Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**A** For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 20 18

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

**C** Name of organization: UPMC

Doing business as:

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

Room/suite:

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

**D** Employer identification number: 25-1423657

**E** Telephone number: (412) 647-2345

**G** Gross receipts $ 3,095,546,760.

**F** Name and address of principal officer: ROBERT A. DEMICHIEI
600 GRANT STREET 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 ▶

**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: 1982 **M** State of legal domicile: PA

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities:
SUPPORT OF SUBSIDIARY TAX-EXEMPT HEALTHCARE, EDUCATION AND RESEARCH ORGANIZATIONS

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 | 24. |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18. |
| 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 0. |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0. |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 16,244,895. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 0. | 0. |
| 9 | Program service revenue (Part VIII, line 2g) | 133,403,011. | 132,077,115. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 258,235,044. | 269,634,989. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,992,882. | 16,531,479. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 394,630,937. | 418,243,583. |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 723,322. | 380,226. |
| 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) | 0. | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 287,124,784. | 316,032,009. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 287,848,106. | 316,412,235. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 106,782,831. | 101,831,348. |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 6,470,943,698. | 8,012,374,981. |
| 21 | Total liabilities (Part X, line 26) | 4,511,708,993. | 7,614,629,883. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,959,234,705. | 397,745,098. |

## 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: 05/14/2019

▶ ROBERT A. DEMICHIEI EXECUTIVE VP & 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** (2017)

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**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:
SUPPORT OF SUBSIDIARY TAX-EXEMPT HEALTHCARE, EDUCATION AND RESEARCH ORGANIZATIONS (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 $ 316,412,235. including grants of $ 380,226. ) (Revenue $ 132,077,115. )
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 ▶ 316,412,235.

**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 | | |
| 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 . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . | 1a | 3,674 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . | 1b | 0. | | |
| 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 | 0. | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | |
| | **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: ▶ ATTACHMENT 1 | | | | |
| | 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 | | | |
| 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 . . . . . 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. | 1a 24 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b 18 | | |
| 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 ▶ CA, 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: ▶ UPMC CORPORATE TAX 600 GRANT STREET 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) NONE | 0. | | | | | | | | | |
| SEE SCHEDULE O | 0. | | | X | | | | 0. | 0. | 0. |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

**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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-total** ▶ | | | | | | | | 0. | 0. | 0. |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 0. | 0. | 0. |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

| | | 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* | 3 | | X |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | X |
| **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| SEE SCHEDULE O | | |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0.

**Part VIII Statement of Revenue**

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

| | | | | (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 | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f: $ | | | | | |
| | h | **Total.** Add lines 1a-1f ▶ | | 0. | | | |
| Program Service Revenue | | | **Business Code** | | | | |
| | 2a | INTEREST INCOME | 900003 | 8,976,132. | | 643,796. | 8,332,336. |
| | b | OTHER INCOME | 900099 | 7,469,635. | 7,469,635. | | |
| | c | EXP REIMB FROM SUBS | 900099 | 115,631,348. | 115,631,348. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a-2f ▶ | | 132,077,115. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 ▶ | | 11,295,354. | | -930,380. | 12,225,734. |
| | 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 | 2,935,642,812. | | | | |
| | b | Less: cost or other basis and sales expenses | 2,677,303,177. | | | | |
| | c | Gain or (loss) | 258,339,635. | | | | |
| | d | Net gain or (loss) ▶ | | 258,339,635. | | | 258,339,635. |
| | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b | Less: direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events ▶ | | 0. | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b | Less: direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities ▶ | | 0. | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | b | Less: cost of goods sold | b | | | | |
| | c | Net income or (loss) from sales of inventory ▶ | | 0. | | | |
| | | Miscellaneous Revenue | **Business Code** | | | | |
| | 11a | SUBPART F INCOME FROM CAPTIVE INSURANCE | 524298 | 16,531,479. | | 16,531,479. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d ▶ | | 16,531,479. | | | |
| | 12 | **Total revenue.** See instructions. ▶ | | 418,243,583. | 123,100,983. | 16,244,895. | 278,897,705. |

## 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 | 0. | | | |
| 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 | 380,226. | 380,226. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0. | | | |
| 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 | 0. | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 Other employee benefits | 0. | | | |
| 10 Payroll taxes | 0. | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 173,931. | 173,931. | | |
| b Legal | 155,459. | 155,459. | | |
| c Accounting | 0. | | | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 24,426,771. | 24,426,771. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 2,593,201. | 2,593,201. | | |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 18,260,586. | 18,260,586. | | |
| 14 Information technology | 642,246. | 642,246. | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 28,077,197. | 28,077,197. | | |
| 17 Travel | 8,914. | 8,914. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 9,750. | 9,750. | | |
| 20 Interest | 154,051,669. | 154,051,669. | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 22,553,933. | 22,553,933. | | |
| 23 Insurance | 75,510. | 75,510. | | |
| 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 AFFILIATE SUPPORT | 22,632,972. | 22,632,972. | | |
| b PURCHASED SERVICES | 25,732,224. | 25,732,224. | | |
| c PROGRAM SUPPORT | 6,480,650. | 6,480,650. | | |
| d REPAIR AND MAINTENANCE | 1,765,862. | 1,765,862. | | |
| e All other expenses | 8,391,134. | 8,391,134. | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 316,412,235. | 316,412,235. | | |
| 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. ☐

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 562,562. | 1 | 730,988. |
| | 2 | Savings and temporary cash investments | 88,702,964. | 2 | 8,602,720. |
| | 3 | Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 | Accounts receivable, net | 40,032,305. | 4 | 45,553,712. |
| | 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 | 9,267,308. | 7 | 6,532,998. |
| | 8 | Inventories for sale or use | 11,794,149. | 8 | 14,087,043. |
| | 9 | Prepaid expenses and deferred charges | 14,305,702. | 9 | 74,185,455. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 614,509,599. | | | |
| | b | Less: accumulated depreciation — 10b: 381,101,454. | 251,307,530. | 10c | 233,408,145. |
| | 11 | Investments - publicly traded securities ATCH 3 | 1,840,537,765. | 11 | 2,207,881,810. |
| | 12 | Investments - other securities. See Part IV, line 11 | 1,490,338,429. | 12 | 1,574,880,247. |
| | 13 | Investments - program-related. See Part IV, line 11 | 202,351,852. | 13 | 233,040,138. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 2,521,743,132. | 15 | 3,613,471,725. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 6,470,943,698. | 16 | 8,012,374,981. |
| Liabilities | 17 | Accounts payable and accrued expenses | 789,132,610. | 17 | 726,887,108. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue | 0. | 19 | 983,302. |
| | 20 | Tax-exempt bond liabilities | 3,056,320,601. | 20 | 4,128,759,495. |
| | 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 | 308,155,642. | 23 | 335,583,343. |
| | 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 | 358,100,140. | 25 | 2,422,416,635. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 4,511,708,993. | 26 | 7,614,629,883. |
| 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 | 1,959,234,705. | 27 | 397,745,098. |
| | 28 | Temporarily restricted net assets | 0. | 28 | 0. |
| | 29 | Permanently restricted net assets | 0. | 29 | 0. |
| | | **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 | 1,959,234,705. | 33 | 397,745,098. |
| | 34 | Total liabilities and net assets/fund balances | 6,470,943,698. | 34 | 8,012,374,981. |

**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 | 418,243,583. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 316,412,235. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 101,831,348. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,959,234,705. |
| 5 | Net unrealized gains (losses) on investments | 5 | -20,630,472. |
| 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 | -1,642,690,483. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 397,745,098. |

**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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X | |
| 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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| UPMC | 25-1423657 |

**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 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

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

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

10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . 87

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) |
|---|---|---|---|---|---|---|
| ATTACHMENT 1 | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| **Total** | | | | | 1,303,225,686. | |

**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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12

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 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2016** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 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 | | |
| 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 | | |
| 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 | | |

**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 | | |

**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 | X | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | 2 | X | |
| 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 | X | |

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

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

a [X] 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 | X | |
| 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 | X | |
| 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 2017 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-2017 | (iii) Distributable Amount for 2017 |
|---|---|---|---|---|
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 . . . . . | | | |
| c | From 2014 . . . . . | | | |
| d | From 2015 . . . . . | | | |
| e | From 2016 . . . . . | | | |
| f | **Total** of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions. | | | |
| 7 | **Excess distributions carryover to 2018**. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2013. . . . | | | |
| b | Excess from 2014. . . . | | | |
| c | Excess from 2015. . . . | | | |
| d | Excess from 2016. . . . | | | |
| e | Excess from 2017. . . . | | | |

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

SCHEDULE A, PART I

THE SUPPORT AMOUNT LISTED FOR THE UNIVERSITY OF PITTSBURGH IS THE TOTAL SUPPORT PROVIDED BY UPMC AND ALL OF ITS SUBSIDIARIES FOR RESEARCH AND ACADEMIC MATTERS FOR FISCAL YEAR 2018.

SCHEDULE A, PART IV

SOME OF THE ENTITIES LISTED AS UPMC'S SUPPORTED ORGANIZATIONS IN ATTACHMENT 1 BELOW WERE INACTIVE DURING THE TAX YEAR ENDED JUNE 30, 2018. AS SUCH, NO MONETARY OR OTHER SUPPORT WAS PROVIDED TO THESE ORGANIZATIONS, THUS RENDERING NOTICE OF SUPPORT UNNECESSARY.

SECTION A, QUESTION 1, 5A AND 6

QUESTION 1 UPMC PRESBYTERIAN SHADYSIDE AND THE UNIVERSITY OF PITTSBURGH ARE BOTH IDENTIFIED IN UPMC'S ARTICLES OF INCORPORATION AS SUPPORTED ORGANIZATIONS. THE OTHER SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND/ OR PURPOSE. AS PER THE UPMC AMENDED AND RESTATED ARTICLES OF INCORPORATION, UPMC SUPPORTS ENTITIES DESCRIBED AS IRC 509(A)(1) AND 509(A)(2) ORGANIZATIONS. THE MAJORITY OF UPMC'S SUPPORTED ORGANIZATIONS ARE 509(A)(1)HOSPITALS. UPMC ALSO SUPPORTS CANCER CENTERS IN THE TREATMENT OF PATIENTS AND RESEARCH ALONG WITH SENIOR COMMUNITIES WHO LOOK AFTER THE ELDERLY AND PHYSICIAN PRACTICE PLANS IN A VARIETY OF SPECIALTIES, AS WELL AS OTHER RELATED ORGANIZATIONS WHOSE ACTIVITIES ARE DIRECTLY IN FURTHERANCE OF UPMC'S EXEMPT MISSION. UPMC HAS SUPPORTED THESE ORGANIZATIONS WITHIN A RANGE OF 1 TO 36 YEARS WITH THE RELATIONSHIP CONTINUING INDEFINITELY. THIS HISTORIC AND CONTINUING RELATIONSHIP

**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.)

EXISTS AND AS A RESULT, THERE IS A SUBSTANTIAL IDENTITY OF INTERESTS

BETWEEN THE ORGANIZATIONS - E.G., FURTHERING THE HEALTH, EDUCATIONAL, AND

RESEARCH MISSION OF THE UPMC HEALTH SYSTEM.

QUESTION 5A

(I) UPMC PINNACLE CARLISLE EIN: 82-0880337

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) UPMC PINNACLE LANCASTER EIN: 82-0896436

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) UPMC PINNACLE LITITZ EIN: 82-0844453

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) UPMC PINNACLE MEMORIAL EIN: 82-0912090

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

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

(I) PINNACLE HEALTH REGIONAL PHYSICIANS EIN: 82-0947698

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) COMMUNITY LIFE TEAM, INC. EIN: 23-1890444

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) UPMC PINNACLE HOSPITALS EIN: 25-1778644

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) PINNACLE HEALTH MEDICAL SERVICES EIN: 25-1709054

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) CHARLES E. COLE MEMORIAL HOSPITAL EIN: 24-0802108

(II) UPMC ACQUIRED ON MARCH 1, 2018

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

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

(I) ASBURY HEALTH CENTER EIN: 25-0969472

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) ASBURY VILLAS EIN: 25-1819952

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) ASBURY PLACE EIN: 25-1729266

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) UPMC HOME CARE MANAGEMENT SERVICES EIN: 83-0857507

(II) UPMC ACQUIRED ON JULY 1, 2018

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) ASBURY FOUNDATION EIN: 25-1555688

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

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

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

(I) UPMC PINNACLE HANOVER EIN: 23-1360851

(II) UPMC ACQUIRED ON SEPTEMBER 1, 2017

(III) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION

(IV) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL

QUESTION 6 CONTRIBUTIONS TO UPMC ITALY ENHANCE THE ABILITY FOR UPMC PRESBYTERIAN SHADYSIDE TO ACQUIRE DATA IN THE AREA OF LIVER AND OTHER TRANSPLANTATIONS. RESEARCH IS ONE OF THE CORE MISSIONS OF UPMC PRESBYTERIAN SHADYSIDE.

SECTION D, QUESTION 3

THE SUPPORTED ORGANIZATION OFFICERS AND DIRECTORS THAT SERVE AS UPMC OFFICERS AND/OR DIRECTORS ATTEND REGULAR UPMC BOARD AND OTHER MEETINGS, HAVE ONGOING COMMUNICATION WITH OTHER UPMC DIRECTORS AND OFFICERS, AND ARE PROVIDED WITH AND HAVE ACCESS TO UPMC FINANCIAL AND OTHER INFORMATION. AS A RESULT OF THE ABOVE, THE SUPPORTED ORGANIZATION OFFICERS THAT SERVE AS UPMC OFFICERS AND/OR DIRECTORS ARE ABLE TO VOTE AND/OR OPINE ON UPMC ACTIVITIES AND INITIATIVES AFFECTING THE SUPPORTED ORGANIZATION.

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

SECTION E, QUESTIONS 2A AND 2B

QUESTION 2A - UPMC IS THE PARENT ORGANIZATION AND SUPPORTING ORGANIZATION OF HEALTHCARE RELATED ENTITIES WITHIN A LARGE INTEGRATED HEALTHCARE DELIVERY SYSTEM OF CONTROLLED SUBSIDIARIES. UPMC'S PRIMARY MISSION IS TO PROVIDE THE ONGOING, OVERARCHING SUPPORT AND INFRASTRUCTURE TO ALL OF ITS EXEMPT SUBSIDIARIES TO ASSIST THEM IN ACCOMPLISHING EACH OF THEIR DISCRETE EXEMPT EDUCATIONAL, HEALTHCARE AND RESEARCH MISSIONS FOR WHICH THEY WERE RECOGNIZED UNDER §501(C)(3) BY THE INTERNAL REVENUE SERVICE. IF UPMC AS THE PARENT AND SUPPORTING ORGANIZATION DID NOT SUPPLY THE SUPPORT, EACH INDIVIDUAL ENTITY WOULD SEPARATELY ENGAGE IN THESE SAME ACTIVITIES TO SUPPORT ITS SEPARATE STRUCTURE.

QUESTION 2B - IF THE UPMC SUPPORTING PARENT ORGANIZATION DID NOT PROVIDE THE SUPPORT THAT IT CURRENTLY DOES FOR ALL OF ITS SUPPORTED EXEMPT ENTITIES THESE ENTITIES WOULD HAVE TO UNDERTAKE THE OVERSIGHT AND PROVISION OF ALL SUCH MANAGEMENT AND INFRASTRUCTURE ACTIVITIES CURRENTLY PROVIDED BY THE SUPPORTING ORGANIZATION SO THAT THEY INDIVIDUALLY COULD CONTINUE TO PROVIDE THE SERVICES IN MEDICAL, EDUCATIONAL AND RESEARCH PROGRAMS THAT ARE THE CORE OF EACH OF THEIR EXEMPT MISSIONS.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | (III) TYPE OF ORGANIZATION | (IV) YES | (IV) NO | (V) AMOUNT OF SUPPORT | (VI) OTHER SUPPORT AMOUNT |
|---|---|---|---|---|---|---|
| UPMC PRESBYTERIAN SHADYSIDE | 25-0965480 | 3 | X | | 205,740,021. | 0. |
| UPMC BRADDOCK | 25-1800797 | 3 | | X | 84,934. | 0. |
| UPMC ST. MARGARET | 23-2875070 | 3 | | X | 43,302,795. | 0. |
| UPMC COMMUNITY PROVIDER SERVICES | 25-1804746 | 10 | | X | 0. | 0. |

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

ATTACHMENT 1 (CONT'D)

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | (III) TYPE OF ORGANIZATION | (IV) YES | (IV) NO | (V) AMOUNT OF SUPPORT | (VI) OTHER SUPPORT AMOUNT |
|---|---|---|---|---|---|---|
| UPMC PASSAVANT | 25-0965451 | 3 | | X | 2,584,396. | 0. |
| UPMC BEDFORD | 23-1396795 | 3 | | X | 3,915,419. | 0. |
| UPMC LEE | 25-0613830 | 3 | | X | 0. | 0. |
| UPMC MCKEESPORT | 25-0965423 | 3 | | X | 19,377,846. | 0. |
| UPMC HORIZON | 25-0523970 | 3 | | X | 41,384,841. | 0. |
| MAGEE-WOMEN'S HOSPITAL OF UPMC | 25-0965420 | 3 | | X | 0. | 0. |
| UPMC COMMUNITY MEDICINE INC. | 25-1727721 | 3 | | X | 0. | 0. |
| UNIVERSITY OF PITTSBURGH PHYSICIANS | 23-2919472 | 3 | | X | 0. | 0. |
| UNIVERSITY OF PITTSBURGH | 25-0965591 | 2 | X | | 204,999,404. | 0. |
| CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC | 25-0402510 | 3 | | X | 0. | 0. |
| UPMC NORTHWEST | 25-0489010 | 3 | | X | 6,624,678. | 0. |
| COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION | 25-1799823 | 10 | | X | 0. | 0. |
| UPMC SENIOR COMMUNITIES, INC. | 25-1574736 | 10 | | X | 0. | 0. |
| UPMC CENTER FOR HEALTH SECURITY | 04-3770052 | 3 | | X | 0. | 0. |
| UPMC FOR YOU | 90-0174238 | 10 | | X | 0. | 0. |
| UPMC IMITS CENTER | 20-8392908 | 7 | | X | 0. | 0. |
| UPMC MERCY | 25-0965429 | 3 | | X | 69,020,885. | 0. |
| UPMC EAST | 27-4814831 | 3 | | X | 0. | 0. |
| UPMC HAMOT | 25-0965387 | 3 | | X | 23,211,812. | 0. |
| UPMC CENTER FOR HIGH-VALUE HEALTHCARE | 45-2178782 | 7 | | X | 0. | 0. |
| UPMC ALTOONA | 23-1352155 | 3 | | X | 0. | 0. |
| PITTSBURGH CARE PARTNERSHIP, INC. | 25-1753852 | 10 | | X | 0. | 0. |
| REGIONAL HEALTH SERVICES, INC. | 25-1403958 | 10 | | X | 0. | 0. |

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

ATTACHMENT 1 (CONT'D)

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | (III) TYPE OF ORGANIZATION | (IV) YES | (IV) NO | (V) AMOUNT OF SUPPORT | (VI) OTHER SUPPORT AMOUNT |
|---|---|---|---|---|---|---|
| SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT | 25-1317492 | 10 | | X | 0. | 0. |
| GREAT LAKES PHYSICIAN PRACTICE, P.C. | 46-4186362 | 3 | | X | 0. | 0. |
| UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY | 25-1842308 | 10 | | X | 0. | 0. |
| UPMC EMERGENCY MEDICINE, INC. | 25-1787601 | 10 | | X | 0. | 0. |
| PASSAVANT PROFESSIONAL ASSOCIATES, INC. | 25-1755608 | 10 | | X | 0. | 0. |
| UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES | 25-1899326 | 3 | | X | 0. | 0. |
| BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC | 47-1869395 | 3 | | X | 0. | 0. |
| DONOHUE & ALLEN CARDIOLOGY - UPMC, INC. | 46-0901441 | 3 | | X | 0. | 0. |
| ERIE PHYSICIANS NETWORK - UPMC, INC. | 45-3012506 | 3 | | X | 0. | 0. |
| SUGAR CREEK STATION | 25-1472178 | 3 | | X | 0. | 0. |
| CRANBERRY PLACE | 04-3709885 | 10 | | X | 0. | 0. |
| PITTSBURGH LIFETIME CARE COMMUNITY | 25-1335247 | 10 | | X | 0. | 0. |
| THE HERITAGE SHADYSIDE | 02-0614185 | 10 | | X | 0. | 0. |
| CANTERBURY PLACE | 25-0965334 | 10 | | X | 0. | 0. |
| SENECA PLACE | 72-1562844 | 10 | | X | 0. | 0. |
| UPMC HOME HEALTHCARE | 25-1222033 | 10 | | X | 0. | 0. |
| HOME NURSING AGENCY AFFILIATES | 25-1518698 | 10 | | X | 0. | 0. |
| UPMC ADVANCED PRACTICE PROVIDERS | 47-1301784 | 10 | | X | 0. | 0. |
| HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION | 25-1188570 | 10 | | X | 0. | 0. |
| HOME NURSING AGENCY COMMUNITY SERVICES | 25-1517533 | 10 | | X | 0. | 0. |
| HOME NURSING AGENCY FOUNDATION | 25-1467014 | 10 | | X | 0. | 0. |
| CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA | 25-1443759 | 10 | | X | 0. | 0. |
| UPMC JAMESON | 25-0965406 | 3 | | X | 147,621,837. | 0. |

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

ATTACHMENT 1 (CONT'D)

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | (III) TYPE OF ORGANIZATION | (IV) YES | (IV) NO | (V) AMOUNT OF SUPPORT | (VI) OTHER SUPPORT AMOUNT |
|---|---|---|---|---|---|---|
| CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY | 25-1581304 | 7 | | X | 0. | 0. |
| UPMC/JAMESON CANCER CENTER | 20-1459415 | 3 | | X | 0. | 0. |
| JAMESON MEDICAL CARE, INC. | 26-0462696 | 10 | | X | 0. | 0. |
| JAMESON CARE CENTER, INC. | 23-2871396 | 10 | | X | 0. | 0. |
| UPMC SUSQUEHANNA | 23-2751183 | 3 | | X | 500,000,000. | 0. |
| MON YOUGH COMMUNITY SERVICES, INC. | 25-1202461 | 10 | | X | 0. | 0. |
| UPMC KANE | 25-0998168 | 3 | | X | 10,356,818. | 0. |
| MUNCY VALLEY HOSPITAL | 24-0806023 | 3 | | X | 0. | 0. |
| DIVINE PROVIDENCE HOSPITAL OF THE SISTERS OF CHRISTIAN CHARI | 24-0799343 | 3 | | X | 0. | 0. |
| SUSQUEHANNA PHYSICIAN SERVICES | 23-2449454 | 3 | | X | 0. | 0. |
| THE WILLIAMSPORT HOSPITAL | 24-0795508 | 3 | | X | 0. | 0. |
| SOLDIERS AND SAILORS MEMORIAL HOSPITAL | 23-2176963 | 3 | | X | 0. | 0. |
| THE GREEN HOME | 24-0804365 | 10 | | X | 0. | 0. |
| WILLIAMSPORT AREA AMBULANCE SERVICE COOPERATIVE | 23-2416166 | 10 | | X | 0. | 0. |
| UPMC SUSQUEHANNA LOCK HAVEN | 82-1600494 | 3 | | X | 0. | 0. |
| UPMC SUSQUEHANNA SUNBURY | 82-1592230 | 3 | | X | 0. | 0. |
| UPMC CHAUTAUQUA AT WCA | 16-0743226 | 3 | | X | 25,000,000. | 0. |
| STARFLIGHT, INC. | 16-1557878 | 7 | | X | 0. | 0. |
| SOUTH CENTRAL ALPHA HOUSING AND HEALTHCARE, INC. | 25-1701701 | 10 | | X | 0. | 0. |
| SOUTH WESTERN ALPHA HOUSING AND HEALTHCARE, INC. | 25-1701700 | 10 | | X | 0. | 0. |
| BUTLER HEALTH SYSTEM/UPMC OB/GYN JOINT VENTURE INC. | 81-5255736 | 3 | | X | 0. | 0. |
| CHARLES E. COLE MEMORIAL HOSPITAL | 24-0802108 | 3 | | X | 0. | 0. |
| UPMC PINNACLE LANCASTER | 82-0896436 | 3 | | X | 0. | 0. |

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

ATTACHMENT 1 (CONT'D)

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | (III) TYPE OF ORGANIZATION | (IV) YES | (IV) NO | (V) AMOUNT OF SUPPORT | (VI) OTHER SUPPORT AMOUNT |
|---|---|---|---|---|---|---|
| UPMC PINNACLE LITITZ | 82-0844453 | 3 | | X | 0. | 0. |
| UPMC PINNACLE MEMORIAL | 82-0912090 | 3 | | X | 0. | 0. |
| PINNACLE HEALTH REGIONAL PHYSICIANS | 82-0947698 | 3 | | X | 0. | 0. |
| COMMUNITY LIFE TEAM | 23-1890444 | 7 | | X | 0. | 0. |
| UPMC PINNACLE HOSPITALS | 25-1778644 | 3 | | X | 0. | 0. |
| PINNACLE HEALTH MEDICAL SERVICES | 25-1709054 | 3 | | X | 0. | 0. |
| UPMC PINNACLE CARLISLE | 82-0880337 | 3 | | X | 0. | 0. |
| ASBURY HEALTH CENTER | 25-0969472 | 10 | | X | 0. | 0. |
| ASBURY VILLAS | 25-1819952 | 10 | | X | 0. | 0. |
| ASBURY PLACE | 25-1729266 | 10 | | X | 0. | 0. |
| ASBURY FOUNDATION | 25-1555688 | 7 | | X | 0. | 0. |
| UPMC HOME CARE MANAGEMENT SERVICES | 83-0857507 | 10 | | X | 0. | 0. |
| UPMC PINNACLE HANOVER | 23-1360851 | 3 | | X | 0. | 0. |
| TOTAL AMOUNT OF SUPPORT | | | | | 1,303,225,686. | 0. |

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

**Name of the organization**

UPMC

**Employer identification number**

25-1423657

## 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 7/25/06, 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 on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ▶_____%
b Permanent endowment ▶_____%
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 |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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 | | 71,226,029. | | 71,226,029. |
| b Buildings | | 369,801,913. | 272,456,046. | 97,345,867. |
| c Leasehold improvements | | 41,853,264. | 32,756,957. | 9,096,307. |
| d Equipment | | 44,882,259. | 39,939,498. | 4,942,761. |
| e Other | | 86,746,134. | 35,948,953. | 50,797,181. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 233,408,145. |

**Schedule D (Form 990) 2017**

**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) CASH EQUIVALENTS | 116,818,780. | COST |
| (B) LIMITED PARTNERSHIPS | 1,322,619,810. | COST |
| (C) EVOLENT HEALTH, INC. | 135,441,657. | FMV |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | 1,574,880,247. | |

**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 SUBSIDIARIES | 357,056,799. |
| (2) INVESTMENTS IN SUBSIDIARIES | 2,409,333,479. |
| (3) INVESTMENTS IN JOINT VENTURES | 7,511,753. |
| (4) OTHER ASSETS | 1,520,872. |
| (5) DUE FROM RESTRICTED FUNDS | 26,271,877. |
| (6) BOND DEBT SERVICE FUNDS | 619,894,655. |
| (7) SECURITIES LENDING | 191,882,290. |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | 3,613,471,725. |

**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) OTHER LONG TERM LIABILITIES | 4,300,985. |
| (3) BONDS/OID/OIP/REBATE | 123,138,603. |
| (4) CAPITAL LEASES | 24,796,716. |
| (5) DUE TO SUBSIDIARIES | 1,904,382,669. |
| (6) OTHER MISC LIABILITIES | 152,270,784. |
| (7) ASSET RETIREMENT OBLIGATIONS | 13,534,456. |
| (8) HEDGE/NONHEDGE SWAP FMV ADJ | 8,110,132. |
| (9) SECURITIES LENDING | 191,882,290. |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 2,422,416,635. |

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 X AND PART XI

UPMC HAS NO UNCERTAIN TAX POSITIONS RECORDED. 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, 2018, UPMC DOES NOT HAVE ANY UNRECORDED TAX BENEFITS. AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARES.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

**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 | 0. | 0. | INVESTMENTS | | 67,869,238. |
| (2) EAST ASIA AND THE PACIFIC | 0. | 0. | INVESTMENTS | | 621,362,415. |
| (3) EUROPE | 0. | 0. | INVESTMENTS | | 351,267,013. |
| (4) MIDDLE EAST AND NORTH AFRICA | 0. | 0. | INVESTMENTS | | 23,272,797. |
| (5) NORTH AMERICA | 0. | 0. | INVESTMENTS | | 73,468,415. |
| (6) RUSSIA/INDEPENDENT STATES | 0. | 0. | INVESTMENTS | | 36,437,412. |
| (7) SOUTH AMERICA | 0. | 0. | INVESTMENTS | | 64,728,098. |
| (8) SOUTH ASIA | 0. | 0. | INVESTMENTS | | 122,513,363. |
| (9) SUB-SAHARAN AFRICA | 0. | 0. | INVESTMENTS | | 36,404,755. |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total . . . . . | | | | | 1,397,323,506. |
| b Total from continuation sheets to Part I . . . . . | | | | | |
| c **Totals** (add lines 3a and 3b) | | | | | 1,397,323,506. |

**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) | | | EUROPE/ICELAND/GREENLAND | LIVER RESEAR | 380,226. | | | NONE | COST |
| (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 . . . . . ▶ 1.

Schedule F (Form 990) 2017

**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)* . . . . . | [X] Yes | [ ] No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . | [ ] Yes | [X] 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)* . . . . . | [X] 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)* . . . . . | [X] 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)* . . . . . | [X] Yes | [ ] No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . | [X] 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 F STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES

UPMC'S INVESTMENT PORTFOLIO INCLUDES FOREIGN SECURITIES AND SIMILAR ASSETS THAT THE IRS REQUIRES TO BE REPORTED ON SCHEDULE F.

UPMC MONITORS THE USE OF GRANT MONEY PROVIDED TO ITS FOREIGN AFFILIATE FOR LIVER TRANSPLANT RESEARCH BY CONTINUAL INTERACTION BETWEEN CLINICIANS IN THE TRANSPLANT AREA SHARING INFORMATION AND DATA ON THEIR RESEARCH RESULTS.

**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.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

## 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? | | | | | | | | |

**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.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

## 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 | ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY | 25-1327925 | 01728AH25 | 05/23/2007 | 225,000,000. | SERIES 2007A | | X | | X | | X |
| B | ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY | 25-1327925 | 01728AN36 | 03/27/2008 | 511,862,616. | SERIES 2008A | | X | | X | | X |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 157,565,000. | 457,550,000. | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 225,008,043. | 511,879,113. | | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 1,938,921. | 3,336,280. | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 53,339,385. | 64,814,970. | | |
| 11 | Other spent proceeds | 169,729,736. | 456,771,170. | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2007 | 2008 | | |

| | | 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.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

## 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 | ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY | 25-1327925 | 01728AU87 | 06/03/2009 | 396,938,675. | SERIES 2009A | | X | | X | | X |
| C | ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY | 25-1327925 | 01728AY83 | 03/24/2010 | 560,000,000. | SERIES 2010B, C, D, F | | X | | X | | X |
| D | ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY | 25-1327925 | 01728AY34 | 03/24/2010 | 748,942,403. | SERIES 2010AE | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | | 71,395,000. | 18,705,000. | 419,780,000. |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | | 397,229,164. | 560,000,000. | 748,942,403. |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | | 4,540,042. | 2,466,412. | 6,699,702. |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | | 392,689,608. | | |
| 11 | Other spent proceeds | | | 554,241,634. | 755,761,524. |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | | 2011 | 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 | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | | | X | | X | X | |
| 16 | Has the final allocation of proceeds been made? | | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | X | | X | | X | |

## Part III Private Business Use

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

**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.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

## 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 | ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY | 25-1327925 | 01728A2M7 | 11/23/2011 | 107,026,893. | SERIES 2011A | | X | | X | | X |
| B | MONROEVILLE FINANCE AUTHORITY | 46-0569399 | 611530BC9 | 07/31/2012 | 389,110,690. | SERIES 2012 | | X | | X | | X |
| C | PA ECONOMIC DEVELOPMENT FINANCING AUTHORITY/MONROE | 38-3849352 | 70869PGR2 | 10/08/2013 | 201,328,423. | SERIES 2013AB | | X | | X | | X |
| D | PA ECONOMIC DEVELOPMENT FINANCING AUTHORITY | 38-3849352 | 70869PHR1 | 10/01/2014 | 390,888,214. | SERIES 2014AB | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 21,320,000. | 41,465,000. | 16,870,000. | 26,065,000. |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 107,026,893. | 389,113,883. | 201,328,423. | 390,888,561. |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 1,026,893. | 3,405,559. | 2,444,847. | 4,029,845. |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | | 204,010,889. | 126,074,288. | 150,003,716. |
| 11 | Other spent proceeds | 106,000,000. | 188,848,660. | 73,061,325. | 236,855,000. |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2011 | 2012 | 2013 | 2015 |

| | | 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 | | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | X | | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

## 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 | MONROEVILLE FINANCE AUTHORITY | 46-0569399 | | 06/25/2015 | 71,235,000. | SERIES 2015A NOTE | | X | | X | | X |
| B | PA ECONOMIC DEVELOPMENT FINANCING AUTHORITY | 38-3849352 | 70869PKX4 | 10/14/2015 | 131,646,741. | SERIES 2015B | | X | | X | | X |
| C | PENNSYLVANIA ECONOMIC DEVELOPMENT FINANCING AUTHOR | 38-3849352 | 70869PLT2 | 09/28/2016 | 273,626,626. | SERIES 2016 | | X | | X | | X |
| D | LYCOMING COUNTY AUTHORITY | 23-6760375 | 550804AH1 | 10/22/2009 | 165,134,534. | SHS SERIES 2009A | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 5,015,000. | 4,800,000. | 6,830,000. | 20,865,000. |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 71,235,000. | 131,656,546. | 273,945,038. | 166,578,968. |
| 4 | Gross proceeds in reserve funds | | | | 12,779,090. |
| 5 | Capitalized interest from proceeds | | | | 11,118,563. |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 229,118. | 1,630,226. | 2,824,522. | 3,021,426. |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 71,000,000. | 130,026,319. | 250,318,402. | 86,407,344. |
| 11 | Other spent proceeds | 5,883. | | 20,802,115. | 53,252,545. |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2015 | 2016 | 2017 | 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 | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

**SCHEDULE K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

**2017**

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Name of the organization
UPMC

**Employer identification number**
25-1423657

## 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 | LYCOMING COUNTY AUTHORITY | 23-6760375 | | 11/21/2011 | 25,000,000. | LYCOMING 2011 NOTE | | X | | X | | X |
| B | TIOGA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY | 25-1433720 | | 05/07/2010 | 10,000,000. | LAUREL 2010 NOTE | | X | | X | | X |
| C | TIOGA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY | 25-1433720 | | 12/30/2011 | 8,771,468. | LAUREL 2011 NOTE | | X | | X | | X |
| D | PENNSYLVANIA ECOMOMIC DEVELOPMENT FINANCING AUTHOR | 38-3849352 | 708700JBA | 10/11/2017 | 469,617,728. | SERIES 2017A | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 9,444,452. | 2,371,142. | 2,783,379. | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 25,000,000. | 10,000,000. | 8,771,468. | 471,555,460. |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | | 95,332. | 106,790. | 4,037,851. |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 25,000,000. | 9,904,668. | 8,664,679. | 305,017,260. |
| 11 | Other spent proceeds | | | | 65,567,981. |
| 12 | Other unspent proceeds | | | | 96,932,368. |
| 13 | Year of substantial completion | 2012 | 2010 | 2013 | |

| | | 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 | | X | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | | X |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

**SCHEDULE K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

**2017**

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Name of the organization
UPMC

**Employer identification number**
25-1423657

## 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 | ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY | 25-1327925 | 01728A3B0 | 12/14/2017 | 500,000,000. | SERIES 2017D | | X | | X | | X |
| B | POTTER COUNTY HOSPITAL AUTHORITY | 25-6691439 | | 03/01/2018 | 25,580,000. | SERIES 2018A NOTE | | X | | X | | X |
| C | DAUPHIN COUNTY GENERAL AUTHORITY | 23-2336946 | 23825ECL6 | 06/24/2009 | 187,538,449. | PINNACLE 2009A | | X | | X | | X |
| D | DAUPHIN COUNTY GENERAL AUTHORITY | 23-2336946 | 23825EDB7 | 08/07/2012 | 135,249,981. | PINNACLE 2012A | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | | 2,558,000. | 38,155,000. | |
| 2 | Amount of bonds legally defeased | | | 103,140,000. | |
| 3 | Total proceeds of issue | 501,563,862. | 25,580,000. | 188,017,062. | 135,283,415. |
| 4 | Gross proceeds in reserve funds | | | 6,183,440. | |
| 5 | Capitalized interest from proceeds | | | | 10,851,923. |
| 6 | Proceeds in refunding escrows | | | 7,458,172. | |
| 7 | Issuance costs from proceeds | 376,550. | 43,101. | 2,859,486. | 1,500,781. |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 5,369,869. | | 6,772,324. | 122,930,711. |
| 11 | Other spent proceeds | | 25,536,899. | 164,743,641. | |
| 12 | Other unspent proceeds | 495,817,443. | | | |
| 13 | Year of substantial completion | | 2018 | 2009 | 2014 |

| | | 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 | | X | | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | | X | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

**SCHEDULE K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

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Name of the organization
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## 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 | DAUPHIN COUNTY GENERAL AUTHORITY | 23-2336946 | 23825EDY7 | 06/22/2016 | 119,014,518. | PINNACLE SERIES 2016A | | X | | X | | X |
| B | DAUPHIN COUNTY GENERAL AUTHORITY | 23-2336946 | | 06/22/2016 | 92,910,000. | PINNACLE SERIES 2016B | | X | | X | | X |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 8,500,000. | 3,655,000. | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 122,102,405. | 92,910,002. | | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | 101,619,997. | | | |
| 7 | Issuance costs from proceeds | 1,103,602. | 303,149. | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | | | | |
| 11 | Other spent proceeds | 19,378,805. | 92,606,853. | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2016 | 2016 | | |

| | | 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 | | | | |

**Part III Private Business Use** *(Continued)* SET 1

| | | 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 III Private Business Use** *(Continued)* SET 2

| | | 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? | X | | X | | | | | |
| 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 ▶ | .2000 % | | .2000 % | | % | | % | |
| 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 | .2000 % | | .2000 % | | % | | % | |
| 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 | % | | 4.6000 % | | % | | % | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | X | | | | | |
| 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 | SEE PART VI 4B,C,D,E | | | | | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |

**Part III Private Business Use** *(Continued)* SET 3

| | | 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 | | 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? | | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | | | X | | 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 ▶ | | % | | .4000 % | | .3000 % | | .4000 % |
| 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 | | % | | .4000 % | | .3000 % | | .4000 % |
| 7 | Does the bond issue meet the private security or payment test? | | | | X | | 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 | | X | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | .1000 % | | .3000 % |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | X | | X | |
| 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 | | 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 | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | | | X | | X | | X |
| b | Exception to rebate? | | | | X | X | | X | |
| c | No rebate due? | | | X | | | 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 | | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | | | X | | 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)* SET 4

| | | 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 | | 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? | X | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | 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 ▶ | .3000 % | | .5000 % | | 2.3000 % | | .8000 % | |
| 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 | .3000 % | | .5000 % | | 2.3000 % | | .8000 % | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | 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 | | | X | X | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | 4.5000 % | | .1000 % | | % | | 2.3000 % | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | X | | X | | | | X | |
| 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 | | 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 | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | X | | X | X | |
| b | Exception to rebate? | X | | X | | | X | | X |
| c | No rebate due? | | X | | X | 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 | | X | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | 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)* SET 5

| | | 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 | | 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? | X | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | 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 ▶ | .3000 % | | 3.1000 % | | .4000 % | | .3000 % | |
| 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 | .3000 % | | 3.1000 % | | .4000 % | | .3000 % | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | 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 | | 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 | | 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 | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | X | | X | | X | | | X |
| b | Exception to rebate? | | X | | X | | X | | X |
| c | No rebate due? | | X | | X | | 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 | | X | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | 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)* SET 6

| | | 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 | | 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? | X | | | | | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | 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 ▶ | | .4000 % | | % | | % | | % |
| 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 | | .4000 % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | 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 | | 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 | | 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 | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | X | | X | X | |
| b | Exception to rebate? | X | | X | | X | | | X |
| c | No rebate due? | | X | | X | | 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 | | X | | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | | X | | X | | X |
| b | Name of provider | MANUFACTURES & TRADE | | | | | | | |
| c | Term of hedge | 7.000 | | | | | | | |
| d | Was the hedge superintegrated? | | X | | | | | | |
| e | Was the hedge terminated? | | X | | | | | | |

**Part III Private Business Use** *(Continued)* SET 7

| | | 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 | | 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 | | 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 ▶ | | % | | % | | % | | % |
| 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? | | X | | X | | 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 | | 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 | | 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 | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | X | | X | | | X | | X |
| b | Exception to rebate? | | X | | X | | X | | X |
| c | No rebate due? | | X | | X | 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 | | | X | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | 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)* SET 8

| | | 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 ▶ | | % | | % | | % | | % |
| 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? | | 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 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 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)? | | | | X | | 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 | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | | X | | 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 | | 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)? | | X | | X | | 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 | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | 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 | | 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)? | | X | | X | | 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 | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | 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 | | 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)? | | X | | X | | 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 | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | 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 | | 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)? | | X | | X | | 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 | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | 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 | | 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)? | | 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 VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SERIES 2007A

SUBSERIES 2007A1 HAS TWO QUALIFIED HEDGES WITH GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS. THE FIRST SUBSERIES 2007A1 QUALIFIED HEDGE HAS A NOTIONAL AMOUNT OF $53,905,000, TERMINATES IN 13.7 YEARS FROM MAY 23, 2007, IS NOT SUPERINTEGRATED, AND HASN'T BEEN TERMINATED PRIOR TO ITS SCHEDULED TERMINATION DATE. THE SECOND SUBSERIES 2007A1 QUALIFIED HEDGE HAS A NOTIONAL AMOUNT OF $46,095,000, TERMINATES IN 29.7 YEARS FROM MAY 23, 2007, IS NOT SUPERINTEGRATED, AND HASN'T BEEN TERMINATED PRIOR TO ITS SCHEDULED TERMINATION DATE. SUBSERIES 2007A2 HAD A QUALIFIED HEDGE WITH MERRILL LYNCH CAPITAL SERVICES INC. WITH A NOTIONAL AMOUNT OF $75,000,000, TERMINATES IN 3.7 YEARS FROM MAY 23, 2007, IS SUPERINTEGRATED, AND WAS TERMINATED ON MARCH 24, 2010 WHICH WAS PRIOR TO ITS SCHEDULED TERMINATION DATE.

SERIES 2008A

$16,497.08 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS. REBATE COMPUTATION PERFORMED ON JULY 1, 2013.

SERIES 2008B

$217,677.34 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND

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

SPENT ACCORDING TO THE PURPOSE OF THE BONDS. REBATE COMPUTATION PERFORMED

IN JULY 1, 2013.

SERIES 2009A

$290,489.17 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND

SPEND ACCORDING TO THE PURPOSE OF THE BONDS. REBATE COMPUTATION

PERFORMED ON JUNE 3, 2014.

SERIES 2012

PART III, LINE 8C

$3,193.27 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND

SPENT ACCORDING TO THE PURPOSE OF THE BONDS.

SERIES 2013AB

REBATE COMPUTATION PERFORMED ON SEPTEMBER 14, 2018.

SERIES 2014AB

$347.19 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT

ACCORDING TO THE PURPOSE OF THE BONDS.

SERIES 2015B

$9,804.89 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND

SPENT ACCORDING TO THE PURPOSE OF THE BONDS.

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

SERIES 2016

$318,412.62 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS.

SHS SERIES 2009A

$1,444,433.16 WAS EARNED IN THE CONSTRUCTION AND DEBT SERVICE RESERVE FUNDS AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS. REBATE COMPUTATION PERFORMED ON NOVEMBER 21 2016.

LAUREL 2011 NOTE

$1,228,531.67 OF THE BOND FUND WASN'T DRAWN LEAVING $8,771,468.33 AS THE TOTAL AMOUNT OF THE DEBT THAT WAS DRAWN.

SERIES 2017A

$1,935,868.91 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS.

SERIES 2017D

$1,563,861.80 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS.

PINNACLE 2009A

$251,984.14 WAS EARNED IN THE PROJECT FUND AND SPENT ACCORDING TO THE

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

PURPOSE OF THE BONDS. REBATE COMPUTATION PERFORMED ON JULY 30, 2014.

PINNALCE 2012A

$33,434.20 WAS EARNED IN THE PROJECT FUND AND SPENT ACCORDING TO THE

PURPOSE OF THE BONDS. REBATE COMPUTATION PERFORMED ON NOVEMBER 8, 2017.

PINNACLE SERIES 2016A

REBATE COMPUTATION PERFORMED ON OCTOBER 13, 2017.

PINNACLE SERIES 2016B

$2.20 WAS EARNED IN THE SETTLEMENT FUND AND SPENT ACCORDING TO THE

PURPOSE OF THE BONDS.

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

SERIES 2007A 5/23/2007 REFUNDED ACHDA SERIES 1997A BONDS ISSUED

4/17/1997; PARTLY REFUNDED ACHDA SERIES 1997B BONDS ISSUED 11/3/1997;

FINANCING THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPPING CERTAIN

RENOVATIONS, IMPROVEMENT AND OTHER CAPITAL EXPENDITURES OF THE

CORPORATION

SERIES 2008A 03/27/2008 REFUNDED ACHDA SERIES 2002A BONDS ISSUED

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

3/27/2002; REFUNDED ACHDA SERIES 2003A BONDS ISSUED 3/6/2003; REFUNDED PHEFA SERIES 2003C BONDS ISSUED 12/11/2003; REFUNDED ACHDA SERIES 2004B BONDS ISSUED 11/18/2004; REFUNDED ACHDA SERIES 2005A BONDS ISSUED 11/17/2005; REFUNDED ACHDA SERIES 2007A3 BONDS ISSUED 5/23/2007; FUND VARIOUS CAPITAL PROJECTS.

SERIES 2008B 06/19/2008 THE PROCEEDS FROM THE SALE OF THE 2008B BONDS WERE USED BY UPMC TO UNDERTAKE A PROJECT CONSISTING OF (I) THE REFUNDING OF ALL OF THE AUTHORITY'S (1) HEALTH CENTER REVENUE REFUNDING BONDS, SERIES 1992B ISSUED 12/21/1992 (PRESBYTERIAN UNIVERSITY HEALTH SYSTEM, INC. PROJECT); (2) HEALTH CENTER REVENUE BONDS, SERIES 1998A ISSUED 4/2/1998 (UPMC HEALTH SYSTEM); AND (3) HEALTH CENTER REVENUE BONDS, SERIES 1998 ISSUED 3/24/1998 (CANTERBURY PLACE); (II) THE REFUNDING OF ALL OF THE ALLEGHENY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY VARIABLE RATE DEMAND REVENUE REFUNDING BONDS, SERIES 2002C ISSUED 12/5/2002 (UPMC HEALTH SYSTEM); (III) FINANCING COSTS OF ACQUIRING, CONSTRUCTING AND EQUIPPING CERTAIN RENOVATIONS, IMPROVEMENTS AND OTHER CAPITAL EXPENDITURES RELATING TO THE FACILITIES OF THE CORPORATION, ITS SUBSIDIARY HOSPITALS, AND OTHER AFFILIATES DEVOTED TO THEIR TAX-EXEMPT PURPOSES, INCLUDING THE REIMBURSEMENT OF PRIOR CAPITAL EXPENDITURES, AND (IV) THE PAYMENT OF THE COSTS OF ISSUING THE 2008B BONDS.

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

SERIES 2009A 06/03/2009 THE PROCEEDS FROM THE SALE OF THE 2009A BONDS WILL BE USED BY THE CORPORATION TO UNDERTAKE ALL OR A PORTION OF A PROJECT CONSISTING OF (I) FINANCING THE COSTS OF ACQUIRING, CONSTRUCTING AND EQUIPPING CERTAIN RENOVATIONS, IMPROVEMENTS AND OTHER CAPITAL EXPENDITURES RELATING TO THE FACILITIES OF THE CORPORATION, ITS SUBSIDIARY HOSPITALS, AND OTHER AFFILIATES DEVOTED TO THEIR TAX-EXEMPT PURPOSES, INCLUDING THE REIMBURSEMENT OF PRIOR CAPITAL EXPENDITURES, AND (II) THE PAYMENT OF THE COSTS OF ISSUING THE 2009A BONDS.

SERIES 2010B,C,D,F 3/24/2010 THE SERIES 2010B,C,D,F BONDS WERE ISSUED CONCURRENTLY WITH THE SERIES 2010A,E BONDS IN ORDER TO REFUND APPROXIMATELY $1.1 BILLION AGGREGATE PRINCIPAL AMOUNT OF TAX-EXEMPT BONDS PREVIOUSLY ISSUED FOR THE BENEFIT OF THE CORPORATION OR ONE OF THE SUBSIDIARY HOSPITALS. THE PROCEEDS FROM THE SALE OF THE 2010B,C,D,F WILL BE USED FOR (I) THE REFUNDING OF ALL OR A PORTION OF THE PRINCIPAL OF VARIOUS TAX-EXEMPT BONDS PREVIOUSLY ISSUED BY THE AUTHORITY FOR THE BENEFIT OF THE CORPORATION OR ONE OF THE SUBSIDIARY HOSPITALS AND (II) THE PAYMENT OF ALL OR A PORTION OF THE COSTS OF ISSUING THE 2010B,C,D,F. IN CONJUNCTION WITH THE ISSUANCE OF THE SERIES 2010B,C,D,F BONDS, THE CORPORATION TERMINATED CERTAIN OF ITS DERIVATIVES CONTRACTS. THE SERIES

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

2010B,C,D,F PROCEEDS WERE USED TO REFUND THE FOLLOWING BOND ISSUES:

PARTLY REFUNDED ACHDA SERIES 2005B BONDS ISSUED 11/17/2005; PARTLY REFUNDED ACHDA SERIES 2006A BONDS ISSUED 3/30/2006; PARTLY REFUNDED ACHDA SERIES 2007A2 BONDS ISSUED 5/23/2007; PARTLY REFUNDED ACHDA SERIES 2007C BONDS ISSUED 11/15/2007; PARTLY REFUNDED ACHDA SERIES 2007D BONDS ISSUED 11/15/2007; REFUNDED PART AND REISSUED REMAINING ACHDA SERIES 2007B BONDS ISSUED 7/18/2007; REISSUED ACHDA SERIES 2008 NOTE ISSUED 12/12/2008.

UPMC BOND SERIES 2010A,E ISSUERS: ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY/PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY ISSUER EIN: 25-1327925/23-2243852 CUSIP# 1728A Y34/ 70917R YX7

SERIES 2010A,E 3/24/2010 THE SERIES 2010A,E BONDS WERE ISSUED CONCURRENTLY WITH THE SERIES 2010B,C,D,F BONDS IN ORDER TO REFUND APPROXIMATELY $1.1 BILLION AGGREGATE PRINCIPAL AMOUNT OF TAX-EXEMPT BONDS PREVIOUSLY ISSUED FOR THE BENEFIT OF THE CORPORATION OR ONE OF THE SUBSIDIARY HOSPITALS. THE PROCEEDS FROM THE SALE OF THE 2010A,E BONDS WILL BE USED FOR (I) THE REFUNDING OF ALL OR A PORTION OF THE PRINCIPAL OF VARIOUS TAX-EXEMPT BONDS PREVIOUSLY ISSUED BY THE AUTHORITY FOR THE BENEFIT OF THE CORPORATION OR ONE OF THE SUBSIDIARY HOSPITALS AND (II)

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

THE PAYMENT OF ALL OR A PORTION OF THE COSTS OF ISSUING THE 2010A,E. IN CONJUNCTION WITH THE ISSUANCE OF THE SERIES 2010A,E BONDS, THE CORPORATION TERMINATED CERTAIN OF ITS DERIVATIVES CONTRACTS. THE SERIES 2010A,E PROCEEDS WERE USED TO REFUND THE FOLLOWING BOND ISSUES: REFUNDED ACHDA SERIES 1988B BONDS ISSUED 3/1/1988; REFUNDED ACHDA SERIES 1990 BONDS ISSUED 3/15/1990; PARTLY REFUNDED ACHDA SERIES MAGEE 1993 BONDS ISSUED 7/28/1993; PARTLY REFUNDED ACHDA SERIES 1998 B BONDS ISSUED 6/25/1998; PARTLY REFUNDED PHEFA SERIES 1999A BONDS ISSUED 3/4/1999; REFUNDED ACHDA SERIES 1999B BONDS ISSUED 4/21/1999; PARTLY REFUNDED PHEFA SERIES 2001A BONDS ISSUED 6/5/2001; PARTLY REFUNDED ACHDA SERIES 2005B BONDS ISSUED 11/17/2005; PARTLY REFUNDED ACHDA SERIES 2006A BONDS ISSUED 3/30/2006; PARTLY REFUNDED ACHDA SERIES 2007A2 BONDS ISSUED 5/23/2007; PARTLY REFUNDED ACHDA SERIES 2007C BONDS ISSUED 11/15/2007; PARTLY REFUNDED ACHDA SERIES 2007D BONDS ISSUED 11/15/2007.

SERIES 2011A 11/23/2011 THE SERIES 2011A BONDS WERE ISSUED TO REPAY A DRAW ON A LINE OF CREDIT FACILITY IN THE AMOUNT OF $106,000,000 WHICH UPMC MADE TO PAY A PORTION OF THE PRINCIPAL OF THE ACHDA SERIES 2008A BONDS WHICH MATURED ON SEPTEMBER 1, 2011 AND PAY ALL OR A PORTION OF THE COSTS OF ISSUING THE 2011A BONDS.

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

SERIES 2012 07/31/2012 CURRENT REFUNDING OF FOUR SERIES OF OUTSTANDING BONDS, CONSISTING OF (I) PHEFA SERIES 1999A ISSUED 3/4/1999, (II) ACHDA UPMC SENIOR COMMUNITIES, INC. SERIES 2003 ISSUED 7/1/2003, (III) ACIDA SERIES 2004A ISSUED 3/25/2004, AND (IV) ERIE COUNTY HOSPITAL AUTHORITY HAMOT HEALTH FOUNDATION SERIES 2008 ISSUED 7/1/2008; PAY THE COSTS OF THE CONSTRUCTION, ACQUISITION AND INSTALLATION OF VARIOUS CAPITAL IMPROVEMENTS TO BE LOCATED AT THE HEALTHCARE AND RELATED FACILITIES OR PORTIONS THEREOF OWNED AND OR OPERATED BY UPMC IN THE CITY OF PITTSBURGH AND THE MUNICIPALITY OF MONROEVILLE; AND PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF THE 2012 BONDS.

SERIES 2013AB - THE ISSUERS FOR THE SERIES 2013AB BONDS ARE PENNSYLVANIA ECONOMIC DEVELOPMENT FINANCING AUTHORITY EIN 38-3849352 CUSIP #70869PGR2 AND MONROEVILLE FINANCE AUTHORITY EIN 46-0569399 CUSIP #611530BX3 - PARTLY CURRENT REFUNDED BLAIR COUNTY HOSPITAL AUTHORITY SERIES 1998A BONDS ISSUED 8/12/1998; ADVANCE REFUNDED THE BLAIR COUNTY HOSPITAL AUTHORITY SERIES 2009 BONDS ISSUED 12/3/2009; FINANCING THE COSTS OF THE CONSTRUCTION, ACQUISITION AND INSTALLATION OF VARIOUS CAPITAL IMPROVEMENTS RELATING TO THE FACILITIES OF THE CORPORATION, ITS SUBSIDIARY HOSPITALS, AND OTHER AFFILIATES DEVOTED TO THEIR TAX-EXEMPT PURPOSES.

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

SERIES 2014AB - THE ISSUERS FOR THE SERIES 2014AB BONDS ARE PENNSYLVANIA ECONOMIC DEVELOPMENT FINANCING AUTHORITY EIN 38-3849352 CUSIP #70869PHR1 AND MONROEVILLE FINANCE AUTHORITY EIN 46-0569399 CUSIP #611530CU8 - PARTLY CURRENT REFUNDED ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY SERIES 2008A BONDS ISSUED 3/27/2008; PARTLY CURRENT REFUNDED THE ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY SERIES 2008B BONDS ISSUED 6/19/2008; PARTLY CURRENT REFUNDED THE ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY SERIES 2009A BONDS ISSUED 6/3/2009; FINANCING THE COSTS OF THE CONSTRUCTION, ACQUISITION AND INSTALLATION OF VARIOUS CAPITAL IMPROVEMENTS RELATING TO BE LOCATED AT THE HEALTHCARE AND RELATED FACILITIES OR PORTIONS THEREOF OWNED AND/OR BY UPMC OR ITS SUBSIDIARY IN THE COMMONWEALTH OF PENNSYVANIA AND; PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF THE BONDS.

SERIES 2015A NOTE - REPAY A TAXABLE LOAN UNDER A LOAN AGREEMENT DATED AS OF APRIL 21, 2010 BETWEEN UPMC AND PENNSYLVANIA REGIONAL CENTER, LP IV, AS LENDER AND PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF THE SERIES 2015 A NOTE.

SERIES 2015B - PAY THE COSTS OF THE CONSTRUCTION, ACQUISITION AND

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

INSTALLATION OF VARIOUS CAPTIAL IMPROVEMENTS TO BE LOCATED AT THE HEALTHCARE AND RELATED FACILITIES OR PORTIONS THERE OF OWNED AND/OR OPERATED BY UPMC OR ITS SUBSIDIARIES IN THE COMMONWEALTH OF PENNSYLVANIA AND PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF THE SERIES 2015B BONDS.

SERIES 2016 - PAY THE COSTS OF THE CONSTRUCTION, ACQUISITION AND INSTALLATION OF VARIOUS CAPITAL IMPROVEMENTS TO BE LOCATED AT THE HEALTHCARE AND RELATED FACILITIES OR PORTIONS THEREOF OWNED AND/OR OPERATED BY UPMC OR ITS SUBSIDIARIES IN THE COMMONWEALTH OF PENNSYLVANIA; REPAY A TAXABLE LINE OF CREDIT DRAWN UPON BY UPMC AND USED TO CURRENT REFUND THE ERIE COUNTY HOSPITAL AUTHORITY SERIES 2006 BONDS ISSUED 4/11/2006; AND PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF THE SERIES 2016 BONDS.

SHS SERIES 2009A - PAY THE COSTS OF THE CONSTRUCTION, ACQUISITION AND INSTALLATION OF VARIOUS CAPITAL IMPROVEMENTS TO BE LOCATED AT THE WILLIAMSPORT HOSPITAL; THE DIVINE PROVIDENCE HOSPITAL; AND THE MUNCY VALLEY HOSPITAL; REFUNDED LYCOMING COUNTY AUTHORITY SERIES 2008 BONDS ISSUED 7/18/2008; REFUNDED LYCOMING COUNTY AUTHORITY SERIES 1995 BONDS ISSUED 12/12/1995; FUNDING THE DEBT SERVICE RESERVE FUND; AND PAY THE

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

COSTS ASSOCIATED WITH THE ISSUANCE OF THE SERIES 2009A BONDS.

LYCOMING 2011 NOTE - PAY THE COSTS OF THE PLANNING, DESIGNING, ACQUIRING, CONSTRUCTING, AND INSTALLING OF A NEW PATIENT SERVICE TOWER, REPLACEMENT OF THE EMERGENCY DEPARTMENT AND DIAGNOSTIC IMAGING CENTER, REPLACEMENT OF SURGICAL SUITES, REPLACEMENT OF THE NURSERY AND OB/GYN AREA, AND THE ADDITION OF NEW PRIVATE PATIENT ROOMS TO BE LOCATED AT THE WILLIAMSPORT HOSPITAL.

LAUREL 2010 NOTE - PAY THE COSTS OF THE ACQUISITION, CONSTRUCTION AND EQUIPPING OF CERTAIN ADDITIONS, IMPROVEMENTS AND RENOVATIONS TO THE HOSPITAL FACILITIES OWNED AND OPERATED BY SOLDIERS AND SAILORS MEMORIAL HOSPITAL; AND PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF THE SERIES 2010 NOTE.

LAUREL 2011 NOTE - PAY THE COSTS OF THE CONSTRUCTION, ACQUISITION AND INSTALLATION OF VARIOUS CAPITAL IMPROVEMENTS TO BE LOCATED AT THE HEALTHCARE AND RELATED FACILITIES OR PORTIONS THEREOF OWNED AND/OR OPERATED BY UPMC OR ITS SUBSIDIARIES IN THE COMMONWEALTH OF PENNSYLVANIA; AND PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF THE SERIES 2011 BONDS.

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

SERIES 2017A - PAY THE COSTS OF THE CONSTRUCTION, ACQUISITION AND INSTALLATION OF VARIOUS CAPITAL IMPROVEMENTS TO BE LOCATED AT THE HEALTHCARE AND RELATED FACILITIES OR PORTIONS THEREOF OWNED AND/OR OPERATED BY UPMC OR ITS SUBSIDIARIES IN THE COMMONWEALTH OF PENNSYLVANIA; CURRENT REFUND THE ERIE COUNTY HOSPITAL AUTHORITY SERIES 2007 BONDS ISSUED 7/31/2007; REPAY A TAXABLE LINE OF CREDIT DRAWN UPON BY UPMC AND USED TO CURRENT REFUND THE CHARTIERS VALLEY INDUSTRIAL COMMERCIAL DEVELOPMENT AUTHORITY SERIES 2006 BONDS ISSUED 9/11/2006; REPAY A TAXABLE LINE OF CREDIT DRAWN UPON BY UPMC AND USED TO CURRENT REFUND THE ALLEGHENY COUNTY INDUSTRIAL COMMERCIAL DEVELOPMENT AUTHORITY SERIES 2012ABCD BONDS ISSUED 12/19/2012; AND PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF THE SERIES 2017A BONDS.

SERIES 2017D - PAY THE COSTS OF THE CONSTRUCTION, ACQUISITION AND INSTALLATION OF VARIOUS CAPITAL IMPROVEMENTS TO BE LOCATED AT THE HEALTHCARE AND RELATED FACILITIES OR PORTIONS THEREOF OWNED AND/OR OPERATED BY UPMC OR ITS SUBSIDIARIES IN THE COMMONWEALTH OF PENNSYLVANIA AND PAY THE COSTS ASSOCIATED WITH THE ISSUANCE OF OF THE SERIES 2017D BONDS.

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

SERIES 2018A NOTE - PAY THE COSTS OF CURRENTLY REFUNDING OUTSTANDING POTTER COUNTY HOSPITAL AUTHORITY REVENUE REFUNDING NOTE, SERIES 2013A ISSUED 12/19/2013, POTTER COUNTY HOSPITAL AUTHORITY EQUIPMENT NOTE, SERIES 2013B ISSUED 12/19/2013, POTTER COUNTY HOSPITAL AUTHORITY REVENUE NOTE, SERIES 2014A ISSUED 6/25/2014, AND PAY THE COSTS OF ISSUANCE OF THE SERIES 2018A NOTE.

PINNACLE 2009A - CURRENT REFUNDED DAUPHIN COUNTY GENERAL AUTHORITY SERIES 2004 BONDS ISSUED 5/27/2004; CURRENT REFUNDED DAUPHIN COUNTY GENERAL AUTHORITY SERIES 2005 BONDS ISSUED 9/9/2005; CURRENT REFUNDED DAUPHIN COUNTY GENERAL AUTHORITY SERIES 2007 BONDS ISSUED 10/25/2007; PAYMENTS OF THE COSTS ASSOCIATED WITH THE TERMINATION OF AN INTEREST RATE SWAP ENTERED INTO IN CONNECTION WITH THE ISSUANCE OF THE DAUPHIN COUNTY GENERAL AUTHORITY SERIES 2007 BONDS; REIMBURSE FOR THE COSTS OF CERTAIN CAPITAL FACILITIES; FUND A DEBT SERVICE RESERVE FUND; PAY ALL OR A PORTION OF THE COSTS OF ISSUING THE BONDS.

PINNACLE 2012A - PAY THE COSTS OF CONSTRUCTION, EQUIPPING, AND DEVELOPMENT OF NEW ACUTE CARE HOSPITAL ON THE FREDERICKSEN CAMPUS LOCATED IN HAMPDEN TOWNSHIP; RENOVATIONS AND IMPROVEMENTS TO THE HARRISBURG HOSPITAL; RENOVATIONS AND IMPROVEMENTS TO THE COMMUNITY GENERAL HOSPITAL;

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

PAYMENT OF CAPITALIZED INTEREST ON THE BONDS THROUGH THE EXPECTED DATE OF COMPLETION OF THE PROJECT; AND PAYMENT OF THE COSTS OF ISSUING THE BONDS.

PINNACLE 2016A - PARTIAL ADVANCE REFUNDING OF DAUPHIN COUNTY GENERAL AUTHORITY SERIES 2009A BONDS ISSUED 6/24/2009; AND PAYMENT OF THE COSTS OF ISSUANCE.

PINNACLE 2016B - ADVANCE REFUNDING OF THE DAUPHIN COUNTY GENERAL AUTHORITY'S HEALTH SYSTEM REVENUE 2011A BONDS ISSUED 6/28/2011; AND PAYMENT OF THE COSTS OF ISSUANCE.

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

OMB No. 1545-0047

**2017**

**Open To Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

**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 | (d) Corrected? 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 | (d) Loan to or from the organization? From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) In default? No | (h) Approved by board or committee? Yes | (h) Approved by board or committee? No | (i) Written agreement? Yes | (i) Written agreement? 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).

PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

FOR PURPOSES OF SCHEDULE L, UPMC HAS OBTAINED AND REPORTED RELEVANT INFORMATION FROM INTERESTED PERSONS INCLUDING OFFICERS, KEY EMPLOYEES AND DIRECTORS OF UPMC. EACH OF THE TRANSACTIONS DESCRIBED IN SCHEDULE L PART IV WERE NEGOTIATED AT ARM'S LENGTH AND ARE BASED UPON FAIR VALUE. IN ACCORDANCE WITH APPLICABLE POLICIES AND PROCEDURES, INTERESTED PERSONS ABSTAINED FROM UPMC'S DECISION MAKING PROCESS WITH RESPECT TO EACH TRANSACTION. IN THE INTEREST OF FULL TRANSPARENCY THE DISCLOSURE AMOUNTS INCLUDE ALL UPMC SYSTEM-WIDE ACTIVITY (INCLUSIVE OF UPMC AND ALL SUBSIDIARIES) RATHER THAN ONLY UPMC PARENT ENTITY DISCRETE ACTIVITY. THEY ALSO REFLECT TRANSACTIONS FOR WHICH UPMC IS THE RECIPIENT OF FUNDS, AS WELL AS THE PAYOR OF FUNDS.

**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 | HOWARD HANNA MORTGAGE |
| B | RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION | BOARD MEMBER HOWARD W. HANNA III IS CHAIRMAN AND CEO OF INTERESTED PERSON |
| C | AMOUNT OF TRANSACTION | 1,989,149 |
| D | DESCRIPTION OF TRANSACTION | HEALTH INSURANCE |
| E | SHARING OF ORGANIZATIONS REVENUES | NO |

| | | |
|---|---|---|
| A | NAME OF INTERESTED PERSON | RELOCATION HORIZONS |
| B | RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION | BOARD MEMBER HOWARD W. HANNA III IS CHAIRMAN AND CEO OF INTERESTED PERSON |
| C | AMOUNT OF TRANSACTION | 509,691 |
| D | DESCRIPTION OF TRANSACTION | RELOCATION SERVICES |
| 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).

THE MAJORITY OF THE DISCLOSED TRANSACTION AMOUNT IS FOR REIMBURSEMENT OF UPMC EMPLOYEE RELOCATION EXPENSES FOR WHICH THE INTERESTED PERSON PAID ON BEHALF OF UPMC

| | | |
|---|---|---|
| A | NAME OF INTERESTED PERSON | PARAGON FOODS |
| B | RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION | BOARD MEMBER ELAINE BELLIN IS OWNER OF INTERESTED PERSON |
| C | AMOUNT OF TRANSACTION | 3,635,234 |
| D | DESCRIPTION OF TRANSACTION | WHOLESALE FOOD DISTRIBUTION |
| E | SHARING OF ORGANIZATIONS REVENUES | NO |

| | | |
|---|---|---|
| A | NAME OF INTERESTED PERSON | PARAGON FOODS |
| B | RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION | BOARD MEMBER ELAINE BELLIN IS OWNER OF INTERESTED PERSON |
| C | AMOUNT OF TRANSACTION | 913,673 |

**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).

D DESCRIPTION OF TRANSACTION HEALTH INSURANCE

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON MICHAEL MONTLER

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION INTEREST PERSON IS FAMILY MEMBER OF BOARD MEMBER ROBERT MONTLER

C AMOUNT OF TRANSACTION 84,564

D DESCRIPTION OF TRANSACTION COMPENSATION

E SHARING OF ORGANIZATIONS REVENUES NO

A NAME OF INTERESTED PERSON WELDERS SUPPLY COMPANY

B RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION BOARD MEMBER MARK H. RAIMY IS OWNER OF INTERESTED PERSON

C AMOUNT OF TRANSACTION 143,250

D DESCRIPTION OF TRANSACTION HEALTH INSURANCE

E SHARING OF ORGANIZATIONS REVENUES NO

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

PART I SUMMARY

UPMC IS THE PARENT ORGANIZATION OF A LARGE INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTING OF CONTROLLED SUBSIDIARIES WITHIN THE MEANING OF SECTION 6033(H). UPMC'S PRIMARY MISSION IS THE ONGOING SUPPORT OF ALL SUBSIDIARIES IN ORDER TO ASSIST THEM IN ACCOMPLISHING THEIR EXEMPT EDUCATIONAL, HEALTHCARE, AND RESEARCH MISSIONS.

LINE 8 - CONTRIBUTIONS AND GRANTS: PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5), UPMC HAS ELECTED TO REPORT INFORMATION RELATED TO ITS CONTRIBUTIONS AND GRANTS RECEIVED ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE UPMC GROUP, INCLUDING THIS PARENT ORGANIZATION, ON THE RETURN OF UPMC GROUP, EIN 20-8295721.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

AS THE LARGEST NON-GOVERNMENTAL EMPLOYER IN THE COMMONWEALTH OF PENNSYLVANIA - WITH 87,000 EMPLOYEES WITHIN ITS VARIOUS CONTROLLED HEALTH CARE ENTITIES - UPMC ENCOMPASSES 40 HOSPITALS AND 700 DOCTORS' OFFICES AND OUTPATIENT SITES, PHYSICIAN OFFICES, AND RETIREMENT AND LONG-TERM

CARE FACILITIES. BY INTEGRATING ITS HEALTH CARE SERVICES WITH A MAJOR INSURANCE DIVISION FOCUSED ON PROMOTING THE HEALTH OF ITS MEMBERS, UPMC HAS ADVANCED THE QUALITY AND EFFICIENCY OF HEALTH CARE, AND DEVELOPED INTERNATIONALLY RENOWNED PROGRAMS IN TRANSPLANTATION, CANCER, NEUROSURGERY, PSYCHIATRY, ORTHOPAEDICS, AND SPORTS MEDICINE, AMONG OTHERS. THESE HIGHLY SPECIALIZED SERVICES DRAW PATIENTS FROM ACROSS THE NATION AND AROUND THE WORLD. CLOSELY AFFILIATED WITH ITS ACADEMIC PARTNER, THE UNIVERSITY OF PITTSBURGH, UPMC'S FLAGSHIP HOSPITAL, UPMC PRESBYTERIAN SHADYSIDE, REGULARLY RANKS AS ONE OF AMERICA'S BEST HOSPITALS IN U.S. NEWS & WORLD REPORT'S PRESTIGIOUS ANNUAL LISTING.

UPMC'S LARGEST OPERATING COMPONENT IS ITS HEALTH SERVICES DIVISION, ENCOMPASSING A COMPREHENSIVE ARRAY OF CLINICAL CAPABILITIES. THIS DIVISION INCLUDES ACADEMIC, COMMUNITY, AND REGIONAL HOSPITALS; PRE- AND POST-ACUTE CARE CAPABILITIES; SPECIALTY SERVICE LINES, SUCH AS TRANSPLANTATION SERVICES, WOMEN'S HEALTH, BEHAVIORAL HEALTH, PEDIATRICS, CANCER CARE, AND REHABILITATION SERVICES; CONTRACT SERVICES, SUCH AS EMERGENCY MEDICINE, PHARMACY, AND LABORATORY; AND 4,900 EMPLOYED PHYSICIANS WITH ASSOCIATED PRACTICES. UPMC'S ORGAN TRANSPLANT CENTER IS ONE OF THE LARGEST AND BUSIEST IN THE WORLD, PERFORMING MORE THAN 20,000 TRANSPLANTS SINCE 1981. THE UPMC HILLMAN CANCER CENTER NETWORK IS ALSO ONE OF THE LARGEST IN THE UNITED STATES, WITH MORE THAN 60 CENTERS IN PENNSYLVANIA AND OHIO AND MORE THAN 2,000 PHYSICIANS, RESEARCHERS, AND STAFF.

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

IN MANAGING ITS GLOBAL HEALTH ENTERPRISE, UPMC HAS TAKEN A LEADERSHIP ROLE IN GOOD CORPORATE GOVERNANCE PRACTICES - VOLUNTARILY ACHIEVING SARBANES-OXLEY CERTIFICATION FOR THIRTEEN YEARS IN A ROW, PUBLICLY RELEASING QUARTERLY FINANCIAL RESULTS WITHIN 60 DAYS OF EACH QUARTER'S CLOSE, AND CREATING ONE OF THE MOST STRINGENT INDUSTRY RELATIONSHIP POLICIES TO ENSURE THAT PHARMACEUTICAL AND MEDICAL DEVICE COMPANIES DO NOT NEGATIVELY INFLUENCE PATIENT CARE. THESE BUSINESS PRACTICES SET THE STAGE FOR DECISION MAKING THAT IS GOOD FOR UPMC AND THE COMMUNITIES IT SERVES.

HIGH-QUALITY, PATIENT-FOCUSED CARE

BY LEVERAGING RESOURCES AND EXPERTISE ACROSS ITS GLOBAL NETWORK, UPMC HAS ACHIEVED SIGNIFICANT GAINS IN THE DELIVERY OF HIGH-QUALITY, PATIENT-FOCUSED CARE.

THE WOLFF CENTER AT UPMC COORDINATES AND CONNECTS QUALITY, SAFETY, PATIENT CARE AND IMPROVEMENT EFFORTS. IT PARTNERS WITH COLLEAGUES ACROSS

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UPMC TO IMPROVE HEALTH CARE DELIVERY FOR PATIENTS AND MEMBERS, AND SUPPORTS THE TRANSFORMATION AND IMPROVEMENT OF PATIENT CARE DELIVERY AND OUTCOMES THROUGH THE DISSEMINATION OF BEST STRATEGIES.

THE WOLFF CENTER'S EXPERTISE ALSO INCLUDES ENTERPRISE WIDE DATA QUALITY AND ANALYTICS, PATIENT EXPERIENCE MEASUREMENT, INFECTION PREVENTION, REGULATORY SUPPORT, QUALITY IMPROVEMENT TRAINING, EMERGENCY PREPAREDNESS, PATIENT EDUCATION AND COMMUNICATION, AND QUALITY OVERSIGHT.

SYSTEM-WIDE QUALITY INITIATIVES IN FISCAL YEAR 2018 INCLUDED IMPLEMENTATION OF OVER 100 INDIVIDUAL PROJECTS ACROSS THE SYSTEM TO SUPPORT LOCAL AND SYSTEM IMPROVEMENTS INCLUDING INFECTION PREVENTION EFFORTS TO REDUCE SEPSIS, CENTRAL LINE INFECTIONS AND CATHETER-ASSOCIATED URINARY TRACT INFECTIONS, AND CLOSTRIDIUM DIFFICILE INFECTIONS. OTHER KEY FOCUS AREAS INCLUDED VTE REDUCTION, SURGICAL PREPAREDNESS AND REDUCTION OF 7-DAY READMISSIONS TO THE HOSPITAL. THESE EFFORTS HELP TO KEEP PATIENTS SAFE, ENHANCE THE PATIENT EXPERIENCE, TAKE CARE OF OUR CAREGIVERS, AND PROPEL QUALITY THROUGH ROBUST DATA ANALYTICS. ADDITIONALLY, UPMC'S COMMITMENT TO ITS WORKFORCE INCLUDES INSTILLING THE DESIRE TO IMPROVE CARE ACROSS THE HEALTH SYSTEM. LAST YEAR, THE WOLFF CENTER OFFERED QUALITY TRAINING SESSIONS ACROSS 132 VARIETIES OF CLASSES TO MORE THAN 3,908 EMPLOYEES.

INVESTMENTS IN TECHNOLOGY AND FACILITIES

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UNDERPINNING UPMC'S QUALITY AND PATIENT SAFETY EFFORTS IS A ROBUST TECHNOLOGY INFRASTRUCTURE. IN 2018, UPMC WAS NAMED ONE OF THE COUNTRY'S MOST WIRED HEALTH SYSTEMS FOR THE 20TH CONSECUTIVE YEAR - ACCORDING TO THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME).

OVER THE PAST FIVE YEARS, UPMC HAS INVESTED MORE THAN $2.5 BILLION IN NEW FACILITIES, EQUIPMENT, AND INFORMATION TECHNOLOGY TO MAKE CARE MORE CONVENIENT AND ACCESSIBLE ACROSS THE REGION, AND ITS HOSPITALS ARE AMONG THE MOST ADVANCED USERS OF ELECTRONIC HEALTH RECORDS, AS MEASURED BY HIMSS ANALYTICS, A SUBSIDIARY OF THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS). UPMC CHILDREN'S HOSPITAL OF PITTSBURGH WAS THE FIRST PEDIATRIC FACILITY TO REACH STAGE 7, THE HIGHEST RATING LEVEL GIVEN BY HIMSS. UPMC IS ALSO PARTNERING WITH LEADING TECHNOLOGY COMPANIES, LIKE MICROSOFT, AND INNOVATIVE STARTUPS TO DEVELOP AND BRING TO THE PUBLIC THE NEXT GENERATION OF HEALTH CARE INFORMATION TECHNOLOGY. IN KEEPING WITH ITS GOAL OF ENSURING ACCESS TO HIGH-QUALITY HEALTH CARE, UPMC CONTINUES TO INVEST IN WORLD-CLASS FACILITIES AND CLINICAL SERVICES - IN 2018, UPMC SPENT $891 MILLION ON CAPITAL IMPROVEMENTS.

SUPPORT FOR RESEARCH AND EDUCATION

IN CONCERT WITH ITS ACADEMIC PARTNER, THE UNIVERSITY OF PITTSBURGH, UPMC IS TRANSLATING BIOMEDICAL RESEARCH INTO INNOVATIVE CLINICAL CARE, WHILE

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TRAINING THE CLINICIANS AND RESEARCHERS WHO WILL ADVANCE HEALTH CARE IN THE DECADES TO COME. UPMC'S FINANCIAL SUPPORT FOR RESEARCH AND EDUCATION - PRIMARILY AT THE UNIVERSITY OF PITTSBURGH - WAS $489 MILLION IN FISCAL YEAR 2018. UPMC'S ONGOING SUPPORT HAS AIDED THE UNIVERSITY IN ACHIEVING A RANK AMONG THE TOP 10 RECIPIENTS OF NATIONAL INSTITUTES OF HEALTH (NIH) GRANTS SINCE 1998. THIS SUCCESS KEEPS BOTH ORGANIZATIONS ON THE CUTTING EDGE OF MEDICAL RESEARCH, WHILE BRINGING MORE THAN $528 MILLION OF NIH FUNDING TO THE REGION. THE RESULTS OF THIS RESEARCH ARE WIDELY SHARED WITH OTHER SCIENTISTS AND RESEARCHERS, LEADING TO DISCOVERIES AND IMPROVEMENTS IN HEALTH CARE PRACTICES THAT BENEFIT THE GENERAL PUBLIC. UPMC ALSO UNDERWRITES THE TRAINING OF MORE THAN 1,900 MEDICAL, PHARMACY, DENTAL, AND PODIATRY RESIDENTS, AND MEDICAL CLINICAL FELLOWS. UPMC ALSO OPERATES FOUR SCHOOLS OF NURSING, OFFERS A TRAINING PROGRAM FOR RADIOLOGY TECHNICIANS, AND COORDINATES A WIDE ARRAY OF CONTINUING MEDICAL EDUCATION PROGRAMS TO ALLOW THE REGION'S MEDICAL COMMUNITY TO BUILD ITS COLLECTIVE EXPERTISE.

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

CARING FOR THE COMMUNITY

IN FISCAL YEAR 2018, UPMC SPENT $395 MILLION TO PROVIDE FINANCIAL ASSISTANCE TO PATIENTS OF LIMITED FINANCIAL MEANS. UPMC'S FINANCIAL ASSISTANCE PROGRAM HAS BEEN DESIGNED TO BE EASILY ACCESSIBLE AND USER-FRIENDLY TO PATIENTS IN NEED. UPMC OPERATES PURSUANT TO AN EXPANSIVE FINANCIAL ASSISTANCE POLICY THAT EXTENDS FREE OR DISCOUNTED HEALTH SERVICES TO UNINSURED AND UNDERINSURED INDIVIDUALS AND FAMILIES EARNING

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UP TO 400 PERCENT OF THE FEDERAL POVERTY LEVEL - AS MUCH AS $100,400 FOR A FAMILY OF FOUR IN 2018. AN EXTERNAL STUDY FOUND THIS TO CONSTITUTE A BEST PRACTICE AMONG HOSPITAL ORGANIZATIONS.

ADDITIONALLY, IN FISCAL YEAR 2018, UPMC SPENT $517 MILLION TO COVER PAYMENT SHORTFALLS FOR THOSE ENROLLED IN MEDICARE.

UPMC ANNUALLY PROVIDES OR CONTRIBUTES TO MORE THAN 3,000 COMMUNITY HEALTH IMPROVEMENT PROGRAMS AND SUBSIDIZED SERVICES. MANY OF THESE PROGRAMS TARGET THE UNMET NEEDS OF VULNERABLE POPULATIONS, ADDRESSING CHRONIC HEALTH PROBLEMS SUCH AS DIABETES, HEART DISEASE, AND CANCER, AS WELL AS SOCIAL ISSUES SUCH AS OPIOID ADDICTION, TEEN PREGNANCY, VIOLENCE AGAINST WOMEN, AND ELDERLY LIVING ALONE. THE COST OF THESE SERVICES, ALONG WITH CHARITABLE INITIATIVES AND DONATIONS THAT BENEFIT THE COMMUNITY, AMOUNTED TO $343 MILLION IN FISCAL YEAR 2018.

UPMC'S CONTRIBUTIONS TO PENNSYLVANIA GO FAR BEYOND ITS TRADITIONAL ROLE AS THE REGION'S LARGEST PROVIDER OF HEALTH CARE. A CATALYST FOR ECONOMIC IMPROVEMENT, UPMC IS HELPING TO DEVELOP A BRIGHTER FUTURE FOR THE REGION; A FUTURE BUILT ON MEDICINE, RESEARCH, AND TECHNOLOGY. AN IN-DEPTH REPORT ON UPMC'S COMPREHENSIVE COMMUNITY BENEFITS IS AVAILABLE ON ITS WEBSITE: UPMC.COM.

PART IV CHECKLIST OF REQUIRED SCHEDULES

LINE 2 - CONTRIBUTIONS AND GRANTS: PURSUANT TO TREASURY REGULATION

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SECTION 1.6033-2(D)(5), UPMC HAS ELECTED TO REPORT INFORMATION RELATED TO ITS CONTRIBUTIONS AND GRANTS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE UPMC GROUP, INCLUDING THIS PARENT ORGANIZATION, ON THE RETURN OF UPMC GROUP, EIN 20-8295721.

LINE 12 - AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX EXEMPT SUBSIDIARIES.

PART VI GOVERNANCE, MANAGEMENT, DISCLOSURE
SECTION A, LINE 1,2,7 SECTION B, LINE 11, 12C

SECTION A, LINE 1 ALTHOUGH THE UPMC BOARD OF DIRECTORS IS INDEPENDENT IN FACT, THE FORM 990 REQUIRES CERTAIN BOARD MEMBER TO BE REPORTED AS NOT INDEPENDENT FOR THE PURPOSES OF THE FORM 990. GENERALLY, THIS IS DUE TO THE BOARD MEMBERS' AFFILIATION WITH COMPANIES THAT PROVIDE SERVICES TO UPMC ON THE SAME TERMS AS THOSE OFFERED TO THE GENERAL PUBLIC OR TO COMPENSATION PAID BY THE UNIVERSITY OF PITTSBURGH, ANOTHER SECTION 501(C)(3) ORGANIZATION THAT UPMC SUPPORTS, FOR OPERATIONAL ROLES.

SECTION A, LINE 2 DID ANY OFFICER, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? FOR PURPOSES OF PART VI, LINE 2, UPMC HAS OBTAINED AND REPORTED RELEVANT INFORMATION FROM INTERESTED PERSONS INCLUDING DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF UPMC AND OFFICERS AND KEY EMPLOYEES OF ALL GROUP SUBORDINATES, AND DIRECTORS OF GROUP SUBORDINATE ENTITIES WITH DECISION-MAKING BOARD AUTHORITY THAT IS

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INDEPENDENT FROM THAT OF UPMC PARENT. MULTIPLE UPMC OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES HAVE RELATIONSHIPS BY VIRTUE OF THE FACT THAT THEY ARE ALSO OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES OF UPMC SUBSIDIARIES AND AFFILIATES. THESE RELATIONSHIPS ARE NOT SEPARATELY DISCLOSED BELOW BECAUSE THEY ARE NOT "BUSINESS RELATIONSHIPS" FOR THE PURPOSES OF FORM 990. THE FOLLOWING UPMC OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES HAVE BUSINESS RELATIONSHIPS, AS REQUIRED TO BE DISCLOSED BY FORM 990 PART VI, SECTION A, LINE 2, BY VIRTUE OF THE FACT THAT THEY ARE ALSO OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES OF OTHER UNRELATED TAXABLE ORGANIZATIONS.

BOD MEMBER/OFFICER/KEY EMPLOYEE: MCCRADY

RELATIONSHIP: BUSINESS

ASSOCIATED PERSON: HAMILTON

BOD MEMBER/OFFICER/KEY EMPLOYEE: HAMILTON

RELATIONSHIP: BUSINESS

ASSOCIATED PERSON: MCCRADY

BOD MEMBER/OFFICER/KEY EMPLOYEE: LASKOW

RELATIONSHIP: BUSINESS

ASSOCIATED PERSON: BECKWITH

BOD MEMBER/OFFICER/KEY EMPLOYEE: BECKWITH

RELATIONSHIP: BUSINESS

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ASSOCIATED PERSON: LASKOW

SECTION A, LINE 7 UPMC DOES NOT HAVE MEMBERS OR STOCKHOLDERS. THE BOARD OF TRUSTEES OF THE UNIVERSITY OF PITTSBURGH SHALL APPOINT DIRECTORS (UNIVERSITY DIRECTORS) EXERCISING ONE-THIRD OF THE TOTAL NUMBER OF VOTES REPRESENTED ON THE BOARD. THOSE DIRECTORS WHO ARE NOT UNIVERSITY DIRECTORS SHALL BE COMMUNITY DIRECTORS EXERCISING THE REMAINING VOTES REPRESENTED ON THE BOARD. CERTAIN COMMUNITY DIRECTORS SHALL BE APPOINTED IN ACCORDANCE WITH CONTRACTUAL COMMITMENTS WITH HOSPITALS OR HOSPITAL-RELATED ENTITIES OR CONSTITUENCIES APPROVED BY THE CORPORATION, AND THE BALANCE OF SUCH COMMUNITY DIRECTORS SHALL BE NOMINATED BY THE GOVERANCE AND NOMINATING COMMITTEE AND ELECTED BY THE BOARD. NO GOVERANCE DECISIONS OF UPMC ARE RESERVED TO OR SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDER OR PERSONS OTHER THAN THE BOARD OF DIRECTORS.

SECTION B, LINE 11 THE COMPLETED FORM 990 WAS REVIEWED BY THE CHIEF FINANCIAL OFFICER, MEMBERS OF THE CORPORATE TAX DEPARTMENT, MEMBERS OF THE CORPORATE LEGAL DEPARTMENT, AND OTHER MEMBERS OF UPMC MANAGEMENT PRIOR TO ITS FILING. VARIOUS SECTIONS OF THE 990 WERE ALSO REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND COMMITTEES OF THE FILING ORGANIZATION'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 BOARD, EXECUTIVE COMPENSATION COMMITTEE, ETHICS AND COMPLIANCE COMMITTEE,

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FINANCE COMMITTEE AND AUDIT COMMITTEE, WHICH REVIEWED THE ENTIRE COMPLETED FORM 990 PRIOR TO FILING. 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 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.

SECTION B, LINE 12C: UPMC, AS A SYSTEM-WIDE PRACTICE, REQUIRES KEY EMPLOYED AND NON-EMPLOYED PERSONNEL TO COMPLY WITH ITS CONFLICT OF INTEREST POLICIES WHEN THEY ENGAGE IN UPMC-RELATED BUSINESS. INDIVIDUALS COVERED BY THE POLICIES INCLUDE: UPMC BOARD 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, AND INDIVIDUALS CONDUCTING CLINICAL RESEARCH AT UPMC, WHETHER OR NOT THEY ARE EMPLOYED BY UPMC. THESE INDIVIDUALS ARE REQUIRED TO COMPLETE A QUESTIONNAIRE AT LEAST ANNUALLY, WHICH ALONG WITH OTHER DATA IS USED TO IDENTIFY POSSIBLE INDIVIDUAL AND INSTITUTIONAL CONFLICTS OF INTEREST. IF A POTENTIAL CONFLICT IS IDENTIFIED REGARDING A SPECIFIC UPMC ACTIVITY, THE CORPORATE COMPLIANCE DEPARTMENT, WITH THE ASSISTANCE OF THE LEGAL DEPARTMENT, EITHER DEVELOPS A WRITTEN PLAN DESIGNED TO PREVENT THE CONFLICT FROM INFLUENCING DECISIONS RELATED TO THAT ACTIVITY, OR REQUIRES THAT THE

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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. 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.

PART VI GOVERANCE, MANAGEMENT, DISCLOSURE

SECTION B, LINE 15A AND B: AS A SYSTEM-WIDE PRACTICE, 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

Name of the organization: UPMC

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OFFICERS AND KEY EMPLOYEES. THE UPMC TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES INCLUDES AN INCENTIVE COMPENSATION COMPONENT. THIS COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA IN THE CONTEXT OF APPROPRIATE RISK TAKING. THESE CRITERIA DIRECTLY SUPPORT UPMC'S MISSION AND INCLUDE: PATIENT QUALITY AND SATISFACTION, COMMUNITY BENEFITS, OPERATIONAL AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND STRATEGIC BUSINESS INITIATIVES AMONG OTHERS. THE TOTAL COMPENSATION PROGRAM IS INTEGRATED WITH AND REINFORCES THE UPMC BUSINESS PLANNING CYCLE AS WELL AS MANAGEMENT DEVELOPMENT AND SUCCESSION PLANNING PROCESSES. IT IS THE COMMITTEE'S JUDGMENT THAT THE STRUCTURE OF THE TOTAL COMPENSATION PROGRAM IS VITAL TO, AND STRONGLY SUPPORTIVE OF, THE HIGH LEVEL OF ONGOING SUCCESS OF UPMC AND FOSTERS THE RETENTION OF CRITICAL OFFICER AND KEY EMPLOYEE TALENT. THE TOTAL COMPENSATION DETERMINATION PROCESS UTILIZED BY THE COMMITTEE IS INTENDED TO SATISFY THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" AS SET FORTH IN THE REGULATIONS TO SECTION 4958 OF THE INTERNAL REVENUE CODE ("CODE"). THIS MEANS THAT COMPENSATION PROGRAMS AND LEVELS ARE APPROVED IN ADVANCE BY THE COMMITTEE WHICH IS COMPOSED ENTIRELY OF OUTSIDE DIRECTORS WHO DO NOT HAVE A CONFLICT OF INTEREST, AS DEFINED BY THE CODE, 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

Name of the organization: UPMC

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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, OTHER SEC REGULATIONS, ETC). THE COMMITTEE BELIEVES THAT WHILE THESE PRACTICES ARE NOT REQUIRED IN THE TAX EXEMPT SECTOR, THEY ARE IN THE BEST INTERESTS OF THE ORGANIZATION AND FURTHER SUPPORT UPMC'S NONPROFIT MISSION. IN ACCORDANCE WITH THE ABOVE, DETERMINATION OF TOTAL COMPENSATION FOR THE CEO IS MADE EXCLUSIVELY BY THE COMMITTEE. DETERMINATION OF TOTAL COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS RECOMMENDED BY THE CEO AND SUBJECT TO REVIEW AND APPROVAL BY THE COMMITTEE. THE COMMITTEE, WHICH MEETS AT LEAST FOUR TIMES A YEAR, OBTAINS PROFESSIONAL ADVICE FROM ITS OWN EXPERTS, INCLUDING ACCOUNTANTS, EXECUTIVE COMPENSATION CONSULTANTS AND LEGAL COUNSEL.

SECTION B, LINE 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

Name of the organization: UPMC

Employer identification number: 25-1423657

ARRANGEMENTS TO ENSURE THAT SUCH ENTITIES OPERATE IN ACCORDANCE WITH APPLICABLE IRS POLICIES AND WITHIN UPMC'S CHARITABLE PURPOSES.UPMC'S PUBLIC WEBSITE (WWW.UPMC.COM) MAKES ITS FINANCIAL RESULTS, CONFLICT OF INTEREST PROCESS, AND VARIOUS INFORMATION ABOUT 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, TRUSTEES, KEY EMPLOYEES SECTION A AND SECTION B SECTION A PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5), UPMC HAS ELECTED TO REPORT COMPENSATION AND SCHEDULE J OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND CERTAIN OTHER HIGHLY PAID EMPLOYEES ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE UPMC GROUP, INCLUDING THIS PARENT ORGANIZATION WHICH IS THE SPONSOR OR CENTRAL ORGANIZATION OF THE GROUP, ON THE RETURN OF UPMC GROUP, EIN 20-8295721.

SECTION B PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5), UPMC HAS ELECTED TO REPORT CERTAIN PROFESSIONAL CONTRACTORS AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE UPMC GROUP, INCLUDING THIS PARENT ORGANIZATION WHICH IS THE SPONSOR OR CENTRAL ORGANIZATION OF THE GROUP, ON THE RETURN OF UPMC GROUP, EIN 20-8295721.

PART VIII STATEMENT OF REVENUE LINE 1 - CONTRIBUTIONS AND GRANTS: PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5), UPMC HAS ELECTED TO REPORT INFORMATION RELATED TO ITS CONTRIBUTIONS AND GRANTS RECEIVED ON A CONSOLIDATED BASIS FOR ALL OF

Name of the organization: UPMC

Employer identification number: 25-1423657

THE MEMBERS OF THE UPMC GROUP, INCLUDING THIS PARENT ORGANIZATION, ON THE RETURN OF UPMC GROUP, EIN 20-8295721.

PART XI RECONCILIATION OF NET ASSETS

LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

| | |
|---|---|
| NET TRANSFERS FROM EXEMPT SUBSIDIARIES | (1,980,426,112) |
| PENSIONS AND POST RETIREMENT BENEFITS | 80,695,004 |
| INVESTMENT IN AFFILIATE | 2,927,231 |
| CHANGE IN INVESTMENT ACCOUNT METHOD | 219,054,798 |
| ENDOWMENTS | (2,927,231) |
| CAPTIVES DIVIDEND PAYMENT | 40,000,000 |
| OTHER CHANGES TO FUND BALANCE | (2,014,173) |
| TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES | (1,642,690,483) |

PART XII FINANCIAL STATMENTS AND REPORTING

QUESTION 2B AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES, ON A CALENDAR YEAR BASIS.

Name of the organization: UPMC

Employer identification number: 25-1423657

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BERMUDA

CAYMAN ISLANDS

IRELAND

ITALY

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 | 11,295,354. | | -930,380. | 12,225,734. |
| TOTALS | 11,295,354. | | -930,380. | 12,225,734. |

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | BEGINNING BOCK VALUE | ENDING BOOK VALUE |
|---|---|---|
| PUBLIC TRADED SECURITIES | 1,840,537,765. | 2,207,881,810. |
| TOTALS | 1,840,537,765. | 2,207,881,810. |

**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.
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OMB No. 1545-0047
**2017**
**Open to Public Inspection**

Name of the organization
UPMC

Employer identification number
25-1423657

**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 PRIMARY CARE ACO, LLC 83-0773768<br>600 GRANT STREET PITTSBURGH, PA 15219 | ACCT CARE ORG | PA | 0. | 0. | UPMC |
| (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 activty | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (1) UPMC SENIOR COMMUNITIES, INC. 25-1574736<br>600 GRANT STREET PITTSBURGH, PA 15219 | SR LIVING | PA | 501(C)(3) | 10 | UPMC | X | |
| (2) PITTSBURGH LIFETIME CARE COMMUNITY 25-1335247<br>600 GRANT STREET PITTSBURGH, PA 15219 | CCRC | PA | 501(C)(3) | 10 | UPMC SENIOR | X | |
| (3) CANTERBURY PLACE 25-0965334<br>600 GRANT STREET PITTSBURGH, PA 15219 | SR LIVING | PA | 501(C)(3) | 10 | UPMC SENIOR | X | |
| (4) SENECA PLACE 72-1562844<br>600 GRANT STREET PITTSBURGH, PA 15219 | SR LIVING | PA | 501(C)(3) | 10 | UPMC SENIOR | X | |
| (5) SHADYSIDE HOSPITAL SUPPORTING FOUNDATION 26-0303394<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION | PA | 501(C)(3) | 12(A) I | N/A | | X |
| (6) UPMC LEE 25-0613830<br>600 GRANT STREET PITTSBURGH, PA 15219 | INACTIVE | PA | 501(C)(3) | 3 | UPMC | X | |
| (7) UNIVERSITY OF PITTSBURGH 25-0965591<br>4200 FIFTH AVENUE PITTSBURGH, PA 15260 | UNIVERSITY | PA | 501(C)(3) | 2 | N/A | | X |

**SCHEDULE R (Form 990)**

Department of the Treasury
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# Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047
**2017**
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Name of the organization
UPMC

Employer identification number
25-1423657

**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 activty | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (1) PITTSBURGH CARE PARTNERSHIP, INC. 25-1753852<br>2400 ARDMORE BOULEVARD PITTSBURGH, PA 15221 | HEALTHCARE | PA | 501(C)(3) | 10 | UPMC | X | |
| (2) UPMC CENTER FOR HIGH VALUE HEALTHCARE 45-2178782<br>600 GRANT STREET PITTSBURGH, PA 15219 | RESEARCH | PA | 501(C)(3) | 7 | UPMC | X | |
| (3) GREAT LAKES PHYSICIAN PRACTICE, P.C. 46-4186362<br>600 GRANT STREET PITTSBURGH, PA 15219 | PHYSICIANS | NY | 501(C)(3) | 3 | REGNL HEALTH | X | |
| (4) UPMC JAMESON 25-0965406<br>1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 | HEALTHCARE | PA | 501(C)(3) | 3 | UPMC | X | |
| (5) JAMESON HEALTH CARE FOUNDATION 25-1536037<br>1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 | FOUNDATION | PA | 501(C)(3) | 12 (B) 2 | UPMC JAMESON | X | |
| (6) JAMESON HEALTH SERVICES, INC. 03-0486993<br>1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105 | HEALTHCARE | PA | 501(C)(3) | 12(B) 2 | UPMC JAMESON | X | |
| (7) CHILDREN'S ADVOCACY CENTER OF LAWRENCE 25-1581304<br>1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 | SUPPORT SYS | PA | 501(C)(3) | 7 | UPMC JAMESON | X | |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047
**2017**
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Name of the organization
UPMC

Employer identification number
25-1423657

**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 activty | (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/JAMESON CANCER CENTER 20-1459415<br>600 GRANT STREET PITTSBURGH, PA 15219 | ONCOLOGY SVC | PA | 501(C)(3) | 3 | UPMC JAMESON | X | |
| (2) JAMESON MEDICAL CARE, INC. 26-0462696<br>1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 | HEALTHCARE | PA | 501(C)(3) | 10 | UPMC JAMESON | X | |
| (3) JAMESON CARE CENTER, INC. 23-2871396<br>1221 WILMINGTON AVENUE NEW CASTLE, PA 16105 | HEALTHCARE | PA | 501(C)(3) | 10 | UPMC SENIOR | X | |
| (4) *UPMC SUSQUEHANNA 23-2751183<br>700 HIGH STREET WILLIAMSPORT, PA 17701 | HEALTHCARE | PA | 501(C)(3) | 3 | UPMC | X | |
| (5) *MUNCY VALLEY HOSPITAL 24-0806023<br>215 EAST WATER STREET MUNCY, PA 17756 | HEALTHCARE | PA | 501(C)(3) | 3 | UPMC SUSQUEH | X | |
| (6) *DIVINE PROVIDENCE HOSP SISTERS CHRISTI 24-0799343<br>1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 | HEALTHCARE | PA | 501(C)(3) | 3 | UPMC SUSQUEH | X | |
| (7) *SUSQUEHANNA PHYSICIAN SERVICES 23-2449454<br>1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 | PHYSICIAN SVC | PA | 501(C)(3) | 3 | UPMC SUSQUEH | X | |

**SCHEDULE R (Form 990)**

Department of the Treasury
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# Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047
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Name of the organization
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Employer identification number
25-1423657

**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 activty | (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 HEALTH SYSTEM INOVATION CTR 47-1600873<br>700 HIGH STREET WILLIAMSPORT, PA 17701 | FUNDRAISING | PA | 501(C)(3) | 12(A)(I) | UPMC SUSQUEH | X | |
| (2) *SUSQUEHANNA HEALTH FOUNDATION 23-2743470<br>1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 | FUNDRAISING | PA | 501(C)(3) | 12(A)(I) | UPMC SUSQUEH | X | |
| (3) *THE WILLIAMSPORT HOSPITAL 24-0795508<br>700 HIGH STREET WILLIAMSPORT, PA 17701 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC SUSQUEH | X | |
| (4) *LAUREL REALTY, INC. 23-1403678<br>32-36 CENTRAL AVENUE WELLSBORO, PA 16901 | RENTAL REAL E | PA | 501(C)(2) | N/A | UPMC SUSQUEH | X | |
| (5) *LAUREL MANAGEMENT SERVICES, INC. 25-1644910<br>32-36 CENTRAL AVENUE WELLSBORO, PA 16901 | MANAGEMENT SV | PA | 501(C)(3) | 12(B)(II) | UPMC SUSQUEH | X | |
| (6) *LAUREL HEALTH SYSTEM 24-0795488<br>32-36 CENTRAL AVENUE WELLSBORO, PA 16901 | HEALTHCARE | PA | 501(C)(3) | 12(B)(II) | UPMC SUSQUEH | X | |
| (7) *SOLDIERS AND SAILORS MEMORIAL HOSPITAL 23-2176963<br>32-36 CENTRAL AVENUE WELLSBORO, PA 16901 | HEALTHCARE | PA | 501(C)(3) | 3 | UPMC SUSQUEH | X | |

**SCHEDULE R (Form 990)**

Department of the Treasury
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# Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047

**2017**

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Name of the organization
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Employer identification number
25-1423657

**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 activty | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (1) *THE GREEN HOME 24-0804365<br>37 CENTRAL AVENUE WELLSBORO, PA 16901 | SKILLED NURSI | PA | 501(C)(3) | 10 | UPMC SUSQUEH | X | |
| (2) *TIOGA HEALTH CARE PROVIDERS 25-1765538<br>1201 GRAMPIAN BOULEVARD WILLIAMPORT, PA 17701 | HEALTHCARE | PA | 501(C)(3) | 12(B)(II) | UPMC SUSQUEH | X | |
| (3) *WILLIAMSPORT AREA AMBULANCE SERVICE 23-2416166<br>700 HIGH STREET WILLIAMSPORT, PA 17701 | AMBULANCE SVC | PA | 501(C)(3) | 10 | WILLIAM HOSP | X | |
| (4) *UPMC SUSQUEHANNA LOCK HAVEN 82-1600494<br>700 HIGH STREET WILLIAMSPORT, PA 17701 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC SUSQUEH | X | |
| (5) *UPMC SUSQUEHANNA SUNBURY 82-1592230<br>700 HIGH STREET WILLIAMSPORT, PA 17701 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC SUSQUEH | X | |
| (6) *UPMC CHAUTAUQUA AT WCA 16-0743226<br>207 FOOTE AVENUE JAMESTOWN, NY 14701 | HOSPITAL | NY | 501(C)(3) | 3 | UPMC CHAUTAU | X | |
| (7) *W.C.A. GROUP, INC. 22-2392582<br>207 FOOTE AVENUE JAMESTOWN, NY 14701 | HOLDING CO | NY | 501(C)(3) | 12 (B)(II) | CHAUT AT WCA | X | |

**SCHEDULE R (Form 990)**

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|---|---|---|---|---|---|
| (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 activty | (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) *STARFLIGHT, INC. 16-1557878<br>135 ALLEN STREET JAMESTOWN, NY 14701 | STAT MEDVAC | NY | 501(C)(3) | 7 | CHAUT AT WCA | X | |
| (2) SOUTH CENTRAL ALPHA HOUSING & HEALTHCARE 25-1701701<br>3410 PITTSBURG ROAD NEW CASTLE, PA 16101 | SKILLED NURSI | PA | 501(C)(3) | 10 | UPMC SR COMM | X | |
| (3) SOUTH WESTERN ALPHA HOUSING & HEALTHCARE 25-1701700<br>745 GREENVILLE ROAD MERCER, PA 16137 | SKILLED NURSI | PA | 501(C)(3) | 10 | UPMC SR COMM | X | |
| (4) *KANE COMMUNITY HOSPITAL FOUNDATION 26-3906925<br>4372 ROUTE 6 KANE, PA 16735 | FOUNDATION | PA | 501(C)(3) | 12(B)(II) | N/A | | X |
| (5) JUNIOR GUILD OF THE JAMESON MEMORIAL HOS 25-6005313<br>1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 | SUPPORT | PA | 501(C)(3) | 12(D) (III) | N/A | | X |
| (6) *LAUREL HEALTH FOUNDATION 25-1810488<br>32-36 CENTRAL AVENUE WELLSBORO, PA 16901 | FOUNDATION | PA | 501(C)(3) | 12(B)(11) | N/A | | X |
| (7) *W.C.A. FOUNDATION, INC. 22-2393584<br>300 FOOTE AVENUE, P.O. BOX 840 JAMESTOWN, NY 14702 | FOUNDATION | PA | 501(C)(3) | 12(C)(III) | 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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
**2017**
**Open to Public Inspection**

Name of the organization
UPMC

Employer identification number
25-1423657

**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 activty | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (1) VENANGO V.N.A. FOUNDATION 25-1472179<br>491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323 | FOUNDATION | PA | 501(C)(3) | 12(D) (III) | N/A | | X |
| (2) MAGEE-WOMENS RES INST AND FOUNDATION 25-1462312<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION | PA | 501(C)(3) | 7 | N/A | | X |
| (3) *UPMC PINNACLE CARLISLE 82-0880337<br>361 ALEXANDER SPRING CARLISLE, PA 17105 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| (4) *UPMC PINNACLE LANCASTER 82-0896436<br>250 COLLEGE AVENUE LANCASTER, PA 17603 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| (5) *UPMC PINNACLE LITITZ 82-0844453<br>1500 HIGHLANDS AVENUE LITITZ, PA 17543 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| (6) *UPMC PINNACLE MEMORIAL 82-0912090<br>325 SOUTH BELMMONT STREET YORK, PA 17405 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| (7) *PINNACLE HEALTH REGIONAL PHYSICIANS 82-0947698<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | PHYSICIAN SRV | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047
**2017**
**Open to Public Inspection**

Name of the organization
UPMC

Employer identification number
25-1423657

**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 activty | (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) *PINNACLE HEALTH FOUNDATION 22-2691718<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | FOUNDATION | PA | 501(C)(3) | 12(B)II | UPMC PINNACL | X | |
| (2) *COMMUNITY LIFE TEAM, INC. 23-1890444<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | MED TRANSPORT | PA | 501(C)(3) | 7 | UPMC PINNACL | X | |
| (3) *HANOVER HEALTHCARE PLUS, INC. 22-2658574<br>300 HIGHLAND AVENUE HANOVER, PA 17331 | SUPPORTING OR | PA | 501(C)(3) | 12(A)I | UPMC PINNACL | X | |
| (4) *UPMC PINNACLE HANOVER 23-1360851<br>300 HIGHLAND AVENUE HANOVER, PA 17331 | HOSPITAL | PA | 501(C)(3) | 3 | HANOVER HLTH | X | |
| (5) *COLE FOUNDATION, INC. 45-5417308<br>1001 EAST SECOND STREET COUDERSPORT, PA 16915 | FOUNDATION | PA | 501(C)(3) | 12(A)(I) | C COLE MEM H | X | |
| (6) *HAMOT COLE VENTURES 27-3172100<br>1001 EAST SECOND STREET COUDERSPORT, PA 16915 | CLINIC SITES | PA | 501(C)(3) | 12(A)(I) | C COLE MEM H | X | |
| (7) *HENDORN, INC. 23-1972659<br>1001 EAST SECOND STREET COUDERSPORT, PA 16915 | RES CARE | PA | 501(C)(3) | 12(A)(I) | C COLE MEM H | X | |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047
**2017**
**Open to Public Inspection**

Name of the organization
UPMC

Employer identification number
25-1423657

**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 activty | (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) ASBURY HEIGHTS OF UPMC 25-1555687<br>600 GRANT STREET PITTBURGH, PA 15219 | SUPORTING ORG | PA | 501(C)(3) | 12(B)(II) | UPMC SR COMM | X | |
| (2) ASBURY HEALTH CENTER 25-0969472<br>600 GRANT STREET PITTSBURGH, PA 15219 | CCRC | PA | 501(C)(3) | 10 | ASBURY HEIGH | X | |
| (3) ASBURY VILLAS 25-1819952<br>600 GRANT STREET PITTSBURGH, PA 15219 | PERSONAL CARE | PA | 501(C)(3) | 10 | ASBURY HEIGH | X | |
| (4) ASBURY PLACE 25-1729266<br>600 GRANT STREET PITTSBURGH, PA 15219 | PERSONAL CARE | PA | 501(C)(3) | 10 | ASBURY HEIGH | X | |
| (5) WESLEY HILLS 25-1507472<br>600 GRANT STREET PITTSBURGH, PA 15219 | INDEP LIVING | PA | 501(C)(3) | N/A | ASBURY HEIGH | X | |
| (6) ASBURY FOUNDATION 25-1555688<br>600 GRANT STREET PITTSBURGH, PA 15219 | FOUNDATION | PA | 501(C)(3) | 7 | ASBURY HEIGH | X | |
| (7) *UPMC PINNACLE HOSPITALS 25-1778644<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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▶ **Attach to Form 990.**

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OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
UPMC

**Employer identification number**
25-1423657

**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 activty | (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) *PINNACLE HEALTH MEDICAL SERVICES 25-1709054<br>409 SOUTH SECOND STREET HARRIBBURG, PA 17104 | PHYSICIAN SRV | PA | 501(C)(3) | 3 | UPMC PINNACL | X | |
| (2) *UPMC PINNACLE 25-1778658<br>409 SOUTH SECOND STREET HARRISBURG, PA 17104 | SUPPORTING OR | PA | 501(C)(3) | 12(B) 11 | UPMC | X | |
| (3) *CHARLES E. COLE MEMORIAL HOSPITAL 24-0802108<br>1001 EAST SECOND STREET COUDERSPORT, PA 16915 | HOSPITAL | PA | 501(C)(3) | 3 | UPMC | X | |
| (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, 600 GRANT STREET PITTSBURGH, P | ASST LIVING | PA | UPMC SR COMMUNI | RELATED | -95,326. | 7,319,365. | | X | | X | | 100.0000 |
| (2) ST. MARGARET MEDICAL ARTS ASSO 600 GRANT STREET PITTSBURGH, P | MOB | PA | UPMC SR COMMUNI | RELATED | 237,986. | 3,552,756. | | X | | X | | 100.0000 |
| (3) CORE NETWORK, LLC 25-1786209 600 GRANT STREET PITTSBURGH, P | PHYSICAL THER | PA | UPMC COMM PROVI | RELATED | 1,956,322. | 10,407,005. | | X | | | X | 76.0090 |
| (4) LIFE HOME CARE, LP 25-1847839 600 GRANT STREET PITTSBURGH, P | HEALTHCARE SV | PA | UPMC COMM PROV | RELATED | 0. | 0. | | X | | X | | 100.0000 |
| (5) SHADYSIDE MEDICAL CENTER ASSOC 600 GRANT STREET PITTSBURGH, P | MOB | PA | MEDICAL CTR PRO | RELATED | 515,305. | 17,554,681. | | X | | X | | 100.0000 |
| (6) CHARTWELL, PA LP 25-1729714 600 GRANT STREET PITTSBURGH, P | HOME THERAPY | PA | UPMC COMM PROV | RELATED | 30,149,827. | 64,110,505. | | X | | X | | 90.4111 |
| (7) HAMOT-KCH REAL ESTATE VENTURE, 300 STATE STREET ERIE, PA 1650 | MEDICAL OFFIC | PA | UPMC HAMOT | RELATED | -1,848. | 364,377. | | X | | X | | 100.0000 |

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

| (a) 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 | 3,495,188. | 208,021. | 100.0000 | X | |
| (2) CHILDREN'S COMMUNITY CARE 25-1781887 600 GRANT STREET PITTSBURGH, PA 15219 | PEDIATRIC SVC | PA | UPMC HOLDING CO | C | 97,737,198. | 22,272,630. | 100.0000 | X | |
| (3) UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18 | CANCER TREATM | EI | UPMC IREL LTD | C | 1,859,785. | 4,978,592. | 100.0000 | X | |
| (4) UPMC PHYSICIAN SERVICES HOLDING CO., INC 25-1877017 600 GRANT STREET PITTSBURGH, PA 15219 | HOLDING CO | PA | UPMC | C | 0. | 176,612,054. | 100.0000 | X | |
| (5) HEMATOLOGY ONCOLOGY ASSOC 42-1648357 600 GRANT STREET PITTSBURGH, PA 15219 | HEALTHCARE | PA | PHY SER HOLDING | C | 155,591. | 3,266,393. | 100.0000 | X | |
| (6) ONCOLOGY HEMATOLOGY ASSOC 25-1762980 600 GRANT STREET PITTSBURGH, PA 15219 | HEALTHCARE | PA | PHY SER HOLDING | C | 4,576,395. | 6,173,042. | 100.0000 | X | |
| (7) TRI-STATE NEUROSURGICAL ASSOC-UPMC INC 25-1458655 600 GRANT STREET PITTSBURGH, PA 15219 | HEALTHCARE | PA | PHY SER HOLDING | C | 2,674,349. | 4,217,809. | 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) HAMOT SURGERY CENTER, LLC 25-1<br>200 STATE STREET ERIE, PA 1650 | AMBULATORY SU | PA | UPMC HAMOT | RELATED | 1,289,741. | 7,559,128. | | X | | X | | 53.7590 |
| (2) LIFE CARE HOME SERVICES OF NW<br>1647 SASSAFRAS STREET ERIE, PA | HOME HEALTH S | PA | UPMC HAMOT | RELATED | 4,395,040. | 7,605,913. | | X | | X | | 100.0000 |
| (3) EPN-HAMOT URGENT CARE, LLC 27-<br>600 GRANT STREET PITTSBURGH, P | URGENT CARE | PA | VARIOUS | RELATED | 340,352. | 3,707,578. | | X | | X | | 100.0000 |
| (4) MOUNTAIN VIEW MEDICAL ONCOLOGY<br>600 GRANT STREET PITTSBURGH, P | HEALTHCARE | PA | UPMC MCKEESPORT | RELATED | 0. | 0. | | X | | X | | 51.0000 |
| (5) LAWRENCE COUNTY MRI & DIAGNOST<br>2526 WILMINGTON AVENUE NEW CAS | IMAGING CENTE | PA | UPMC JAMESON | RELATED | 56,849. | 558,130. | | X | | X | | 50.5000 |
| (6) *COMMUNITY BASKET, LLC 20-1195<br>1205 GRAMPIAN BOULEVARD WILLIA | REAL ESTATE R | PA | N/A | RELATED | 0. | 0. | | X | | | X | 100.0000 |
| (7) *HANOVER SURGICENTER REAL ESTA<br>300 HIHGLAND AVENUE HANOVER, P | INACTIVE | PA | HANOVER HEALTH | RELATED | -2,386. | 0. | | X | | X | | 54.0000 |

**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) RENAISSANCE FAMILY PRACTICE-UPMC INC 26-2942406<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTHCARE | PA | PHY SER HOLDING | C | 9,483,566. | 4,332,600. | 100.0000 | X | |
| (2) UPMC HOLDING COMPANY, INC. 25-1777713<br>600 GRANT STREET PITTSBURGH, PA 15219 | HOLDING CORP | PA | UPMC | C | 6,139,060. | 648,335,832. | 100.0000 | X | |
| (3) UPMC COVERAGE PRODUCTS, INC 25-1777710<br>600 GRANT STREET PITTSBURGH, PA 15219 | HOLDING CORP | PA | UPMC HOLDING CO | C | 0. | 374,895,092. | 100.0000 | X | |
| (4) FREEDOM INSURANCE COMPANY 03-0308944<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | VT | UPMC COV PRODS | C | 220,748. | 1,453,568. | 100.0000 | X | |
| (5) TRI-CENTURY INSURANCE CO 25-1500739<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | UPMC COV PRODS | C | 1,408,837. | 27,570,573. | 100.0000 | X | |
| (6) UPMC DNA INC. 25-1883237<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | UPMC COV PRODS | C | 0. | 0. | 100.0000 | X | |
| (7) UPMC HEALTH BENEFITS, INC. 25-1844144<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTH INSURA | PA | UPMC COV PRODS | C | 71,396,317. | 237,998,963. | 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) *MEDCARE SUSQUEHANNA VALLEY, L<br>409 SOUTH SECOND STREET HARRIS | DME | PA | PINNACLE HEALTH | RELATED | -137,433. | 380,388. | | X | | X | | 75.0000 |
| (2) OMICELO RE I, LP 47-5603393<br>2525 LIBERTY AVENUE PITTSBURGH | REAL ESTATE DEVEL | DE | UPMC FOR YOU | UNRELATED | -132,428. | 2,826,883. | | X | | X | | 98.1590 |
| (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<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTH INSURA | PA | UPMC COV PRODS | C | 41,312,833. | 381,172,316. | 100.0000 | X | |
| (2) UPMC HEALTH PLAN, INC. 23-2813536<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTH INSURA | PA | UPMC COV PRODS | C | 801,799,055. | 507,702,561. | 88.6600 | X | |
| (3) UPMC BENEFIT MANAGEMENT SERVICES, INC. 25-1769564<br>600 GRANT STREET PITTSBURGH, PA 15219 | WORKER'S COMP | PA | UPMC COV PRODS | C | 56,147,352. | 137,240,014. | 100.0000 | X | |
| (4) UPMC DIVERSIFIED SERVICES, INC. 25-1778454<br>600 GRANT STREET PITTSBURGH, PA 15219 | HOLDING CORP | PA | UPMC HOLDING CO | C | 30,319,716. | 35,226,309. | 100.0000 | X | |
| (5) MONROEVILLE SPECIALTY CLINIC 25-1666087<br>600 GRANT STREET PITTSBURGH, PA 15219 | HEALTHCARE | PA | UPMC HOLDING CO | C | 2,866,916. | 10,930,127. | 100.0000 | X | |
| (6) MEDICAL ARCHIVAL SYSTEMS 23-2912501<br>600 GRANT STREET PITTSBURGH, PA 15219 | SOFTWARE DEV& | DE | UPMC HOLDING CO | C | 106,462. | 494. | 90.0000 | X | |
| (7) PRESBY HEALTH RESOURCE MGMT 25-1422155<br>600 GRANT STREET PITTSBURGH, PA 15219 | INACTIVE | PA | UPMC DIVERSIFIE | C | 0. | 0. | 100.0000 | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? 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) BIOTRONICS, INC. 25-1843500<br>600 GRANT STREET PITTSBURGH, PA 15219 | EQUIP MAINTEN | PA | UPMC DIVERSIFIE | C | 4,141,810. | 2,627,236. | 100.0000 | X | |
| (2) MEDICAL CENTER PROPERTIES, INC. 25-1796940<br>600 GRANT STREET PITTSBURGH, PA 15219 | REAL ESTATE | PA | UPMC HOLDING CO | C | 643,485. | 18,339,063. | 100.0000 | X | |
| (3) RX PARTNERS, INC. 25-1801966<br>600 GRANT STREET PITTSBURGH, PA 15219 | RETAIL SERVIC | PA | UPMC DIVERSIFIE | C | 5,788,935. | 3,937,544. | 100.0000 | X | |
| (4) ASKESIS DEVELOPMENT GROUP, INC. 54-1625585<br>600 GRANT STREET PITTSBURGH, PA 15219 | SOFTWARE DEVE | DE | UPMC | C | 5,124,300. | 1,794,430. | 70.0000 | X | |
| (5) PANTHER REINSURANCE COMPANY, LTD 98-1402742<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ | INSURANCE | CJ | CATHEDRAL (RE) | C | 5,398,580. | 36,760,426. | 100.0000 | X | |
| (6) FORBES REINSURANCE COMPANY LTD. 98-1400710<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ | INSURANCE | CJ | UPMC | C | 59,758,647. | 239,293,969. | 100.0000 | X | |
| (7) CATHEDRAL (RE) INSURANCE COMPANY LTD. 98-1400837<br>P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ | INSURANCE | CJ | FORBES REINSURA | C | 49,668,620. | 212,293,652. | 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) | | | | | | | | | | | | |
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| (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<br>600 GRANT STREET PITTSBURGH, PA 15219 | INACTIVE | PA | UPMC INT'L HOLD | C | 0. | 0. | 100.0000 | X | |
| (2) UPMC IRELAND LIMITED<br>6TH FLOOR BEACON HOSPITAL SANDYFORD, EI DUBLIN 18 | HEALTHCARE SU | EI | UPMC INT'L HOLD | C | -35,676. | 3,410,936. | 100.0000 | X | |
| (3) UPMC UNITED KINGDOM, LTD 98-0571026<br>C/O NAIR&CO 11TH FLOOR WHITEFRIARS LEWINS MEAD, BRISTOL U | SOFTWARE LICE | UK | UPMC INT'L HOLD | C | 64,817. | 1,440,492. | 100.0000 | X | |
| (4) BAYFRONT REGIONAL DEVELOPMENT CORP 25-1401388<br>300 STATE STREET, SUITE 100 ERIE, PA 16507 | RE HOLDINGS C | PA | UPMC HOLDING CO | C | 211,270. | 12,900,452. | 100.0000 | X | |
| (5) BAYSIDE DEVELOPMENT CORP 25-1401386<br>300 STATE STREET, SUITE 100 ERIE, PA 16507 | REAL ESTATE/P | PA | BAYFRONT REG DE | C | 1,175,803. | 7,846,645. | 100.0000 | X | |
| (6) UPMC WORK ALLIANCE, INC. 45-2825053<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | UPMC COV PRODS | C | 135,497. | 3,869,804. | 100.0000 | X | |
| (7) UPMC CANADA TECHNOLOGIES LIMITED<br>600 GRANT STREET PITTSBURGH, PA 15219 | SOFTWARE | CA | UPMC INT'L HOLD | C | 549,172. | 3,368,494. | 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) | | | | | | | | | | | | |
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| (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<br>335 E 3RD STREET JAMESTOWN, NY 14701 | INACTIVE | NY | LIFE CARE HOME | C | 0. | 0. | 100.0000 | X | |
| (2) UPMC HEALTH COVERAGE, INC. 46-2824537<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | UPMC COV PRODS | C | 15,412,300. | 17,169,687. | 100.0000 | X | |
| (3) UPMC HEALTH OPTIONS, INC. 46-2824626<br>600 GRANT STREET PITTSBURGH, PA 15219 | INSURANCE | PA | UPMC HEALTH NET | C | 1,002,687,031. | 383,152,600. | 100.0000 | X | |
| (4) UPMC COMPLETE CARE, INC. 46-3605753<br>5215 CENTRE AVENUE PITTSBURGH, PA 15232 | HEALTHCARE | PA | PHY SER HOLDING | C | 644,695. | 60,514. | 100.0000 | X | |
| (5) HEALTH FIDELITY, INC. 45-2538963<br>600 GRANT STREET PITTSBURGH, PA 15219 | SOFTWARE DEVE | CA | UPMC | C | 8,800,465. | 16,802,490. | 92.3000 | X | |
| (6) FLUENCE HEALTH, INC. 47-2684174<br>600 GRANT STREET PITTSBURGH, PA 15219 | SOFTWARE DEVE | DE | UPMC HOLDING | C | 0. | 0. | 100.0000 | X | |
| (7) AMERICAN HOME HEALTH SERVICES 31-1521422<br>868 CORPORATE WAY WESTLAKE, OH 44145 | HOME HEALTH | OH | QUALITY FIRST | C | 0. | 0. | 100.0000 | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? 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) | | | | | | | | | | | | |
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| (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<br>6425 PENN AVENUE PITTSBURGH, PA 15206 | HEALTHCARE | DE | UPMC | C | 79,300. | 1,268,722. | 100.0000 | X | |
| (2) PENSIAMO, INC. 81-2069236<br>600 GRANT STREET, 59TH FLOOR PITTSBURGH, PA 15219 | SUPPPLY CHAIN | DE | UPMC | C | 6,631,932. | 4,650,465. | 100.0000 | X | |
| (3) MEDCPU, INC. 38-3805381<br>100 WALL STREET, SUITE 2202 NEW YORK, NY 10005 | SOFTWARE DEVE | DE | UPMC | C | 1,798,245. | 30,053,108. | 62.0000 | X | |
| (4) ALTOONA FAMILY, INC. 25-1444935<br>620 HOWARD AVENUE ALTOONA, PA 16601 | MGMT SVCS | PA | UPMC ALTOONA | C | 0. | 29,103. | 100.0000 | X | |
| (5) LEXINGTON HOLDINGS, INC. 25-1794386<br>620 HOWARD AVENUE ALTOONA, PA 16601 | MEDICAL SVCS | PA | CTRL PA MED FND | C | 0. | 135,973,125. | 100.0000 | X | |
| (6) LEXINGTON ONE, INC. 25-1468889<br>620 HOWARD AVENUE ALTOONA, PA 16601 | RENTAL | PA | LEXINGTON HOLD | C | 1,315,773. | 7,328,789. | 100.0000 | X | |
| (7) LEXINGTON TWO, INC. 25-1555689<br>HOWARD AVE & 7TH STREET ALTOONA, PA 16601 | RENTAL EQUIPM | PA | LEXINGTON HOLD | C | 1,012. | 192,919. | 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) | | | | | | | | | | | | |
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| (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) LEXINGTON FOUR, INC. 25-1793736<br>620 HOWARD AVENUE ALTOONA, PA 16601 | HOLDING CO | PA | LEXINGTON HOLD | C | 0. | 129,996,396. | 100.0000 | X | |
| (2) ALLEGHENY HEALTHCARE STAFFING, INC. 27-1657362<br>620 HOWARD AVENUE ALTOONA, PA 16601 | INACTIVE | PA | LEXINGTON HOLD | C | 0. | 0. | 100.0000 | X | |
| (3) UPMC ALTOONA REGIONAL HEALTH SERVICES 25-1219302<br>1414 9TH AVENUE ALTOONA, PA 16602 | MEDICAL SVCS | PA | LEXINGTON FOUR | C | 30,081,337. | 2,383,799. | 100.0000 | X | |
| (4) LEXINGTON ANESTHESIA ASSOCIATES, INC. 25-1897765<br>620 HOWARD AVENUE ALTOONA, PA 16601 | MEDICAL SVCS | PA | LEXINGTON FOUR | C | 3,600,837. | 17,135,191. | 100.0000 | X | |
| (5) NORTHERN CAMBRIA MEDICAL CENTER, INC. 25-1530860<br>620 HOWARD AVENUE ALTOONA, PA 16601 | INACTIVE | PA | LEXINTON FOUR | C | 0. | 0. | 100.0000 | X | |
| (6) PATTON FAMILY MEDICAL CENTER, INC. 25-1793735<br>620 HOWARD AVENUE, 5TH FLOOR ALTOONA, PA 16601 | INACTIVE | PA | LEXINGTON FOUR | C | 0. | 0. | 100.0000 | X | |
| (7) UPMC EXCESS PL TR 82-6254351<br>600 GRANT STREET PITTSBURGH, PA 15219 | TRUST | PA | UPMC | TRUST | 11,620. | 3,039,931. | 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) | | | | | | | | | | | | |
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| (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<br>511 CONGRESS STREET #803 PORTLAND, ME 04101 | MEDICATION MG | DE | UPMC | C | 10,564,936. | 33,629,067. | 100.0000 | X | |
| (2) VINCENT PAYMENT SOLUTIONS, INC. 82-1101143<br>BAKERY SQUARE, 6425 PENN AVENUE, STE 200 PITTSBURGH, PA 1 | PAYMENT SYSTE | DE | N/A | C | 6,766. | 1,490,181. | 50.0000 | | X |
| (3) J. HEALTH VENTURES, INC. 25-1607893<br>1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105 | INACTIVE | PA | UPMC JAMESON | C | 0. | 0. | 100.0000 | X | |
| (4) J.E.R. MEDICAL ASSOCIATES, INC. 25-1609398<br>1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 | INACTIVE | PA | UPMC JAMESON | C | 0. | 0. | 100.0000 | X | |
| (5) *SUSQUEHANNA HEALTH SYSTEM INSURANCE NET<br>P.O. BOX 1159 CAYMAN ISLANDS, CJ | INSURANCE | CJ | UPMC SUSQUEHANN | C | 2,864,787. | 41,650,240. | 100.0000 | X | |
| (6) *SUSQUEHANNA VENTURES, INC. 23-2470623<br>1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 | PHARMACY | PA | UPMC SUSQUEHANN | C | 1,437,908. | 2,140,505. | 100.0000 | X | |
| (7) *TYOGA CARENET 25-1810967<br>114 EAST AVENUE WELLSBORO, PA 16901 | INACTIVE | PA | UPMC SUSQUEHANN | C | 0. | 0. | 100.0000 | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? 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. 161151438<br>207 FOOTE AVENUE JAMESTOWN, NY 14701 | SUPPORT | NY | UPMC CHAUTAUQUA | C | 11,802,566. | 5,820,750. | 100.0000 | X | |
| (2) ITTCCO I, INC 82-2590699<br>600 GRANT STREET PITTSBURGH, PA 15219 | INACTIVE | DE | UPMC | C | 0. | 0. | 100.0000 | X | |
| (3) ITTCCO II, INC. 82-2597388<br>600 GRANT STREET PITTSBURGH, PA 15219 | INACTIVE | DE | UPMC | C | 0. | 0. | 100.0000 | X | |
| (4) *PINNACLE HEALTH CARDIOVASCULAR INSTIT 32-0321362<br>409 SOUTH SECOND STREET HARRISBURGH, PA 17104 | PHYSICIAN SERVICE | PA | UPMC PINNACLE | C | 15,079,441. | 10,358,670. | 100.0000 | X | |
| (5) *HANOVER HEALTH CORPORATION 90-0498067<br>300 HIGHLAND AVENUE HANOVER, PA 17331 | HOLDING COMPANY | PA | HANOVER HLTH PL | C | 14,737,210. | 7,370,849. | 100.0000 | X | |
| (6) *UNITED HEALTH RISK LTD.<br>P.O. BOX HM 1159 HAMILTON, BD | INSURANCE | BD | UPMC PINNACLE | C | 3,505,839. | 20,219,061. | 100.0000 | X | |
| (7) *UNITED CENTRAL PA RECIPROCAL RISK RET 13-4224033<br>76 SAINT PAUL STREET, SUITE 50C BURLINGTON, VT 05401 | INSURANCE | VT | UPMC PINNACLE | C | 6,003,821. | 21,026,283. | 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) | | | | | | | | | | | | |
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| (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) *HANOVER APOTHECARY, INC. 03-0594526<br>310 STOCK STREET, SUITE 1 HANOVER, PA 17331 | PHARMACY | PA | HANOVER HLTH CO | C | 815,170. | 2,307,934. | 100.0000 | X | |
| (2) *PINNACLE HEALTH VENTURES, INC. 611677624<br>409 SOUTH SECOND STREET HARRIBBURG, PA 17104 | HOLDING COMPANY | PA | UPMC PINNACLE | C | 2,517,154. | 40,765,847. | 100.0000 | X | |
| (3) *PINNACLE HEALTH IMAGING INC. 23-1718571<br>409 SOUTH SECOND STREET HARRISBURGH, PA 17104 | IMAGING SERVICE | PA | PINNACLE HLTH V | C | 823,888. | 4,042,478. | 100.0000 | X | |
| (4) *COLE CARE INC. 25-1497347<br>1001 EAST 2ND STREET COUDERSPORT, PA 16915 | DME | PA | CHARL COLE HOSP | C | 14,456,050. | 1,637,796. | 100.0000 | X | |
| (5) UPMC ITALY HEALTH SERVICES S.R.L.<br>VIA DISCESA DEI GIUDICI, 4 PALERMO, IT 90133 | HEALTH SVC | IT | UPMC ITALY SRL | C | 0. | 0. | 100.0000 | X | |
| (6) UPMC INVESTMENTS, LTD.<br>C/O UPMC WHITEFILD CORK ROAD BUTLER WATERFORD, EI X91 DH | HOLDING CO | EI | UPMC IRELAND LT | C | 0. | 38,039,942. | 100.0000 | X | |
| (7) UPMC PROPERTY LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI X91 DH | PROPERTY | EI | UPMC INVEST LTD | C | 0. | 12,766,955. | 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) UPMC PROPERTY II LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI X91 DH | PROPERTY | EI | UPMC INVEST LTD | C | 0. | 3,005,015. | 100.0000 | X | |
| (2) EURO CARE INFRASTRUCTURE LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI X91 DH | PROPERTY MGMT | EI | UPMC INVEST LTD | C | 480,120. | 2,142,639. | 100.0000 | X | |
| (3) EURO CARE PROPERTY MANAGEMENT LTD.<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI X91 DH | PROPERTY MGMT | EI | UPMC INVEST LTD | C | 290,575. | 15,444. | 100.0000 | X | |
| (4) EURO CARE HEALTH CARE LTD<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI X91 DH | HOSPITAL | EI | UPMC INVEST LTD | C | 2,725,878. | 10,619,139. | 100.0000 | X | |
| (5) WATERFORD ONCOLOGY ASSOCIATES LTD<br>C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, EI X91 DH | ONCOLOGY SVC | EI | EURO CARE HEALT | C | 9,234,716. | 4,474,973. | 100.0000 | X | |
| (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) | UPMC ADVANCED PRACTICE PROVIDERS | A | 43,367. | COST |
| (2) | ASKESIS DEVELOPMENT GROUP, INC. | A | 225,426. | COST |
| (3) | CENTER FOR EMERGENCY MEDICINE OF WESTERN PA | A | 3,061,818. | COST |
| (4) | CHARTWELL PA, LP | A | 123,693. | COST |
| (5) | CHILDREN'S COMMUNITY CARE | A | 155,731. | COST |
| (6) | COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION | A | 2,680,578. | 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) | CORE NETWORK, LLC | A | 460,894. | COST |
| (2) | CURAVI HEALTH, INC. | A | 18,269. | COST |
| (3) | MEDICAL ARCHIVAL SYSTEM, INC. | A | 124,387. | COST |
| (4) | PITTSBURGH LIFETIME CARE COMMUNITY | A | 491,500. | COST |
| (5) | UPMC EAST | A | 243,363. | COST |
| (6) | EBENEFITS SOLUTIONS, LLC | A | 163,596. | 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 EMERGENCY MEDICINE INC | A | 34,910. | COST |
| (2) | H.C. PHARMACY CENTRAL INC. | A | 353,204. | COST |
| (3) | HEALTH FIDELITY, INC. | A | 524,100. | COST |
| (4) | UPMC COMMUNITY PROVIDER SERVICES | A | 298,434. | COST |
| (5) | UPMC BENEFIT MANAGEMENT SERVICES, INC. | A | 855,627. | COST |
| (6) | UPMC HEALTH PLAN INC. | A | 10,152,446. | 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 | A | 1,130,476. | COST |
| (2) | UPMC HOME HEALTHCARE | A | 32,574. | COST |
| (3) | ONCOLOGY-HEMATOLOGY ASSOCIATION, INC. | A | 31,122. | COST |
| (4) | UNIVERSITY OF PITTS CANCER INST CANCER SVCS | A | 189,571. | COST |
| (5) | UPMC PRESBYTERIAN SHADYSIDE | A | 19,802,471. | COST |
| (6) | PENSIAMO, INC. | A | 356,670. | 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) | SAFE HARBOR BEHAVORIAL HEALTH OF UPMC HAMOT | A | 72,996. | COST |
| (2) | SBI QUALIFYING SOLUTIONS, LLC | A | 413,204. | COST |
| (3) | ASBURY HEIGHTS OF UPMC | A | 839,996. | COST |
| (4) | UPMC ST. MARGARET | A | 276,114. | COST |
| (5) | SOLDIERS AND SAILORS MEMORIAL HOSPITAL | A | 614,939. | COST |
| (6) | UNIVERSITY PITTSBURGH PHYSICIANS | A | 4,133,039. | 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. | A | 1,273,826. | COST |
| (2) | MONROEVILLE SPECIALTY CLINIC, INC. | A | 651,961. | COST |
| (3) | TRI-STATE NEUROSURGICAL ASSOCIATES - UPMC | A | 17,648. | COST |
| (4) | UPMC BEDFORD | B | 3,915,419. | ACTUAL |
| (5) | UPMC BRADDOCK | B | 84,934. | ACTUAL |
| (6) | UPMC PRESBYTERIAN SHADYSIDE | B | 205,740,021. | ACTUAL |

**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 | B | 6,000,000. | ACTUAL |
| (2) | UPMC PHYSICIAN SERVICES HOLDING COMPANY, INC. | B | 163,400,000. | ACTUAL |
| (3) | UPMC HOLDING COMPANY, INC. | B | 130,000,000. | ACTUAL |
| (4) | CATHEDRAL (RE) INSURANCE COMPANY LTD. | B | 31,792,757. | ACTUAL |
| (5) | CURAVI HEALTH, INC. | B | 12,957,844. | ACTUAL |
| (6) | HEALTH FIDELITY, INC. | B | 31,335,681. | ACTUAL |

**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 | B | 23,211,812. | ACTUAL |
| (2) | UPMC HORIZON | B | 41,384,841. | ACTUAL |
| (3) | UPMC JAMESON | B | 147,621,837. | ACTUAL |
| (4) | UPMC KANE | B | 10,356,818. | ACTUAL |
| (5) | UPMC MCKEESPORT | B | 19,377,846. | ACTUAL |
| (6) | UPMC MERCY | B | 69,020,885. | ACTUAL |

**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 | B | 6,624,678. | ACTUAL |
| (2) | UPMC PASSAVANT | B | 2,584,396. | ACTUAL |
| (3) | UP0MC PINNACLE | B | 1,495,000,000. | ACTUAL |
| (4) | UPMC ST. MARGARET | B | 43,302,795. | ACTUAL |
| (5) | UPMC SUSQUEHANNA | B | 500,000,000. | ACTUAL |
| (6) | UPMC CHATAUQUA AT WCA | B | 25,000,000. | ACTUAL |

**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. | B | 140,000. | ACTUAL |
| (2) | FORBES REINSURANCE COMPANY, LTD | F | 10,000,000. | ACTUAL |
| (3) | CATHEDRAL (RE) INSURANCE COMPANY, LTD | F | 15,000,000. | ACTUAL |
| (4) | PANTHER REINSURANE COMPANY, LTD | F | 15,000,000. | ACTUAL |
| (5) | UNIVERSITY OF PITTSBURGH PHYSICIANS | P | 3,259,289. | COST |
| (6) | UPMC ALTOONA | Q | 4,440,862. | 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 | 572,144. | COST |
| (2) | CHARTWELL PA, LP | Q | 54,594. | COST |
| (3) | CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC | Q | 6,132,345. | COST |
| (4) | CHILDREN'S COMMUNITY CARE | Q | 87,900. | COST |
| (5) | CORE NETWORK, LLC | Q | 79,445. | COST |
| (6) | UPMC EAST | Q | 1,285,599. | 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 | 5,135,995. | COST |
| (2) | CATHEDRAL (RE) INSURANCE COMPANY, LTD. | Q | 111,441. | COST |
| (3) | HOME NURSING AGENCY AND VNA | Q | 51,960. | COST |
| (4) | HEMATOLOGY ONCOLOGY ASSOCIATION | Q | 51,873. | COST |
| (5) | UPMC COMMUNITY PROVIDER SERVICES | Q | 911,296. | COST |
| (6) | UPMC HEALTH BENEFITS, INC. | Q | 58,936. | 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 BENEFIT MANAGEMENT SERVICES, INC. | Q | 481,163. | COST |
| (2) | COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION | Q | 955,492. | COST |
| (3) | IS TECHNOLOGY SERVICES, LLC | Q | 182,000. | COST |
| (4) | UPMC HEALTH PLAN, INC. | Q | 779,454. | COST |
| (5) | UPMC HEALTH OPTIONS, INC. | Q | 998,940. | COST |
| (6) | UPMC FOR YOU, INC. | Q | 1,604,111. | 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 | 1,258,276. | COST |
| (2) | UPMC JAMESON | Q | 845,757. | COST |
| (3) | MAGEE - WOMENS HOSPITAL OF UPMC | Q | 6,873,961. | COST |
| (4) | UPMC MCKEESPORT | Q | 1,160,305. | COST |
| (5) | UPMC MERCY | Q | 3,363,553. | COST |
| (6) | UPMC PASSAVANT | Q | 3,057,538. | 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 | 912,704. | COST |
| (2) | UPMC HOME HEALTHCARE | Q | 133,373. | COST |
| (3) | ONCOLOGY-HEMATOLOGY ASSOCIATION, INC. | Q | 177,324. | COST |
| (4) | UNIVERSITY OF PITTS CANCER INST CANCER SVCS | Q | 590,770. | COST |
| (5) | UPMC OVERSEAS, INC. | Q | 140,065. | COST |
| (6) | UPMC PRESBYTERIAN SHADYSIDE | Q | 18,692,042. | 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 | 89,664. | COST |
| (2) | SENECA PLACE | Q | 99,230. | COST |
| (3) | UPMC ST. MARGARET | Q | 2,006,434. | COST |
| (4) | THE WILLIAMSPORT HOSPITAL | Q | 145,045. | COST |
| (5) | UPMC HOLDING COMPANY, INC. | Q | 364,059. | COST |
| (6) | UNIVERSITY OF PITTSBURGH PHYSICIANS | Q | 7,769,098. | 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 CHAUTAUQUA AT WCA | Q | 102,831. | COST |
| (2) | UPMC COMMUNITY MEDICINE, INC. | Q | 1,677,539. | COST |
| (3) | FREEDOM INSURANCE COMPANY | R | 504,000. | ACTUAL |
| (4) | UPMC ALTOONA | S | 22,079,195. | ACTUAL |
| (5) | PENSIAMO, INC | S | 2,835,253. | ACTUAL |
| (6) | UPMC EAST | S | 129,203,133. | ACTUAL |

**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 | S | 7,624,866. | ACTUAL |
| (2) | MAGEE WOMEN'S HOSPITAL OF UPMC | S | 300,124,063. | ACTUAL |
| (3) | UNIVERSITY OF PITTSBURGH PHYSICIANS | S | 111,696,499. | ACTUAL |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

| (a) 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.

SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS

THE FOLLOWING IS A LIST OF RELATED ORGANIZATIONS THAT ARE PART OF THE

UPMC GROUP EXEMPTION:

CENTER FOR EMERGENCY MEDICINE OF WESTERN PENNSYLVANIA

BUTLER HEALTH SYSTEM/UPMC OB/GYN JOINT VENTURE INC.

BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE INC.

CENTRAL PENNSYLVANIA MEDICAL FOUNDATION, INC.

CHILDREN'S HOSPITAL OF PITTSBURGH

UPMC COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION

CRANBERRY PLACE

DONOHUE & ALLEN CARDIOLOGY-UPMC, INC.

ERIE PHYSICIAN NETWORK-UPMC, INC.

HOME NURSING AGENCY AFFILIATES

HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION

HOME NURSING AGENCY COMMUNITY SERVICES

HOME NURSING AGENCY FOUNDATION

MAGEE-WOMENS HOSPITAL OF UPMC

MON YOUGH COMMUNITY SERVICES, INC.

PASSAVANT PROFESSIONAL ASSOCIATES, INC.

REGIONAL HEALTH SERVICES INC.

SUGARCREEK STATION

THE HERITAGE SHADYSIDE

UNIVERSITY HEALTH CENTER OF PITTSBURGH

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES

UNIVERSITY OF PITTSBURGH PHYSICIANS

UPMC ADVANCED PRACTICE PROVIDERS

**Part VII** **Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

UPMC ALTOONA

UPMC ALTOONA FOUNDATION

UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY

UPMC BEDFORD

UPMC BRADDOCK

UPMC CENTER FOR HEALTH SECURITY INC.

UPMC CHAUTAUQUA SERVICES INC.

UPMC COMMUNITY MEDICINE, INC.

UPMC COMMUNITY PROVIDER SERVICES

UPMC EAST

UPMC EMERGENCY MEDICINE, INC.

UPMC FOR YOU, INC.

UPMC HAMOT

UPMC HORIZON

UPMC HORIZON COMMUNITY HEALTH FOUNDATION

UPMC IMITS CENTER

UPMC INTERNATIONAL HOLDINGS, INC.

UPMC MCKEESPORT

UPMC MERCY

UPMC NORTHWEST

UPMC OVERSEAS, INC.

UPMC PASSAVANT

UPMC PRESBYTERIAN SHADYSIDE

UPMC ST. MARGARET

UPMC HOME HEALTHCARE

**Part VII Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

UPMC KANE

AUUE, INC.

SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT

UPMC HOME CARE MANAGEMENT SERVICES

ENTITIES REPORTED IN PARTS I THROUGH IV THAT ARE MARKED WITH AN * ARE NOT TECHNICALLY RELATED ORGANIZATIONS, AS DEFINED IN THE FORM 990 INSTRUCTIONS OF UPMC AS THE REQUISITE CONTROL FOR A PARENT, SUBSIDIARY, BROTHER/SISTER RELATIONSHIP DID NOT EXIST DURING THE FISCAL YEAR ENDED JUNE 30, 2019. HOWEVER, BECAUSE THESE ENTITIES ARE AFFILIATED WITH UPMC AND THE UPMC PARENT ORGANIZATION HOLDS CERTAIN POWERS WITH RESPECT TO SUCH ENTITIES, UPMC IS ELECTING TO DISCLOSE THE ENTITIES AS RELATED ORGANIZATIONS IN SCHEDULE R IN THE INTEREST OF TRANSPARENCY.

PART V TRANSACTIONS WITH RELATED ORGANIZATIONS

PART V IN GENERAL THE CASH MANAGEMENT POLICY OF UPMC IS TO TEMPORARILY TRANSFER ALL EXCESS FUNDS AVAILABLE FROM EXEMPT SUBSIDIARIES TO UPMC, THE PARENT ENTITY. THESE ARE NOT CONSIDERED A TRANSFER OF NET ASSETS FOR WHICH DISCLOSURE IS REQUIRED IF 25% OR MORE OF NET ASSETS ARE TRANSFERRED.