-		EXTENDED TO M	AY :	15, 2020				
Form 990-T	Exempt Or						OMB No 1545-06	687
							004	a
						9	2018	5
Department of the Treasury Internal Revenue Service							Open to Public Inspe 501(c)(3) Organization	ection for
A Check box if address changed	Name of organizatio	n (Check box if name o	change	d and see instructions.)		(Em	loyer identification num ployees' trust, see	
B Exempt under section	Print UPMC PINN	ACLE HOSPITAL	S			2	25-177864	4
X 501(C)(3_)	or Number, street, and			nstructions.	·	E Unre	lated business activity	
408(e) 220(e)			•			(300	instructions)	
408A 530(a)	1 -	•		•		1		
529(a)			870	0		621	.500	
at end of year			Poretie.	501/0\ +===+				
•			poratio					trust
	7				- , .			
· · · · · · · · · · · · · · · · · · ·			arte I ar					
		ovious sometion, complete i	21 13 1 QI	id ii, complete a ochedut	S IVI TOT CACIT AUGILIONS	ai ii aut	5 UI	
		n an affiliated group or a pare	nt-subs	idiary controlled group?	STMT 3▶ [XY	es No	
				, gp				
J The books are in care of	► ALISON BER	NHARDT - CHIE	F F	INANCIAL Teleph	one number 🕨 7	17-	231-8245	
Part I Unrelated				(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale	s <u>1,576,87</u>	6.						
b Less returns and allow	wances	c Balance	1c	<u>1,576,876.</u>				
			2					
			3	<u>1,576,876.</u>			1,576,8	<u>76.</u>
· -	•		4a					
		Form 4797)	4b					
•			_4c	F20 000				
, ,		on (attach statement)		538,983.	STMT 2	2	538,9	<u>83.</u>
			<u> </u>	<u>.</u>				
	,		\vdash		-			
		· ·						
		7) organization (Schedule G)					<u></u>	
	, ,							
- ·	•							
				2.115.859.			2.115.8	59.
		here (See instructions fo				_		55.
					income)			
14 Compensation of offi	icers, directors, and trustees (Schedule K)				14		
15 Salaries and wages		DEOF	4 Prov. E			15		
16 Repairs and mainten	ance	RECEIV	/EL)		16		
17 Bad debts		10		<u> ၂</u> ႘၊		17		
•	dule) (see instructions)	8 AUG 03	2020	[일		18		
		† `L				19		
		ntion rules) OCDEN	11"	г — 1		20		
•	•	<u> </u>	, 0					
·	ilmed on Schedule A and elsev	vhere on return		[22a	-			
	•				ŀ	_		
	*				ŀ			
	, ,				ł			
					ŀ			
,	•				ŀ	_	 -	0.
Concision of the Transport of the Concision of the Conc								
					ľ			<u> </u>
	exable income. Subtract line 3		, ., _0	(31	32	2,115,8	59.
	r Donorwork Daduction Act N			<u> </u>		7-	50rm 990-T	

Part I	I Total Unrelated Business Taxable	Income										
33	Total of unrelated business taxable income computed	from all unrelated trades or businesses	(see instructio	ons)	33	2,11	5,8	59.				
34	Amounts paid for disallowed fringes				34							
35	Deduction for net operating loss arising in tax years be	eginning before January 1, 2018 (see in	structions)		35							
36	Total of unrelated business taxable income before spec	cific deduction. Subtract line 35 from th	e sum of									
	lines 33 and 34				36	2,11	5,8	59.				
37	Specific deduction (Generally \$1,000, but see line 37 ii	nstructions for exceptions)		38	3 7		1,0					
38	Unrelated business taxable income. Subtract line 37		ne 36.	_								
	enter the smaller of zero or line 36	·	,	39	38	2,11	4,8	59.				
Part I	V Tax Computation											
39	Organizations Taxable as Corporations. Multiply line	38 by 21% (0.21)	_	40▶	39	44	4,1	20.				
40	Trusts Taxable at Trust Rates. See instructions for ta	- · ·	nt on line 38 f	-								
	Tax rate schedule or Schedule D (Form			•	40							
41	Proxy tax. See instructions	,										
42	Alternative minimum tax (trusts only)				42							
43	Tax on Noncompliant Facility Income. See instruction	ns			43							
44	Total. Add lines 41, 42, and 43 to line 39 or 40, which			49	44	44	4,1	$\overline{20}$.				
Part V						•						
45a	Foreign tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	45a									
	Other credits (see instructions)	,	45b		1							
	General business credit. Attach Form 3800		45c		1							
	Credit for prior year minimum tax (attach Form 8801 c	or 8827)	45d		7							
	Total credits. Add lines 45a through 45d	,	<u> </u>		45e							
46	Subtract line 45e from line 44				46	44	4,1	20.				
47		rm 8611 Form 8697 Form	8866 🔲 0	Other (attach schedule)	47							
	Total tax. Add lines 46 and 47 (see instructions)		_	49	48/	44	4,1	20.				
49	2018 net 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k), line 2		41	49			0.				
	Payments: A 2017 overpayment credited to 2018	SI a	50a	386,760			•					
	2018 estimated tax payments	51 l		150,000								
	Tax deposited with Form 8868	510		110,000.								
	Foreign organizations: Tax paid or withheld at source (50d]							
	Backup withholding (see instructions)	,	50e		7							
	Credit for small employer health insurance premiums	(attach Form 8941)	50f		7							
		2439			7 '							
•	Form 4136 Othe	r Total J	▶ 50g									
51	Total payments. Add lines 50a through 50g				51	64	6,7	60.				
52	Estimated tax penalty (see instructions). Check if Form	1 2220 is attached			52							
53	Tax due. If line 51 is less than the total of lines 48, 49,			>	53							
54	Overpayment. If line 51 is larger than the total of lines	s 48, 49, and 52, enter amount overpaid		<i>6</i> 5 ▶	54	20	2,64	40.				
55	Enter the amount of line 54 you want: Credited to 201		2,640.	Refunded	55			0.				
Part V	Statements Regarding Certain Ac	ctivities and Other Information	t ion (see in	nstructions)								
56	At any time during the 2018 calendar year, did the organization	anization have an interest in or a signati	ire or other au	ithority			Yes	No				
	over a financial account (bank, securities, or other) in	a foreign country? If "Yes," the organiza	tion may have	to file								
	FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts. If "Yes," enter the name of	he foreign cou	untry				l				
	here							Х				
57	During the tax year, did the organization receive a distr	ribution from, or was it the grantor of, o	r transferor to	, a foreign trust?		_		X				
	If "Yes," see instructions for other forms the organization	on may have to file.										
58	Enter the amount of tax-exempt interest received or ac	crued during the tax year >\$						l				
	Under penalties of perjury, I declare that I have examined this correct, and complete Declaration of preparer (other than tax				edge and b	oelief, it is true	,					
Sign	Consect, and complete Decidation of preparation and	CHIEF	FINANC	'IAL 📂	Asy the IR	S discuss this	return w	uth				
Here	Wurn Bunkardt	7/15 20	3R		-	r shown belov						
	Signature of officer	Date Title			nstructions	s)? X Ye	S	No				
	Print/Type preparer's name P	repare)'s signature	Date	Check	ıf PTI	N						
Paid		KINA, HA.A	7/14/202	self- employed								
Prepa	rer KERRI N. BOGDA, CPA	1 sour Lugden	11171202	·		007604						
Use C	Inly Firm's name BAKER TILLY V			Firm's EIN	<u>3</u>	<u>9-0859</u>	991	<u> </u>				
	1570 FRUITV	ILLE PIKE, SUITE 4	00									
	Firm's address ► LANCASTER, 1	PA 17601		Phone no.	717.	740.48	363					

Schedule A - Cost of Good	Is Sold. Enter	r method of inver	ntory valuation N/A	<u> </u>	<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S		line 6	
3 Cost of labor	3		from line 5. Enter here	and in	Part I,	<u></u>
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	1 263A (Yes No	
 Other costs (attach schedule) 	4b		property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	_ease	d With Real Prop	erty)
1. Description of property						
(1)						
(2)			·-···			
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ıge	3(a) Deductions directly columns 2(a) as	v connected with the income in nd 2(b) (attach schedule)
(1)						
(2)						
(3)	•					
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	ın (A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)			
			2. Gross income from		3. Deductions directly con to debt-finance	nected with or allocable sed property
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				 	 .	
(2)		-	 	† — †		
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	L_	0	. 0.
Total dividends-received deductions	ncluded in column	1 B	•			

Schedule F - Interest,	Annuitie	s, Royal	ties, and		From Co Controlled O			itions	(see ins	tructio	ins)	
1. Name of controlled organize	ation	2. Em identifi num	catron	3. Net unr	elated income instructions)	4 . Tot	al of specified nents made	includ	5. Part of column 4 that is included in the controlling organization's gross incom		ing connected with inci	
(1)								-				
(2)												
(3)			,									
(4)												
Nonexempt Controlled Organ	izations											
7. Taxable Income		inrelated incon see instruction:		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 that ng organ s income	is included ization's			s directly connected a in column 10
(1)											_	-
(2)												
(3)												
(4)												
							Add colum Enter here and line 8, c		1, Part I,		here and	on page 1, Part I, column (B)
Totals		_				•			0.			0.
Schedule G - Investme	ent Incor	ne of a S	Section	501(c)(7	'), (9), or (17) Org	anization					
1 . Des	cription of inco	тө			2. Amount of	ıncome	3. Deduction directly conne- (attach sched	cted	4. Set-		5	Total deductions and set-asides (col 3 plus col 4)
(1)							·					· · · · · · · · · · · · · · · · · · ·
(2)												-
(3)												
(4)												
					Enter here and o Part I, line 9, co		i					r here and on page 1, I, line 9, column (B)
Totals				•		0.						0.
Schedule I - Exploited (see instri		Activity	Income	, Other	Than Adv	ertisin	g Income					
Description of exploited activity	unrelated	e from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6. Exp attributa colun	ble to	e 6	. Excess exempt xpenses (column minus column 5, out not more than column 4)
(1)												
(2)												
(3)												
(4)												
	Enter her page 1 line 10,	, Part I, col (A)	Enter here page 1, line 10, c	Parti, col (B)			•	,,	• -	-	٠.	Enter here and on page 1, Part II, line 26
Totals > Schedule J - Advertisi	na less-	0.		0.								0.
Part I* Income From			orted on		olidated	Basis				-		
			1				1	- 1			Т-	
1. Name of periodical		2. Gross advertising income		. Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	I 2 minus in, compute rough 7	5. Circulati income	ion	6. Reade costs		costs colum	xcess readership s (column 6 minus nn 5, but not more nan column 4)
(1)					_ .	• * .						
(2)					╡,						1	· .
(3)						• •					. ·	·
(4)			\bot		-		 				<u> </u>	
Totals (carry to Part II, line (5))	•	(<u>).</u>	0	•							0.
											Forn	990-T (2018)

Form 990-T (2018) UPMC PINNACLE HOSPITALS 25-17786

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)	Ĭ						
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.	l			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		· •	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SATELLITE REFERENCE LABORATORY SERVICES

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS)	FROM	PARTNERSHIPS		STATEMENT	2
DESCRIPTION						NET INCOM	
CONCENTRA OCCUPATIONAL ORDINARY BUSINESS INCOM PINNACLE HEALTH SELECT	ME			•		86,1	L66.
BUSINESS INCOME (LOSS)	KEHABIBII	ALLON,	ппс	ONDINANI		452,8	317.
TOTAL INCLUDED ON FORM	990-T, PA	GE 1,	LINE	5		538,9	983.
FORM 990-T PARENT CO	ORPORATION	'S NAM	E ANI	DIDENTIFYING	NUMBER	STATEMENT	3
CORPORATION'S NAME						IDENTIFYING	NO
UPMC PINNACLE						25-1778658	