUTIES PERFORMED AS DIRECTORS OR BOARD MEMBERS. COMPENSATION DISCLOSED FOR PERSONS WHOSE ROLE IS LISTED AS BOARD MEMBER IS COMPENSATION FROM THE SAME OR RELATED ORGANIZATION FOR AN OPERATIONAL ROLE AND NOT FOR THE DISCLOSED PERSON'S ROLE AS A BOARD MEMBER. ALL BOARD POSITIONS FOR ALL GROUP ENTITIES ARE VOLUNTARY AND UNPAID. THE TOTAL HOURS DISCLOSED IN PART VII RELATES TO THE POSITION FOR WHICH THE PERSON IS DISCLOSED EXCEPT IN THE CASE WHERE THE PERSON IS ALSO EMPLOYED BY THE SAME DISTINCT ENTITY. IN SUCH CASE,

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

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	-404,537,301
NET RESTRICTED/SPF ACTIVITY	-6,673,554
OTHER INCREASES/DECREASES IN FUND BALANCE	5,445,052
CHANGE IN BENEFICIAL INTEREST	37,127,328
TRANSFERS TO EXEMPT AFFILIATES	-6,991,314
JOINT VENTURES	8,018,161
ADDITION OF GROUP MEMBERS	7,575,196
NET CHANGE IN PENSION LIABILITY	13,305,215
TOTAL	-346,731,217

PART XII FINANCIAL STATEMENTS AND REPORTING

QUESTION 2C

AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES.

UPMC HAS AN AUDIT COMMITTEE THAT IS ESTABLISHED TO ASSIST THE BOARD OF DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY MONITORING UPMC CONSOLIDATED FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION PROVIDED

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

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.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CENTERS FOR REHAB SERVICES 625 WALNUT STREET MCKEESPORT, PA 15132	REHAB SERVICES	36,714,365.
HEALTHCARE QUALITY CATALYST LLC 3165 E MILLROCK DR, SUITE 400 SALT LAKE CITY, UT 84121	SOFTWARE SERVICES	32,500,003.
MEDICOR ASSOCIATES INC 120 EAST 2ND STREET ERIE, PA 16507	MEDICAL SERVICES	23,954,092.
SRS ACQUIOM LLC 1614 15TH STREET, SUITE 200 DENVER, CO 80202	SOFTWARE SERVICES	22,223,243.
CENTRAL BLOOD BANK 429 FOURTH AVENUE PITTSBURGH, PA 15222	BLOOD SERVICES	20,124,194.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	47,998,554.			47,998,554.
TOTALS	47,998,554.			47,998,554.

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
STEELER STYLE	690,240.
ANDY RUSSELL CELEBRITY CLASSIC	143,076.
CHILDREN'S BALL	64,034.
UPMC GOLF OUTING	73,962.
STANLEY MARKS GOLF CLASSIC	264,402.
HORIZON FOUNDATION GOLF OUTING	24,391.
HNA FOUNDATION GOLF BENEFIT	47,199.
CHARLES E COPELAND GOLF OUTING	50,940.
ALTNA FND ANNUAL GOLF CLASSIC	79,229.
ALTNA FND WINTER SPLENDOR	105,535.
UPMC EAST GOLF OUTING	28,338.
HNA FOUNDATION DR. ARNOLD	42,934.
HNA FOUNDATION KERRY EGAN	9,634.
HNA FOUNDATION MEMORIAL CRUISE	14,595.
HNA FOUNDATION PATCH CLUB	12,165.
HORIZON FDN PURSE RAFFLE	22,900.
PLANT SALE	3,135.
TOTAL	1,676,709.

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
STEELER STYLE	147,100.	404,330.	-257,230.
ANDY RUSSELL CELEBRITY CLASSIC	26,548.	79,196.	-52,648.

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

ATTACHMENT 4 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
CHILDREN'S BALL	11,206.	33,395.	-22,189.
UPMC GOLF OUTING	27,336.	37,825.	-10,489.
STANLEY MARKS GOLF CLASSIC	251,350.	198,017.	53,333.
HORIZON FOUNDATION GOLF OUTING	21,000.	27,409.	-6,409.
HNA FOUNDATION GOLF BENEFIT	24,744.	25,594.	-850.
CHARLES E COPELAND GOLF OUTING	19,554.	21,087.	-1,533.
ALTNA FND ANNUAL GOLF CLASSIC	49,050.	37,198.	11,852.
ALTNA FND WINTER SPLENDOR	33,840.	48,323.	-14,483.
UPMC EAST GOLF OUTING	14,192.	16,678.	-2,486.
HNA FOUNDATION DR. ARNOLD	3,076.	37,398.	-34,322.
HNA FOUNDATION KERRY EGAN	2,477.	7,777.	-5,300.
HNA FOUNDATION MEMORIAL CRUISE	4,405.	10,411.	-6,006.
HNA FOUNDATION PATCH CLUB	1,900.	9,777.	-7,877.
HORIZON FDN PURSE RAFFLE	3,285.	12,575.	-9,290.
PLANT SALE	7,845.		7,845.
TOTALS	648,908.	1,006,990.	-358,082.

ATTACHMENT 5

FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GAMING ACTIVITY		30,000.	-30,000.
TOTALS		30,000.	-30,000.

Name of the organization: UPMC GROUP

Employer identification number: 20-8295721

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
PUBLICLY TRADED	404,659,420.	COST
TOTALS	404,659,420.	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UPMC ITALY S.R.L PIAZZA SETT ANGELI 1090134 , PALERMO IT	HEALTHCARE	IT	44,890,888.	39,815,448.	UPMC OVERSEA
(2) UPMC PHYS OPERATIONS & PROF SVCS LLC 47-2803100 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SVC	PA	11,445,234.	44,102,011.	UOP PHYS
(3) VIA ONCOLOGY LLC 37-1754667 600 GRANT STREET PITTSBURGH, PA 15219	ONCOLOGY	PA	5,666,167.	908,587.	UOP CN SRV
(4) UPMC ONCOLOGY TREATMENT PLANNING LLC 46-4936164 600 GRANT STREET PITTSBURGH, PA 15219	ONCOLOGY	PA	4,008,749.	6,524,817.	UOP CN SRV
(5) QUALITY FIRST HEALTHCARE LLC 46-0812493 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA			HNA AFFILIAT
(6) REGIONAL HEALTH CENTRAL LLC 26-3692367 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA			REG HLTH SVS

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

(a) 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	(g) No
(1) UPMC SENIOR COMMUNITIES INC. 25-1574736 600 GRANT STREET PITTSBURGH, PA 15219	SR. LIVING	PA	501(C)(3)	10	UPMC	X	
(2) PITTSBURGH LIFETIME CARE COMMUNITY 25-1335247 600 GRANT STREET PITTSBURGH, PA 15219	CCRC	PA	501(C)(3)	10	UPMC SR COMM	X	
(3) CANTERBURY PLACE 25-0965334 600 GRANT STREET PITTSBURGH, PA 15219	SR. LIVING	PA	501(C)(3)	10	UPMC SR COMM	X	
(4) SENECA PLACE 72-1562844 600 GRANT STREET PITTSBURGH, PA 15219	SR LIVING	PA	501(C)(3)	10	UPMC SR COMM	X	
(5) SHADYSIDE HOSPITAL SUPPORTING FOUNDATION 26-0303394 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	12(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)	10	UPMC	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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	(g) Section 512(b)(13) controlled entity? No
(1) UPMC CENTER FOR HIGH VALUE HEALTHCARE 45-2178782 600 GRANT STREET PITTSBURGH, PA 15219	RESEARCH	PA	501(C)(3)	7	UPMC	X	
(2) SHADYSIDE HOSPITAL FOUNDATION 25-1290546 532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232	FOUNDATION	PA	501(C)(3)	12(C)III	UPMC PRESBY	X	
(3) PASSAVANT HOSPITAL FOUNDATION 25-1407815 9100 BABCOCK BLVD PITTSBURGH, PA 15237	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC PASS	X	
(4) UPMC NORTHWEST FOUNDATION 25-1483624 100 FARFIELD DRIVE SENECA, PA 16346	FOUNDATION	PA	501(C)(3)	12(D)III	UPMC NORTHWE	X	
(5) ST. MARGARET FOUNDATION 25-1520340 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	7	UPMC ST MARG	X	
(6) CHILDREN'S HOSPITAL OF PITTSBURGH FND 25-1865744 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	7	UPMC CHP	X	
(7) MAGEE-WOMEN RES INST AND FOUNDATION 25-1462312 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PA	501(C)(3)	7	N/A		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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	(g) No
(1) UPMC KANE 25-0998168 4372 ROUTE 6 KANE, PA 16735	HOSPITAL	PA	501(C)(3)	3	UPMC HAMOT	X	
(2) GREAT LAKES PHYSICIAN PRACTICE P.C. 46-4186362 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	PHYSICIANS	NY	501(C)(3)	3	REGNL HEALTH	X	
(3) HAMOT HEALTH FOUNDATION 25-1400999 302 FRENCH ST ERIE, PA 16507	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC HAMOT	X	
(4) SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HA 25-1317492 1330 W. 26TH ST ERIE, PA 16508	BEHAVIORAL	PA	501(C)(3)	7	UPMC HAMOT	X	
(5) UPMC JAMESON 25-0965406 1211 WILMINGTON AVE NEW CASTLE, PA 16105	HEALTHCARE	PA	501(C)(3)	3	UPMC	X	
(6) JAMESON HEALTHCARE FOUNDATION 25-1536037 1211 WILMINGTON AVE NEW CASTLE, PA 16105	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC JAMESON	X	
(7) JAMESON HEALTH SERVICES INC. 03-0486993 1211 WILMINGTON AVE NEW CASTLE, PA 16105	HEALTHCARE	PA	501(C)(3)	12(B)II	UPMC JAMESON	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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	(g) No
(1) CHILDREN'S ADVOCACY CENTER OF LAWRENCE 25-1581304 1107 WILMINGTON AVE NEW CASTLE, PA 16105	SUPPORT SYS	PA	501(C)(3)	7	UPMC JAMESON	X	
(2) UPMC/JAMESON CANCER CENTER 20-1459415 600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219	ONCOLOGY SVC	PA	501(C)(3)	10	UPMC JAMESON	X	
(3) JAMESON MEDICAL CARE INC. 26-0462696 1211 WILMINGTON AVE NEW CASTLE, PA 16105	HEALTHCARE	PA	501(C)(3)	10	UPMC JAMESON	X	
(4) JAMESON CARE CENTER INC. 23-2871396 1211 WILMINGTON AVE NEW CASTLE, PA 16105	HEALTHCARE	PA	501(C)(3)	10	UPMC SR COMM	X	
(5) UPMC SUSQUEHANNA 23-2751183 700 HIGH STREET WILLIAMSPORT, PA 17701	HEALTHCARE	PA	501(C)(3)	3	UPMC	X	
(6) MUNCY VALLEY HOSPITAL 24-0806023 215 EAST WATER STREET MUNCY, PA 17756	HEALTHCARE	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(7) DIVINE PROVIDENCE HOSPITAL OF THE SISTER 24-0799343 1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	HEALTHCARE	PA	501(C)(3)	3	UPMC SUSQUEH	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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	(g) No
(1) SUSQUEHANNA PHYSICIAN SERVICES 23-2449454 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHYSICIAN SVC	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(2) SUSQUEHANNA HEALTH SYSTEM INNOVATION CTR 47-1600873 700 HIGH STREET WILLIAMSPORT, PA 17701	FUNDRAISING	PA	501(C)(3)	12(A)(I)	UPMC SUSQUEH	X	
(3) SUSQUEHANNA HEALTH FOUNDATION 23-2743470 1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	FUNDRAISING	PA	501(C)(3)	12(A)(I)	UPMC SUSQUEH	X	
(4) THE WILLIAMSPORT HOSPITAL 24-0795508 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(5) LAUREL REALTY INC. 23-1403678 15 MEADE STREET NO U-6 WELLSBORO, PA 16901	RENTAL REAL E	PA	501(C)(2)	N/A	UPMC SUSQUEH	X	
(6) LAUREL MANAGEMENT SERVICES INC. 25-1644910 22 WALNUT STREET WELLSBORO, PA 16901	MANAGEMENT SV	PA	501(C)(3)	12(B)(II)	UPMC SUSQUEH	X	
(7) LAUREL HEALTH SYSTEM 24-0795488 22 WALNUT STREET WELLSBORO, PA 16901	HEALTHCARE	PA	501(C)(3)	12(B)(II)	UPMC SUSQUEH	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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	(g) No
(1) SOLDIERS AND SAILORS MEMORIAL HOSPITAL 23-2176963 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	HEALTHCARE	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(2) THE GREEN HOME 24-0804365 37 CENTRAL AVENUE WELLSBORO, PA 16901	ASSISTED LIVI	PA	501(C)(3)	10	UPMC SUSQUEH	X	
(3) TIOGA HEALTH CARE PROVIDERS 25-1765538 22 WALNUT STREET WELLSBORO, PA 16901	HEALTHCARE	PA	501(C)(3)	12(B)(II)	UPMC SUSQUEH	X	
(4) WILLIAMSPORT AREA AMBULANCE SERVICE COOP 23-2416166 700 HIGH STREET WILLIAMSPORT, PA 17701	AMBULANCE SVC	PA	501(C)(3)	10	WILLIAM HOSP	X	
(5) UPMC SUSQUEHANNA LOCK HAVEN 82-1600494 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(6) UPMC SUSQUEHANNA SUNBURY 82-1592230 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	X	
(7) UPMC CHAUTAUQUA AT WCA 16-0743226 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOSPITAL	NY	501(C)(3)	3	UPMC CHAUTAU	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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	(g) Section 512(b)(13) controlled entity? No
(1) W.C.A. GROUP INC. 22-2392582 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOLDING CO	NY	501(C)(3)	12 (B)(II)	UPMC CHAUTAU	X	
(2) STARFLIGHT INC. 16-1557878 135 ALLEN STREET JAMESTOWN, NY 14701	STAT MEDVAC	NY	501(C)(3)	7	UPMC CHAUTAU	X	
(3) SOUTH CENTRAL ALPHA HOUSING & HEALTH 25-1701701 3410 W PITTSBURG ROAD NEW CASTLE, PA 16101	SKILLED NURSI	PA	501(C)(3)	10	UPMC SR COMM	X	
(4) SOUTH WESTERN ALPHA HOUSING & HEALTH 25-1701700 745 GREENVILLE ROAD MERCER, PA 16137	SKILLED NURSI	PA	501(C)(3)	10	UPMC SR COMM	X	
(5) KANE COMMUNITY HOSPITAL FOUNDATION 26-3906925 4372 ROUTE 6 KANE, PA 16735	FOUNDATION	PA	501(C)(3)	7	N/A		X
(6) JUNIOR GUILD OF THE JAMESON MEMORIAL HOS 25-6005313 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105	SUPPORT	PA	501(C)(3)	12(D)III	N/A		X
(7) LAUREL HEALTH FOUNDATION 25-1810488 15 MEADE STREET U-6 WELLSBORO, PA 16901	FOUNDATION	PA	501(C)(3)	12(B)II	N/A		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
UPMC GROUP

Employer identification number
20-8295721

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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	(g) Section 512(b)(13) controlled entity? No
(1) W.C.A. FOUNDATION INC. 22-2393584 300 FOOTE AVENUE; P.O. BOX 840 JAMESTOWN, NY 14702	FOUNDATION	PA	501(C)(3)	12(C)III	N/A		X
(2) VENANGO V.N.A. FOUNDATION 25-1472179 491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323	FOUNDATION	PA	501(C)(3)	12(D) III	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SENECA HILLS ASSISTED LIVING L 600 GRANT STREET PITTSBURGH, P	ASSISTED LIVI	PA	N/A	RELATED	-72,318.	7,319,365.		X	0.			100.0000
(2) ST. MARGARET MEDICAL ARTS ASSO 600 GRANT STREET PITTSBURGH, P	MED OFFICE BL	PA	N/A	RELATED	210,477.	3,326,686.		X	0.			100.0000
(3) CORE NETWORK LLC 25-1786209 600 GRANT STREET PITTSBURGH, P	HEALTHCARE	PA	UPMC COMM PROVI	RELATED	1,582,661.	10,071,330.		X	0.			76.0900
(4) LIFE HOME CARE LP 25-1847839 600 GRANT STREET PITTSBURGH, P	HOMECARE	PA	UPMC COMM PROV	RELATED	0.	0.		X	0.			100.0000
(5) SHADYSIDE MEDICAL CENTER ASSOC 600 GRANT STREET PITTSBURGH, P	MED OFFICE BL	PA	N/A	RELATED	861,362.	16,920,824.		X	0.			100.0000
(6) CHARTWELL PA LP 25-1729714 600 GRANT STREET PITTSBURGH, P	HOMEHEALTH	PA	UPMC COMM PROV	RELATED	21,262,632.	47,410,437.		X	0.			90.4111
(7) LIFE CARE HOME SRV OF NW PA 25 1647 SASSAFRAS STREET ERIE, PA	HOME HEALTH S	PA	UPMC HAMOT	RELATED	4,138,768.	8,165,179.		X	0.			100.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) H.C.PHARMACY CENTRAL INC. 25-1364192 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY CO-O	PA	VARIOUS	C	2,687,019.	190,959.	78.5714	X	
(2) CHILDREN'S COMMUNITY CARE 25-1781887 600 GRANT STREET PITTSBURGH, PA 15219	PEDIATRIC SVC	PA	CHILDREN'S HOSP	C	121,476,173.	18,041,981.	100.0000	X	
(3) UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18	CANCER TREATM	EI	UPMC INT'L HOLD	C	1,121,807.	3,774,673.	100.0000	X	
(4) UPMC PHYSICIAN SERVICES HOLDING COMPANY 25-1877017 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C					
(5) HEMATOLOGY ONCOLOGY ASSOCIATION INC. 42-1648357 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					
(6) ONCOLOGY HEMATOLOGY ASSOCATION INC. 25-1762980 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					
(7) TRI-STATE NEUROSURGICAL ASSOCIATES 25-1458655 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HAMOT-KCH REAL ESTATE VENTURE 300 STATE STREET ERIE, PA 1650	MEDICAL OFFIC	PA	UPMC HAMOT	RELATED	3,232.	201,851.		X	0.			100.0000
(2) HAMOT SURGERY CENTER LLC 25-18 200 STATE STREET ERIE, PA 1650	AMBULATORY SU	PA	UPMC HAMOT	RELATED	1,119,054.	3,377,499.		X	0.			53.7594
(3) EPN-HAMOT URGENT CARE LLC 27-2 600 GRANT STREET PITTSBURGH, P	URGENT CARE	PA	VARIOUS	RELATED	157,505.	3,707,578.		X	0.			100.0000
(4) MOUNTAIN VIEW MEDICAL ONCOLOGY 600 GRANT STREET, 58TH FLOOR P	HEALTHCARE	PA	UPMC MCKEESPORT	RELATED	0.	0.		X	0.			51.0000
(5) LAWRENCE COUNTY MRI & DIAGNOST 2526 WILMINGTON AVE NEW CASTLE	IMAGING CENTE	PA	N/A	RELATED	46,625.	554,167.		X	0.			50.5000
(6) COMMUNITY BASKET LLC 20-119573 1205 GRAMPIAN BOULEVARD WILLIA	REAL ESTATE RENTA	PA	N/A	RELATED				X				100.0000
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) RENAISSANCE FAMILY PRACTICE - UPMC INC. 26-2942406 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					
(2) UPMC HOLDING COMPANY INC. 25-1777713 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CORP	PA	N/A	C					
(3) UPMC COVERAGE PRODUCTS INC. 25-1777710 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CORP	PA	N/A	C					
(4) FREEDOM INSURANCE COMPANY 03-0308944 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	VT	N/A	C					
(5) TRI-CENTURY INSURANCE CO 25-1500739 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(6) UPMC DNA INC. 25-1883237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(7) UPMC HEALTH BENEFITS INC. 25-1844144 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) UPMC HEALTH NETWORK INC. 72-1527566 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C					
(2) UPMC HEALTH PLAN INC. 23-2813536 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C					
(3) UPMC BENEFIT MANAGEMENT SERVICES INC. 25-1769564 600 GRANT STREET PITTSBURGH, PA 15219	WORKERS' COMP	PA	N/A	C					
(4) UPMC DIVERSIFIED SERVICES INC. 25-1778454 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CORP	PA	N/A	C					
(5) MONROEVILLE SPECIALTY CLINIC 25-1666087 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					
(6) MEDICAL ARCHIVAL SYSTEMS INC. 23-2912501 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C					
(7) PRESBY HEALTH RESOURCE MGMT 25-1422155 600 GRANT STREET PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	C					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) RX PARTNERS INC. 25-1801966 600 GRANT STREET PITTSBURGH, PA 15219	RETAIL PHARM	PA	N/A	C					
(2) BIOTRONICS INC. 25-1843500 600 GRANT STREET PITTSBURGH, PA 15219	EQUIP MAINTEN	PA	N/A	C					
(3) MEDICAL CENTER PROPERTIES INC. 25-1796940 600 GRANT STREET PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	C					
(4) ASKESIS DEVELOPMENT GROUP INC. 54-1625585 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C					
(5) PANTHER REINSURANCE COMPANY LTD 98-1402742 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					
(6) FORBES REINSURANCE COMPANY LTD 98-1400710 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					
(7) CATHEDRAL (RE) INSURANCE CO 98-1400837 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) UPMC INTERNATIONAL HEALTH INITIATIVES 84-1706741 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	UPMC INT'L HOLD	C	0.	0.		X	
(2) UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18	HEALTHCARE SU	EI	UPMC INT'L HOLD	C		4,664,060.	100.0000	X	
(3) UPMC UNITED KINGDOM LTD 98-0571026 C/O NAIR&CO 11TH FLOOR WHITEFRIARS LEWINS MEAD, ERISTOL U	SOFTWARE LICE	UK	UPMC INT'L HOLD	C	440,817.	1,578,484.	100.0000	X	
(4) BAYFRONT REGIONAL DEVELOPMENT CORP 25-1401388 300 STATE STREET ERIE, PA 16507	RE HOLDING CO	PA	UPMC HAMOT	C	2,330,394.	12,771,089.	100.0000	X	
(5) BAYSIDE DEVELOPMENT CORP 25-1401386 300 STATE STREET ERIE, PA 16507	REAL ESTATE/P	PA	BAYFRONT REG DE	C	2,234,305.	7,888,356.	100.0000	X	
(6) UPMC WORK ALLIANCE INC. 45-2825053 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(7) UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE	CA	UPMC INT'L HOLD	C	794,627.	3,062,632.	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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ALLIED ORTHOPEDICS APPLIANCES INC. 16-1092951 335 E 3RD ST JAMESTOWN, NY 14701	MED APPLIANCE	NY	LIFE CARE HOME	C	0.	0.	100.0000	X	
(2) UPMC HEALTH COVERAGE INC. 46-2824537 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(3) UPMC HEALTH OPTIONS INC. 46-2824626 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C					
(4) UPMC COMPLETE CARE INC. 46-3605753 5215 CENTRE AVENUE PITTSBURGH, PA 15232	HEALTHCARE	PA	N/A	C					
(5) AMERICAN HOME HEALTH SERVICES 31-1521422 868 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH C	OH	QUALITY FIRST	C	0.	0.	100.0000	X	
(6) HEALTH FIDELITY INC. 45-2538963 210 S. B ST SAN MATEO, CA 94401	TECHNOLOGY SV	CA	N/A	C					
(7) FLUENCE HEALTH INC. 47-2684174 6425 PENN AVE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CURAVI HEALTH INC. 81-1217377 6425 PENN AVE PITTSBURGH, PA 15206	HEALTHCARE	DE	N/A	C					
(2) PENSIAMO INC. 81-2069236 600 GRANT STREET, 59TH FL PITTSBURGH, PA 15219	SUPPLY CHAIN	DE	N/A	C					
(3) ALTOONA FAMILY INC. 25-1444935 620 HOWARD AVE ALTOONA, PA 16601	MGMT SVCS	PA	UPMC ALTOONA	C	-2,250.	31,502.	100.0000	X	
(4) LEXINGTON HOLDINGS INC. 25-1794386 620 HOWARD AVE ALTOONA, PA 16601	MEDICAL SVCS	PA	CTRL PA MED FND	C	600,000.	135,973,125.	100.0000	X	
(5) LEXINGTON ONE INC. 25-1468889 620 HOWARD AVE ALTOONA, PA 16601	RENTAL	PA	LEXINGTON HOLD	C	1,687,131.	5,694,345.	100.0000	X	
(6) LEXINGTON TWO INC. 25-1555689 HOWARD AVE & 7TH ST ALTOONA, PA 16601	RENTAL EQPT	PA	LEXINGTON HOLD	C	0.	412,392.	100.0000	X	
(7) LEXINGTON FOUR INC. 25-1793736 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO.	DE	LEXINGTON HOLD	C	1,400,000.	129,996,837.	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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ALLEGHENY HEALTHCARE STAFFING INC. 27-1657362 620 HOWARD AVE ALTOONA, PA 16601	EMPLOYMENT SV	PA	LEXINGTON HOLD	C	0.	0.	100.0000	X	
(2) UPMC ALTOONA REGIONAL HEALTH SERVICES 25-1219302 1414 9TH AVE ALTOONA, PA 16602	MEDICAL SVC	PA	LEXINGTON FOUR	C	80,908,923.	13,698,854.	100.0000	X	
(3) LEXINGTON ANESTHESIA ASSOCIATES INC. 25-1897765 620 HOWARD AVE ALTOONA, PA 16601	MEDICAL SVCS	PA	LEXINGTON FOUR	C	5,906,883.	15,395,527.	100.0000	X	
(4) NORTHERN CAMBRIA MEDICAL CENTER INC. 25-1530860 620 HOWARD AVE ALTOONA, PA 16601	MEDICAL SVC	PA	LEXINGTON FOUR	C	0.	0.	100.0000	X	
(5) PATTON FAMILY MEDICAL CENTER INC. 25-1793735 620 HOWARD AVE, 5TH FL ALTOONA, PA 16601	MEDICAL SVC	PA	LEXINGTON FOUR	C	0.	0.	100.0000	X	
(6) MEDCPU 38-3805381 100 WALL STREET, SUITE 2202 NEW YORK, NY 10005	SOFTWARE DEVE	DE	N/A	C					
(7) UPMC EXCESS PL TR 82-6254351 600 GRANT STREET PITTSBURGH, PA 15219	TRUST	PA	N/A	TRUST					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) RXANTE INC. 45-4040219 511 CONGRESS STREET #803 PORTLAND, ME 04101	MEDICATION MGT	DE	N/A	C				X	
(2) VINCENT PAYMENT SOLUTIONS INC. 82-1101143 BAKERY SQUARE; 6425 PENN AVENUE; STE 200 PITTSBURGH, PA 1	PAYMENT SYSTEM	DE	N/A	C					X
(3) J. HEALTH VENTURES INC. 25-1607893 1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C				X	
(4) J.E.R. MEDICAL ASSOCIATES INC. 25-1609398 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C				X	
(5) SUSQUEHANNA HEALTH SYSTEM INSURANCE NET P.O. BOX 1159 , CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C				X	
(6) SUSQUEHANNA VENTURES INC. 23-2470623 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHARMACY	PA	N/A	C				X	
(7) TYOGA CARENET 25-1810967 114 EAST AVENUE WELLSBORO, PA 16901	INTEGRATE HEALTHC	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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	W.C.A. SERVICE CORPORATION INC. 16-1151438 207 FOOTE AVENUE JAMESTOWN, NY 14701	SUPPORT	NY	N/A	C				X	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CORE NETWORK LLC	P	36,177,099.	COST
(2)	UPMC	K	26,623,795.	COST
(3)	UPMC	P	71,705,141.	COST
(4)	CHILDREN'S COMMUNITY CARE	P	1,054,421.	COST
(5)	CHILDREN'S COMMUNITY CARE	P	698,705.	COST
(6)	UPMC ALTOONA	Q	52,395,608.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ASKESIS DEVELOPMENT GROUP INC.	Q	94,775.	COST
(2)	STRATEGIC BUSINESS INITIATIVES LLC	Q	1,217,809.	COST
(3)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	4,859,200.	COST
(4)	UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	87,592,784.	COST
(5)	UPMC COMMUNITY PROVIDER SERVICES	Q	18,962,378.	COST
(6)	UPMC COMMUNITY MEDICINE INC.	Q	22,511,781.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC HORIZON	Q	16,961,793.	COST
(2)	UPMC BEDFORD	Q	6,384,481.	COST
(3)	UPMC NORTHWEST	Q	11,404,669.	COST
(4)	MAGEE WOMENS HOSPITAL OF PITTSBURGH OF UPMC	Q	84,701,999.	COST
(5)	UPMC PASSAVANT	Q	38,237,622.	COST
(6)	UPMC ST. MARGARET	Q	23,779,723.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	Q	71,985,310.	COST
(2)	UPMC MCKEESPORT	Q	14,256,359.	COST
(3)	UPMC MERCY	Q	39,850,484.	COST
(4)	UPMC FOR YOU	Q	18,637,619.	COST
(5)	COMMUNITY CARE BEHAVIORAL HEALTH ORG	Q	10,163,831.	COST
(6)	UPMC HEALTH COVERAGE INC.	Q	193,368.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC HAMOT	Q	56,634,572.	COST
(2)	UPMC HEALTH BENEFITS INC.	Q	711,376.	COST
(3)	UPMC BENEFIT MANAGEMENT SERVICES INC.	Q	5,181,489.	COST
(4)	UPMC HEALTH PLAN INC.	Q	9,534,351.	COST
(5)	UPMC HEALTH NETWORK INC.	Q	518,580.	COST
(6)	CATHEDRAL REINSURANCE COMPANY LTD.	Q	906,759.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	FORBES REINSURANCE COMPANY LTD.	Q	730,726.	COST
(2)	PANTHER REINSURANCE COMPANY LTD.	Q	131,404.	COST
(3)	TRI-CENTURY INSURANCE COMPANY	Q	246,124.	COST
(4)	MONROEVILLE SPECIALTY CLINIC INC.	Q	349,020.	COST
(5)	TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC INC.	Q	510,039.	COST
(6)	UPMC HOLDING COMPANY INC.	Q	9,195,000.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	RENAISSANCE FAMILY PRACTICE-UPMC INC.	Q	1,295,471.	COST
(2)	UPMC EAST	Q	15,967,206.	COST
(3)	ERIE PHYSICIANS NETWORK-UPMC INC.	Q	458,052.	COST
(4)	UPMC OVERSEAS	Q	2,248,748.	COST
(5)	CHILDREN'S COMMUNITY CARE	Q	555,107.	COST
(6)	UPMC HEALTH OPTIONS INC.	Q	11,935,145.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	DONOHUE & ALLEN CARDIOLOGY-UPMC INC.	Q	111,055.	COST
(2)	CENTER FOR EMERGENCY MEDICINE OF WESTERN PA	Q	538,466.	COST
(3)	UPMC COMPLETE CARE INC.	Q	121,935.	COST
(4)	HEMATOLOGY ONCOLOGY ASSOCIATES	Q	1,054,569.	COST
(5)	BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JV	Q	541,837.	COST
(6)	ONCOLOGY HEMATOLOGY ASSOCIATION	Q	3,182,118.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PRESBYTERIAN SHADYSIDE	P	646,850,742.	COST
(2)	UPMC	C	239,540,742.	COST
(3)	UPMC	R	624,659,048.	COST
(4)	UPMC HORIZON	Q	501,559.	COST
(5)	UPMC HORIZON COMMUNITY HEALTH FOUNDATION	P	501,559.	COST
(6)	UPMC PRESBYTERIAN SHADYSIDE	K	15,366,089.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	K	9,472,156.	COST
(2)	MAGEE WOMENS HOSPITAL OF UPMC	K	2,052,870.	COST
(3)	UPMC ST. MARGARET	K	1,613,786.	COST
(4)	UPMC PASSAVANT	K	5,421,289.	COST
(5)	UPMC HORIZON	K	813,225.	COST
(6)	UPMC MCKEESPORT	K	719,225.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC BEDFORD	K	214,871.	COST
(2)	UPMC MERCY	K	3,590,003.	COST
(3)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	K	83,244.	COST
(4)	UNIVERSITY OF PITTSBURGH PHYSICIANS	K	579,577.	COST
(5)	UPMC COMMUNITY MEDICINE INC.	K	909,526.	COST
(6)	ERIE PHYSICIAN NETWORK-UPMC INC.	K	97,388.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC HAMOT	K	1,519,385.	COST
(2)	REGIONAL HEALTH SERVICES INC.	K	669,890.	COST
(3)	UPMC NORTHWEST	K	118,268.	COST
(4)	COMMUNITY CARE BEHAVIORAL HEALTH ORG	K	229,366.	COST
(5)	HOME NURSING AGENCY AFFILIATES	K	1,693,642.	COST
(6)	UPMC ALTOONA	K	521,373.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC BEDFORD	J	83,244.	COST
(2)	CENTER FOR EMERGENCY MEDICINE OF WESTERN PA	J	146,556.	COST
(3)	CHILDREN'S COMMUNITY CARE	J	337,017.	COST
(4)	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	J	240,497.	COST
(5)	CORE NETWORK LLC	J	2,081,322.	COST
(6)	PENSIAMO INC.	J	127,702.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PASSAVANT	J	177,762.	COST
(2)	UPMC HAMOT	J	118,706.	COST
(3)	THE HERITAGE SHADYSIDE	J	202,744.	COST
(4)	UPMC COMMUNITY PROVIDER SERVICES	J	429,372.	COST
(5)	COMMUNITY CARE BEHAVIORAL HEALTH ORG	J	91,332.	COST
(6)	ERIE PHYSICIAN NETWORK - UPMC INC.	J	58,709.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MAGEE WOMENS HOSPITAL OF UPMC	J	4,510,169.	COST
(2)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	J	382,365.	COST
(3)	UPMC PRESBYTERIAN SHADYSIDE	J	1,640,521.	COST
(4)	REGIONAL HEALTH SERVICES INC.	J	1,348,678.	COST
(5)	SENECA PLACE	J	168,700.	COST
(6)	SHADYSIDE MEDICAL CENTER ASSOCIATES	J	124,800.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNIVERSITY OF PITTSBURGH PHYSICIANS	J	22,359,073.	COST
(2)	UPMC COMMUNITY MEDICINE INC.	J	4,477,843.	COST
(3)	TRI-STATE NEUROSURGICAL ASSOCIATES-UPMC INC.	J	359,616.	COST
(4)	RENAISSANCE FAMILY PRACTICE-UPMC INC.	J	213,931.	COST
(5)	CRANBERRY PLACE	J	2,182,848.	COST
(6)	UPMC ALTOONA REGIONAL HEALTH SERVICES INC.	J	373,033.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ASKESIS DEVELOPMENT GROUP, INC.	J	220,066.	COST
(2)	HOME NURSING AGENCY COMMUNITY SERVICES	J	649,560.	COST
(3)	UPMC COMPLETE CARE INC.	J	103,845.	COST
(4)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	J	954,740.	COST
(5)	UPMC HEALTH PLAN INC.	J	493,354.	COST
(6)	UPMC MERCY	J	142,252.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JV	J	302,274.	COST
(2)	CHARTWELL PA LP	J	200,114.	COST
(3)	UPMC	Q	2,366,575.	COST
(4)	UPMC	R	5,971,584.	COST
(5)	OVATION REVENUE CYCLE SERVICES LLC	P	4,340,578.	COST
(6)	CHILDRENS COMMUNITY CARE	F	3,400,000.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BAYFRONT REGIONAL DEVELOPMENT CORPORATION	B	2,200,000.	COST
(2)	LEXINGTON HOLDINGS INC.	B	15,000,000.	COST
(3)	UPMC PRESBYTERIAN SHADYSIDE	Q	486,000.	COST
(4)	UPMC MERCY	Q	169,470.	COST
(5)	CENTER FOR EMERGENCY MEDICINE OF WESTERN PA	P	655,470.	COST
(6)	UPMC PRESBYTERIAN SHADYSIDE	P	3,842,965.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	REGIONAL HEALTH SERVICES INC.	Q	3,842,965.	COST
(2)	HC PHARMACY CENTRAL INC.	P	648,676,785.	COST
(3)	UNIVERSITY OF PITTSBURGH PHYSICIANS	P	494,494,748.	COST
(4)	UPMC BEDFORD	Q	1,560,969.	COST
(5)	CENTER FOR EMERGENCY MEDICINE OF WESTERN PA	Q	1,424,780.	COST
(6)	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	Q	69,166,299.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC EAST	Q	5,255,918.	COST
(2)	UPMC COMMUNITY PROVIDER SERVICES	Q	601,947.	COST
(3)	UPMC HORIZON	Q	8,879,092.	COST
(4)	MAGEE WOMENS HOSPITAL OF UPMC	Q	43,412,901.	COST
(5)	UPMC MCKEESPORT	Q	5,402,666.	COST
(6)	UPMC MERCY	Q	48,294,732.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PASSAVANT	Q	21,002,052.	COST
(2)	UPMC NORTHWEST	Q	2,356,704.	COST
(3)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	1,064,575.	COST
(4)	UPMC OVERSEAS	Q	95,000.	COST
(5)	UPMC PRESBYTERIAN SHADYSIDE	Q	254,670,663.	COST
(6)	UPMC HAMOT	Q	11,079,673.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC ST. MARGARET	Q	11,501,758.	COST
(2)	UPMC HEALTH PLAN INC.	Q	441,034.	COST
(3)	CURAVI HEALTH INC.	Q	235,188.	COST
(4)	STATEGIC BUSINESS INITIATIVES LLC	Q	337,197.	COST
(5)	ONCOLOGY HEMATOLOGY ASSOCIATION INC.	Q	2,175,786.	COST
(6)	UPMC ALTOONA	Q	354,986.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC DIVERSIFIED SERVICES INC.	Q	170,000.	COST
(2)	UPMC	Q	91,664.	COST
(3)	UPMC ALTOONA REGIONAL HEALTH SERVICES INC.	Q	4,208,432.	COST
(4)	MONROEVILLE SPECIALTY CLINIC INC.	Q	433,389.	COST
(5)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	Q	277,343.	COST
(6)	UPMC COMMUNITY MEDICINE INC.	P	125,955,008.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC BEDFORD	Q	4,554,931.	COST
(2)	UPMC EAST	Q	8,754,055.	COST
(3)	UPMC HORIZON	Q	16,532,655.	COST
(4)	MAGEE WOMENS HOSPITAL OF UPMC	Q	1,245,041.	COST
(5)	UPMC MCKEESPORT	Q	8,857,106.	COST
(6)	UPMC MERCY	Q	6,360,789.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PASSAVANT	Q	32,820,900.	COST
(2)	UPMC NORTHWEST	Q	8,166,273.	COST
(3)	UPMC PRESBYTERIAN SHADYSIDE	Q	5,910,704.	COST
(4)	UPMC ST. MARGARET	Q	32,320,722.	COST
(5)	UPMC JAMESON	Q	379,258.	COST
(6)	UPMC HAMOT	Q	52,574.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ERIE PHYSICIANS NETWORK-UPMC INC.	P	3,722,818.	COST
(2)	UPMC HAMOT	Q	3,722,818.	COST
(3)	UPMC EMERGENCY MEDICINE INC.	P	6,014,628.	COST
(4)	UPMC HORIZON	Q	2,622,390.	COST
(5)	UPMC MCKEESPORT	Q	645,847.	COST
(6)	UPMC EAST	Q	1,342,807.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC JAMESON	Q	216,397.	COST
(2)	UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	65,004.	COST
(3)	UPMC	Q	1,051,983.	COST
(4)	UPMC PRESBYTERIAN SHADYSIDE	Q	70,200.	COST
(5)	UPMC HAMOT	Q	356,040.	COST
(6)	UPMC MERCY	Q	750,649.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC BEDFORD	Q	114,728.	COST
(2)	UPMC NORTHWEST	Q	430,534.	COST
(3)	UPMC PRESBYTERIAN SHADYSIDE	Q	94,032.	COST
(4)	CHILDRENS COMMUNITY CARE	P	1,745,983.	COST
(5)	REGIONAL HEALTH SERVICES INC.	P	127,000.	COST
(6)	UPMC NORTHWEST	Q	127,000.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	REGIONAL HEALTH SERVICES INC.	P	3,378,050.	COST
(2)	UPMC HAMOT	Q	3,378,050.	COST
(3)	REGIONAL HEALTH SERVICES INC.	P	336,623.	COST
(4)	UPMC HAMOT	Q	336,623.	COST
(5)	UPMC OVERSEAS	P	4,298,907.	COST
(6)	UPMC ITALY S.R.L.	Q	4,298,907.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC	C	17,000,000.	COST
(2)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	5,121,739.	COST
(3)	CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC	Q	127,533.	COST
(4)	UPMC EAST	Q	255,067.	COST
(5)	MAGEE WOMENS HOSPITAL OF UPMC	Q	535,646.	COST
(6)	UPMC MCKEESPORT	Q	229,560.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PASSAVANT	Q	255,067.	COST
(2)	UPMC PRESBYTERIAN SHADYSIDE	Q	2,571,061.	COST
(3)	UPMC ST. MARGARET	Q	306,084.	COST
(4)	UPMC	Q	510,134.	COST
(5)	UPMC NORTHWEST	Q	255,067.	COST
(6)	UPMC MERCY	Q	76,520.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	DONOHUE & ALLEN-UPMC INC.	P	1,332,920.	COST
(2)	UPMC PRESBYTERIAN SHADYSIDE	Q	1,332,920.	COST
(3)	UPMC COMMUNITY PROVIDER SERVICES	P	1,131,657.	COST
(4)	CHARTWELL	Q	129,288.	COST
(5)	CORE NETWORK LLC	Q	115,658.	COST
(6)	UPMC VISITING NURSES ASSOCIATION	Q	258,671.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PRESBYTERIAN SHADYSIDE	Q	509,600.	COST
(2)	UPMC MERCY	Q	64,505.	COST
(3)	UPMC SENIOR LIVING CORPORATION	Q	53,935.	COST
(4)	REGIONAL HEALTH SERVICES INC.	Q	2,053,633.	COST
(5)	UNIVERSITY OF PGH PHYSICIANS	P	2,053,633.	COST
(6)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	27,518,660.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC NORTHWEST	Q	347,909.	COST
(2)	UPMC PRESBYTERIAN SHADYSIDE	Q	27,170,751.	COST
(3)	REGIONAL HEALTH SERVICES INC.	P	5,152,993.	COST
(4)	UPMC KANE	Q	1,344,141.	COST
(5)	UPMC NORTHWEST	Q	3,808,852.	COST
(6)	UPMC ST. MARGARET'S	P	162,625.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC COMMUNITY MEDICINE INC.	Q	162,625.	COST
(2)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	2,860,151.	COST
(3)	UPMC PRESBYTERIAN SHADYSIDE	P	2,860,151.	COST
(4)	UPMC ST. MARGARET	Q	293,841.	COST
(5)	UPMC PASSAVANT	Q	312,452.	COST
(6)	UPMC PRESBYTERIAN SHADYSIDE	P	293,841.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC ST. MARGARET	Q	293,841.	COST
(2)	UPMC PRESBYTERIAN SHADYSIDE	P	312,452.	COST
(3)	ONCOLOGY-HEMATOLOGY ASSOCIATION INC.	P	250,000.	COST
(4)	UPMC HORIZON	Q	250,000.	COST
(5)	UPMC COMMUNITY PROVIDER SERVICES	Q	220,000.	COST
(6)	UPMC COMMUNITY MEDICINE INC.	P	220,000.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC COMMUNITY MEDICINE INC.	P	1,972,132.	COST
(2)	UPMC COMMUNITY PROVIDER SERVICES	Q	239,799.	COST
(3)	UPMC MCKEESPORT	Q	1,087,833.	COST
(4)	UPMC PRESBYTERIAN SHADYSIDE	Q	335,500.	COST
(5)	UPMC ST. MARGARET	Q	309,000.	COST
(6)	UPMC ALTOONA	Q	2,285,084.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC	Q	19,005,636.	COST
(2)	UPMC HAMOT	Q	3,689,011.	COST
(3)	UPMC HORIZON	Q	904,507.	COST
(4)	MAGEE WOMENS HOSPITAL OF UPMC	Q	8,407,166.	COST
(5)	UPMC MCKEESPORT	Q	4,314,713.	COST
(6)	UPMC MERCY	Q	10,964,198.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PASSAVANT	Q	1,274,221.	COST
(2)	UPMC PRESBYTERIAN SHADYSIDE	Q	64,036,033.	COST
(3)	UPMC ST. MARGARET	Q	5,292,221.	COST
(4)	UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	1,241,562.	COST
(5)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	Q	63,718.	COST
(6)	UNIVERSITY HEALTH CENTER OF PITTSBURGH	P	121,478,070.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	TRI-CENTURY INSURANCE COMPANY	P	40,028,172.	COST
(2)	FREEDOM INSURANCE COMPANY	P	2,511,500.	COST
(3)	UPMC	P	29,060,057.	COST
(4)	RX PARTNERS INC.	P	2,551,097.	COST
(5)	UPMC PASSAVANT	P	8,641,651.	COST
(6)	BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JV	Q	8,641,651.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PRESBYTERIAN SHADYSIDE	P	3,797,562.	COST
(2)	STRATEGIC BUSINESS INITIATIVES LLC	Q	3,797,562.	COST
(3)	HOME NURSING AGENCY FOUNDATION	C	58,618.	COST
(4)	HOME NURSING AGENCY COMMUNITY SERVICES	B	58,618.	COST
(5)	HOME NURSING AGENCY COMMUNITY SERVICES	P	1,058,405.	COST
(6)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	Q	1,058,405.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	P	331,310.	COST
(2)	HOME NURSING AGENCY FOUNDATION	Q	331,310.	COST
(3)	UPMC ALTOONA	P	126,087.	COST
(4)	HOME NURSING AGENCY COMMUNITY SERVICES	Q	126,087.	COST
(5)	HOME NURSING AGENCY FOUNDATION	C	66,693.	COST
(6)	HOME NURSING AGENCY COMMUNITY SERVICES	B	66,693.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	B	85,000.	COST
(2)	UPMC ALTOONA	C	85,000.	COST
(3)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	Q	161,908.	COST
(4)	CHARTWELL PA	P	161,908.	COST
(5)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	Q	81,595.	COST
(6)	RX PARTNERS INC.	P	81,595.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	Q	291,485.	COST
(2)	UPMC ALTOONA	P	291,485.	COST
(3)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	Q	60,020.	COST
(4)	UPMC BEDFORD	P	60,020.	COST
(5)	HOME NURSING AGENCY AND VISITING NURSE ASSOC.	J	211,529.	COST
(6)	CANTERBURY PLACE	K	211,529.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HOME NURSING AGENCY AFFILIATES	K	68,565.	COST
(2)	UPMC ALTOONA REGIONAL HEALTH SERVICES INC.	J	68,565.	COST
(3)	UPMC MCKEESPORT	Q	229,560.	COST
(4)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	229,560.	COST
(5)	UPMC NORTHWEST	Q	127,000.	COST
(6)	REGIONL HEALTH SERVICES INC.	P	127,000.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC PRESBYTERIAN SHADYSIDE	P	348,803.	COST
(2)	CHILDREN'S COMMUNITY CARE	Q	348,803.	COST
(3)	UPMC PRESBYTERIAN SHADYSIDE	Q	352,012.	COST
(4)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	P	352,012.	COST
(5)	ASKESIS DEVELOPMENT GROUP INC.	P	921,458.	COST
(6)	PENSIAMO INC.	P	14,216,263.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UPMC FOR YOU	Q	306,618.	COST
(2)	CHILDREN'S COMMUNITY CARE	P	230,442.	COST
(3)	UNIVERSITY OF PITTSBURGH PHYSICIANS	P	76,176.	COST
(4)	UNIVERSITY OF PITTSBURGH PHYSICIANS	P	318,352.	COST
(5)	UPMC HORIZON	Q	318,352.	COST
(6)	UPMC ST. MARGARET	Q	180,000.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	RENAISSANCE FAMILY PRACTICE - UPMC INC.	P	180,000.	COST
(2)	UPMC PRESBYTERIAN SHADYSIDE	P	1,013,031.	COST
(3)	CURAVI HEALTH INC.	Q	705,595.	COST
(4)	HEALTH FIDELITY INC.	Q	213,761.	COST
(5)	PENSIAMO INC.	Q	183,252.	COST
(6)	OVATION REVENUE CYCLE LLC	Q	151,036.	COST

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	254,539.	COST
(2)	VIA ONCOLOGY LLC	Q	210,443.	COST
(3)	UPMC	C	140,000.	COST
(4)	UPMC	R	30,798,105.	COST
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

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.