

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
UPMC PINNACLE HOSPITALS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 8700

City or town, state or province, country, and ZIP or foreign postal code
HARRISBURG, PA 171058700

D Employer identification number
25-1778644

E Telephone number
(717) 231-8245

G Gross receipts \$ 1,180,166,479

F Name and address of principal officer:
PHILIP GUARNESCHELLI
PO BOX 8700
HARRISBURG, PA 171058700

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)

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

J Website: WWW.UPMCPINNACLE.COM

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1996

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
INPATIENT AND OUTPATIENT HEALTHCARE FOR CITIZENS OF THE LOCAL & SURROUNDING COMMUNITIES.

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 | 19 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 5,965 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 357 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 4,925,611 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 1,509,432 |

| | Prior Year | Current Year |
|---|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 18,728,944 | 34,438,980 |
| 9 Program service revenue (Part VIII, line 2g) | 1,084,207,748 | 1,080,503,720 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,549,588 | 12,576,897 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,551,737 | 2,843,792 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,109,038,017 | 1,130,363,389 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 10,696 | 470,046 |
| 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) | 417,095,476 | 474,548,658 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 549,849,004 | 593,880,238 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 966,955,176 | 1,068,898,942 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 142,082,841 | 61,464,447 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 926,280,596 | 1,201,290,241 |
| 21 Total liabilities (Part X, line 26) | 205,004,613 | 223,469,046 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 721,275,983 | 977,821,195 |

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: 2021-05-11
ALISON BERNHARDT CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN: P00760402
Firm's name ▶ BAKER TILLY US LLP Firm's EIN ▶ 39-0859910
Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400 Phone no. (717) 740-4863
LANCASTER, PA 17601

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UPMC PINNACLE IS A CHARITABLE ORGANIZATION DEDICATED TO MAINTAINING AND IMPROVING THE HEALTH AND QUALITY OF LIFE FOR ALL THE PEOPLE OF CENTRAL PENNSYLVANIA.

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 \$ 919,251,466 including grants of \$ 470,046) (Revenue \$ 1,051,720,310)
See Additional Data

4b (Code:) (Expenses \$ 49,968,082 including grants of \$ 0) (Revenue \$ 24,508,984)
See Additional Data

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 ▶ 969,219,548

| 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 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 | | No |
| 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 | Yes | |
| 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 | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | No |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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) | | No |
| 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 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | Yes | |
| 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 | Yes | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|---|------------|-----|
| 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 | No |
| 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 | Yes |
| 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 | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| 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 | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 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 | No |
| 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 | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | No |
| 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Yes |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | No |
| 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 | No |
| 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 | Yes |
| 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 | Yes |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes |
| 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 | Yes |
| 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 | No |
| 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 | No |
| 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 | Yes |

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 | 0 |
| 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 | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 16 with various questions and a table for responses.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state disclosure requirements, public inspection of Form 1023, and disclosure of governing documents.

Part VII

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

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

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

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

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

See instructions for the order in which to list the persons above.

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 | | | |
| See Additional Data Table | | | | | | | | | | |
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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 | | | |
| See Additional Data Table | | | | | | | | | | |
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|---|---|-----------|-------------------|
| 1b Sub-Total | ▶ | | |
| 1c Total from continuation sheets to Part VII, Section A | ▶ | | |
| 1d Total (add lines 1b and 1c) | ▶ | 2,953,403 | 4,176,427 328,463 |

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 ▶ 552

| | Yes | No |
|--|-------|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 Yes | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

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 |
|---|--------------------------------|---------------------|
| ARAMARK SERVICES INC 4700 WESTPORT DR SUITE 1400 MECHANICSBURG, PA 17055 | FOOD AND HOUSEKEEPING SERVICES | 21,169,954 |
| RIVERSIDE ANESTHESIA ASSOC 1 RUTHERFORD RD SUITE 101 HARRISBURG, PA 17109 | PHYS. ANESTH. SVCS. | 18,502,820 |
| QUEST DIAGNOSTICS INC 3 GIRALDA FARMS MADISON, NJ 07940 | CONTRACTED LAB SERVICES | 3,311,120 |
| MEDDATA INC PO BOX 8403 CAROL STREAM, IL 60197 | BILLING/COLLECTIONS | 2,539,563 |
| PENNSYLVANIA PSYCHIATRIC INSTITUTE 2501 NORTH THIRD STREET HARRISBURG, PA 17110 | CONTRACT HEALTH SVC. | 1,993,115 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 50

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 2a-2f for Patient Revenue, Retail Pharmacy, Contracted Medical Services, Bundled Payments, Medical Education, and All other program service revenue.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

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 | 470,046 | 470,046 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 395,874,623 | 366,252,683 | 29,621,940 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 15,117,930 | 13,986,707 | 1,131,223 | |
| 9 Other employee benefits | 39,967,848 | 36,977,191 | 2,990,657 | |
| 10 Payroll taxes | 23,588,257 | 21,823,229 | 1,765,028 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 42,149,019 | 18,966,159 | 23,182,860 | |
| b Legal | 13,669 | 6,971 | 6,698 | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 1,699,464 | | 1,699,464 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 114,565,138 | 106,412,408 | 8,152,730 | |
| 12 Advertising and promotion | 167,929 | 141,060 | 26,869 | |
| 13 Office expenses | 9,232,799 | 6,677,370 | 2,555,429 | |
| 14 Information technology | 40,343,228 | 28,355,981 | 11,987,247 | |
| 15 Royalties | | | | |
| 16 Occupancy | 22,977,081 | 16,736,350 | 6,240,731 | |
| 17 Travel | 792,207 | 578,311 | 213,896 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 937,792 | 853,391 | 84,401 | |
| 20 Interest | 1,070,248 | 802,686 | 267,562 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 45,629,944 | 39,241,752 | 6,388,192 | |
| 23 Insurance | 2,967,427 | 2,789,381 | 178,046 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 127,549,528 | 127,549,528 | | |
| b UBIT TAXES | 50,000 | | 50,000 | |
| c PHARMACY | 68,462,034 | 68,462,034 | | |
| d MANAGEMENT & SUPPORT | 45,725,372 | 45,725,372 | | |
| e All other expenses | 69,547,359 | 66,410,938 | 3,136,421 | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,068,898,942 | 969,219,548 | 99,679,394 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|---------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | 2,750 | 1 | 2,700 |
| | 2 Savings and temporary cash investments | 23,515,305 | 2 | 313,254,004 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 122,276,196 | 4 | 119,313,244 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 1,705,807 | 7 | 1,441,917 |
| | 8 Inventories for sale or use | 16,292,409 | 8 | 8,812,549 |
| | 9 Prepaid expenses and deferred charges | 13,315,038 | 9 | 18,147,265 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 650,716,150 | | |
| | b Less: accumulated depreciation | 10b 170,141,667 | 461,642,249 | 10c 480,574,483 |
| | 11 Investments—publicly traded securities | 261,023,144 | 11 | 238,630,104 |
| | 12 Investments—other securities. See Part IV, line 11 | 19,514,792 | 12 | 17,030,751 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 6,992,906 | 15 | 4,083,224 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 926,280,596 | 16 | 1,201,290,241 | |
| Liabilities | 17 Accounts payable and accrued expenses | 162,205,581 | 17 | 149,789,167 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 27,043,877 | 23 | 25,523,439 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 15,755,155 | 25 | 48,156,440 |
| | 26 Total liabilities. Add lines 17 through 25 | 205,004,613 | 26 | 223,469,046 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 673,644,637 | 27 | 945,060,376 |
| | 28 Net assets with donor restrictions | 47,631,346 | 28 | 32,760,819 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 721,275,983 | 32 | 977,821,195 | |
| 33 Total liabilities and net assets/fund balances | 926,280,596 | 33 | 1,201,290,241 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,130,363,389 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,068,898,942 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 61,464,447 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 721,275,983 |
| 5 | Net unrealized gains (losses) on investments | 5 | -17,794,326 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 212,875,091 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 977,821,195 |

Part XII Financial Statements and Reporting

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

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

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

Software ID:**Software Version:****EIN:** 25-1778644**Name:** UPMC PINNACLE HOSPITALS

Form 990 (2019)

Form 990, Part III, Line 4a:

UPMC PINNACLE HOSPITALS UPMC PINNACLE HARRISBURG, LOCATED IN DOWNTOWN HARRISBURG, IS A FULL-SERVICE ACUTE CARE HOSPITAL WITH 409 BEDS. THE HOSPITAL SERVES AS THE HUB FOR THE UPMC PINNACLE NETWORK, PROVIDING THE MOST ADVANCED CARE TO THE RESIDENTS THROUGHOUT SOUTH CENTRAL PENNSYLVANIA. UPMC PINNACLE HARRISBURG FEATURES: - A STATE-OF-THE-ART LABOR AND DELIVERY AREA WITH A LEVEL III NEONATAL INTENSIVE CARE UNIT. - WORLD-CLASS CARDIOLOGY CARE THROUGH UPMC HEART AND VASCULAR INSTITUTE. - THE REGION'S PREMIER KIDNEY TRANSPLANT CENTER. - ADVANCED PEDIATRIC CARE WITH UPMC CHILDREN'S HARRISBURG IN PARTNERSHIP WITH NATIONALLY RECOGNIZED UPMC CHILDREN'S HOSPITAL OF PITTSBURGH. - LEADING-EDGE CARE IN NEUROSCIENCES, WOMEN'S CARE, COMPREHENSIVE STROKE CARE, AND MORE. THIS CAMPUS IS ALSO HOME TO THE ALEX GRASS MEDICAL SCIENCES BUILDING, WHICH INCLUDES: - BONE, JOINT, AND SPINE INSTITUTES- LABORATORY SERVICES- MATERNAL FETAL MEDICINE- SELECT MEDICAL REHAB SERVICES UPMC PINNACLE HARRISBURG HAS EARNED THE MAGNET DESIGNATION. THE UPMC PINNACLE HARRISBURG MISSION IS TO SERVE OUR COMMUNITY BY PROVIDING OUTSTANDING PATIENT CARE AND TO SHAPE TOMORROW'S HEALTH SYSTEM THROUGH CLINICAL AND TECHNOLOGICAL INNOVATION, RESEARCH, AND EDUCATION. UPMC WILL LEAD THE TRANSFORMATION OF HEALTH CARE. THE UPMC MODEL WILL BE NATIONALLY RECOGNIZED FOR REDEFINING HEALTH CARE BY: - PUTTING OUR PATIENTS, HEALTH PLAN MEMBERS, EMPLOYEES, AND COMMUNITY AT THE CENTER OF EVERYTHING WE DO AND CREATING A MODEL THAT ENSURES THAT EVERY PATIENT GETS THE RIGHT CARE, IN THE RIGHT WAY, AT THE RIGHT TIME, EVERY TIME. - HARNESSING OUR INTEGRATED CAPABILITIES TO DELIVER BOTH SUPERB STATE-OF-THE-ART CARE TO OUR PATIENTS AND HIGH VALUE TO OUR STAKEHOLDERS. - EMPLOYING OUR PARTNERSHIP WITH THE UNIVERSITY OF PITTSBURGH TO ADVANCE THE UNDERSTANDING OF DISEASE, ITS PREVENTION, TREATMENT AND CURE. - SERVING THE UNDERSERVED AND DISADVANTAGED, AND ADVANCING EXCELLENCE AND INNOVATION THROUGHOUT HEALTH CARE. - FUELING THE DEVELOPMENT OF NEW BUSINESSES GLOBALLY THAT ARE CONSISTENT WITH OUR MISSION AS AN ONGOING CATALYST AND DRIVER OF ECONOMIC DEVELOPMENT FOR THE BENEFIT OF THE RESIDENTS OF THE REGION. COMMUNITY HEALTH IMPROVEMENT SERVICES TAKING HEALTH CARE BEYOND THE DOORS OF ITS HOSPITALS, CLINICS, AND OFFICES, AND BRINGING IT INTO THE REGION'S TOWNS, SCHOOLS AND WORKPLACES, UPMC PINNACLE IS HELPING CREATE HEALTHIER COMMUNITIES ACROSS CENTRAL PENNSYLVANIA. THROUGH ITS CHARITABLE GIVING AND COMMUNITY INITIATIVES, UPMC PINNACLE IS MAKING A DIFFERENCE IN THE HEALTH AND WELL-BEING OF ITS NEIGHBORS. FROM PUBLIC HEALTH AND WELLNESS INITIATIVES TO SCHOOL HEALTH SCREENINGS, INSURANCE ENROLLMENT HELP, HOME-VISIT PROGRAMS, CHARITY CARE, AND FREE HEALTH CLASSES, UPMC PINNACLE PROVIDES BENEFITS TO THE COMMUNITY. - UPMC PINNACLE OFFERS A VARIETY OF FREE COMMUNITY PROGRAMS THAT ARE MAKING A DIFFERENCE IN THE LIVES OF CENTRAL PENNSYLVANIANS EVERY DAY, INCLUDING: - MAMMOGRAM VOUCHER PROGRAM (MVP) - UPMC PINNACLE PROVIDES WOMEN IN OUR COMMUNITY WHO ARE UNINSURED OR UNDERINSURED ACCESS TO FREE, POTENTIALLY LIFE-SAVING MAMMOGRAMS. - EAT SMART PLAY SMART (ESPS) - THIS IS A FUN-FILLED EIGHT-WEEK WELLNESS PROGRAM THAT TEACHES YOUTH AGES 3-19 YEARS OLD ABOUT FITNESS, NUTRITION, AND MENTAL HEALTH TOPICS. - THE ENERGY PACK PROGRAM - THIS PROGRAM HELPS CHILDREN IN LOW-INCOME FAMILIES MEET THEIR NUTRITIONAL NEEDS DURING WEEKENDS AND HOLIDAY BREAKS. EACH WEEKEND OR HOLIDAY, PARTICIPATING CHILDREN RECEIVE A BACKPACK FILLED WITH NUTRITIOUS FOODS TO HELP THEM AVOID HUNGER AND STAY HEALTHY. - CENTER FOR ADDICTION RECOVERY - HELPING INDIVIDUALS WHO SUFFER FROM OPIOID OR ALCOHOL ADDICTION, UPMC PINNACLE OFFERS A PLACE TO GO FOR ASSISTANCE, SUPPORT AND MEDICAL TREATMENT. - SMILES - WORKING IN PARTNERSHIP WITH THE HARRISBURG AREA DENTAL SOCIETY, UPMC PINNACLE PROVIDES ACCESS TO URGENT DENTAL CARE FOR UNDERINSURED OR UNINSURED PATIENTS. - NURSE-FAMILY PARTNERSHIP (NFP) - THIS PROGRAM PROVIDES CRITICAL MEDICAL AND SOCIAL SUPPORT TO LOW-INCOME, FIRST-TIME MOTHERS DURING THEIR PREGNANCIES AND THE FIRST YEARS OF THEIR CHILD'S LIFE. - CHILDREN'S RESOURCE CENTER (CRC) - PROVIDING A SAFE, CHILD-FRIENDLY ENVIRONMENT FOR CHILDREN SUSPECTED OF HAVING BEEN ABUSED OR NEGLECTED, THE CRC IS A CHILD ADVOCACY CENTER DEDICATED TO REDUCING THE TRAUMA AND AFTERMATH OF ABUSE FOR CHILDREN AND THEIR FAMILIES. - REACH PROGRAM - THE RESOURCES, EDUCATION, AND COMPREHENSIVE CARE FOR HIV PROGRAM OFFERS FREE AND CONFIDENTIAL HIV TESTING AS WELL AS PRIMARY HIV CARE FOR MEN, WOMEN, AND ADOLESCENTS. ITS ADDITIONAL RESOURCES INCLUDE MEDICAL, DENTAL, NUTRITIONAL, MENTAL HEALTH, AND SOCIAL SERVICES, AND ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY OR INSURANCE STATUS. - DIABETES EDUCATION FOR DISPARATE POPULATIONS: TO PROVIDE CULTURALLY AND ECONOMICALLY APPROPRIATE EDUCATION THAT ENABLES PERSONS WITH DIABETES TO BETTER MANAGE THEIR DISEASE. - SUPPORT GROUPS ARE OFFERED FREE OF CHARGE TO HELP PEOPLE UNDERSTAND AND COPE WITH PARTICULAR PROBLEMS OR ILLNESSES. THEY INCLUDE DIABETES, BEREAVEMENT, CAREGIVER, TRANSPLANT, AND HEART DISEASE. - CHILDREN'S HEALTH FAIR, CONFERENCES AND LECTURES PROVIDE INFORMATION ON HEALTHY LIFESTYLES AND HEALTH CAREER SESSIONS, YOUTH HEALTH SCREENINGS, YOUTH OBESITY PREVENTION, CHILD ABUSE AWARENESS/PREVENTION AND LITERACY PROGRAMS FOR CHILDREN. COMMUNITY HEALTH EDUCATION AND SUPPORT AS ONE OF THE LARGEST PROVIDERS OF HEALTHCARE SERVICES IN THE STATE OF PENNSYLVANIA, UPMC PINNACLE HOSPITALS OFFER A VARIETY OF CLINICAL, EDUCATIONAL AND SUPPORT SERVICES FOCUSED ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE. INCLUDED IN THESE PROGRAMS ARE: - COMMUNITY LECTURES ON A VARIETY OF TOPICS, INCLUDING CARDIOVASCULAR HEALTH, HIV/AIDS, SPORTS MEDICINE, ETHICS, AND END-OF-LIFE PLANNING. - TOBACCO CESSATION EDUCATION IN CLINICS AND THROUGHOUT THE COMMUNITY. - HEALTH EDUCATION STORIES IN THE NEWSPAPER, ON TELEVISION, ON RADIO AND HOSPITAL NEWSLETTER. - CLERGY ARE AVAILABLE TO PATIENTS AND FAMILY MEMBERS TWENTY-FOUR HOURS A DAY. VOLUNTEER CHAPLAINS PROVIDE BASIC SPIRITUAL SUPPORT, I.E., PRAY WITH PATIENT, READ SCRIPTURE AND PROVIDE SPIRITUAL RESOURCES, SUCH AS ROSARIES, CROSSES AND RELIGIOUS BOOKS. STAFF CHAPLAINS VISIT WITH PATIENTS AND FAMILIES WHEN THERE IS A CRISIS SITUATION, WHEN THERE ARE ETHICAL/MORAL DILEMMAS, AND WHEN THE PATIENT IS EXPERIENCING GRIEF, ANXIETY, DEPRESSION, LONELINESS OR PERSONAL ISSUES. - UPMC PINNACLE CANCER CENTER'S BOARD-CERTIFIED SURGEONS AND MEDICAL ONCOLOGISTS ATTACK ALL TYPES OF CANCER, SUPPORTED BY A TEAM OF PHARMACISTS, SOCIAL WORKERS, REHABILITATION AND PAIN MANAGEMENT SPECIALISTS, EACH WITH A UNIQUE AWARENESS OF PATIENT NEEDS. - THE HEART FAILURE CENTER WAS DEVELOPED IN AN EFFORT TO PROVIDE PATIENTS SUFFERING FROM HEART FAILURE WITH AN ALTERNATIVE TO FREQUENT HOSPITALIZATIONS. OUR TEAM OF EXPERIENCED HEALTHCARE PROFESSIONALS ASSISTS PATIENTS IN LEARNING THE SKILLS NEEDED TO HELP SELF-MANAGE THEIR CHRONIC ILLNESS. - THE SPINE INSTITUTE COMBINES THE EXPERTISE OF NEUROSURGEONS, ORTHOPEDIC SURGEONS, PSYCHIATRISTS, NEUROLOGISTS, PAIN MANAGEMENT SPECIALISTS, NURSES, IMAGING SERVICES AND REHABILITATION SERVICES TO TARGET EVERY PATIENT'S PARTICULAR PROBLEM AND PROVIDE OPTIMAL TREATMENT. - BUS PASSES OR TAXI FEES ARE PROVIDED TO PATIENTS AND FAMILIES MEETING THE ORGANIZATION'S FINANCIAL ASSISTANCE GUIDELINES TO ENHANCE PATIENT ACCESS TO CARE. - RESIDENT PHYSICIAN TRAINING PROGRAMS FOR ORTHOPEDIC SURGERY, INTERNAL MEDICINE, GENERAL SURGERY, PODIATRY, AND FAMILY PRACTICE. FELLOWSHIP PROGRAMS FOR SPORTS MEDICINE AND MATERNAL FETAL MEDICINE. - CONTINUING EDUCATION FOR NURSES AND PHYSICIAN OFFICE STAFF AND FOR LOCAL COMMUNITY PROFESSIONALS SUCH AS SCHOOL NURSES. - BAILEY HOUSE IS A HOME AWAY FROM HOME. IT PROVIDES FREE OVERNIGHT LODGING AND A COMFORTABLE, SUPPORTIVE, AND NURTURING ENVIRONMENT FOR FAMILIES FROM OUTSIDE THE HARRISBURG AREA. WELLNESS AND SCREENING PROGRAMS ARE PROVIDED INCLUDING: - CHOLESTEROL SCREENINGS- PROSTATE SCREENINGS- INFANT DEVELOPMENT SCREENINGS- SPEECH AND HEARING SCREENINGS- DEPRESSION AND ANXIETY SCREENINGS- BONE DENSITY SCREENINGS- NUTRITION THERAPY EDUCATION PROGRAMS- LEAD POISONING SCREENINGS

Form 990, Part III, Line 4b:

UPMC PINNACLE EMERGENCY DEPARTMENT SERVICESUPMC PINNACLE EMERGENCY DEPARTMENT IS A TAX EXEMPT, NON-PROFIT CORPORATION ENGAGED IN PROVIDING PROFESSIONAL SERVICES IN EMERGENCY MEDICINE.EMERGENCY SERVICESTWENTY-FOUR HOUR MEDICAL EMERGENCY SERVICE IS PROVIDED IN THREE EMERGENCY DEPARTMENTS, (HARRISBURG HOSPITAL, COMMUNITY GENERAL HOSPITAL, AND WEST SHORE HOSPITAL) STAFFED BY PHYSICIANS AND NURSES SPECIALIZING IN EMERGENCY MEDICINE AND SUPPORT PERSONNEL. SERVICES ARE OPEN TO ALL PERSONS WITHOUT REGARD TO AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, HANDICAP OR ABILITY TO PAY. MEDICAL COVERAGE IS GIVEN FOR COMMUNITY SPORTING EVENTS. CPR TRAINING PROGRAMS ARE OFFERED TO COMMUNITY GROUPS AND ORGANIZATIONS.TWENTY-FOUR HOUR EMERGENCY MEDICAL COMMAND IS PROVIDED FOR THE TRI-COUNTY AREA.DURING FISCAL YEAR 2020, UPMC PINNACLE HOSPITALS TREATED 139,730 PATIENTS IN ITS THREE EMERGENCY DEPARTMENTS. THIS WAS A DECREASE OF 315 PATIENTS OVER THE PRIOR YEAR.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| PHILIP GUARNESCHELLI PRESIDENT AND CEO | 5.00 35.00 | X | | X | | | | 0 | 1,213,729 | 36,059 |
| WILLIAM H PUGH EVP & CFO/TREASURER (RETIRED 12/19) | 5.00 35.00 | | | X | | | | 0 | 805,887 | 31,492 |
| WILLIAM BACHINSKY MD DIRECTOR | 1.00 39.00 | X | | | | | | 0 | 708,323 | 36,042 |
| QUAN TRAN HOSPITALIST | 40.00 0.00 | | | | | X | | 598,814 | 0 | 28,101 |
| THOMAS STONER VP, HOSPITALIST SERVICES | 40.00 0.00 | | | | | X | | 570,107 | 0 | 33,309 |
| HAROLD YANG TRANSPLANT SURGEON | 40.00 0.00 | | | | | X | | 565,800 | 0 | 35,808 |
| CHRISTOPHER P MARKLEY ESQ SEC'Y/SR VP/GENERAL COUNSEL | 5.00 35.00 | | | X | | | | 0 | 567,916 | 17,230 |
| CHASE TURNER HOSPITALIST | 40.00 0.00 | | | | | X | | 561,703 | 0 | 23,171 |
| CRAIG SKUCENSKI VP, EMERGENCY MEDICINE | 40.00 0.00 | | | | | X | | 525,729 | 0 | 36,059 |
| ALISON BERNHARDT VP & CFO/TREASURER | 5.00 35.00 | | | X | | | | 0 | 354,631 | 21,907 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| MICHAEL A YOUNG FORMER PRESIDENT/CEO (RES. 3/17) | 0.00 | | | | | | X | 0 | 334,488 | 236 |
| JOHN DELORENZO ASSISTANT SECRETARY | 10.00 | | | X | | | | 0 | 191,453 | 29,049 |
| KENNETH OKEN MD DIRECTOR | 39.00 | X | | | | | | 131,250 | 0 | 0 |
| DOUG NEIDICH CHAIRMAN | 1.00 | X | | X | | | | 0 | 0 | 0 |
| CYNTHIA TOLSMA VICE CHAIRMAN | 1.00 | X | | X | | | | 0 | 0 | 0 |
| CAROLYN KREAMER PHD DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| JOHN C HICKEY DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| JONATHAN VIPOND DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| MARK GLESSNER DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL MURCHIE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| RONALD KRATZ MD PRESIDENT OF THE MEDICAL STAFF | 1.00 | X | | | | | | 0 | 0 | 0 |
| YVONNE HOLLINS DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| LESLIE DAVIS DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| RICHARD HAMILTON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| PAUL SPEARS MD DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| MERON YEMANE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| EDWARD KARLOVICH DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| DAVID MARTIN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| ROBERT MONTLER DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

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 **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 _____
 - 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? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|------------|---|-----------|--|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/> | | |
| b | 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/> | | |
| 17a | 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/> | | |
| b | 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| 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? <i>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.</i> | Yes | No |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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): | 1 | |
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID:

Software Version:

EIN: 25-1778644

Name: UPMC PINNACLE HOSPITALS

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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 | 7,949,635 | 7,683,993 | 7,488,199 | 7,107,039 | |
| b Contributions | | 583,601 | | | |
| c Net investment earnings, gains, and losses | 64,719 | -317,959 | 195,794 | 381,160 | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,508,593 | | | | |
| f Administrative expenses | 94,922 | | | | |
| g End of year balance | 6,410,839 | 7,949,635 | 7,683,993 | 7,488,199 | |

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100.000 %
- c** Temporarily restricted endowment ▶ 0 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 38,658,769 | | 38,658,769 |
| b Buildings | | 323,407,354 | 45,083,256 | 278,324,098 |
| c Leasehold improvements | | 5,512,844 | 3,099,176 | 2,413,668 |
| d Equipment | | 222,819,200 | 121,959,235 | 100,859,965 |
| e Other | | 60,317,983 | | 60,317,983 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 480,574,483 |

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

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 | 48,156,440 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 48,156,440 |

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

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

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

| | | | | |
|----------|--|-----------|-----------|--|
| 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.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
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Additional Data

Software ID:

Software Version:

EIN: 25-1778644

Name: UPMC PINNACLE HOSPITALS

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4: | "UPMC PINNACLE'S ENDOWMENT FUND IS COMPRISED OF INVESTMENTS HELD IN TRUST THAT HAVE BEEN EITHER DONATED OR RECEIVED AS A TESTAMENTARY TRUST FROM THE GRANTORS WILL, WHERE THE HOSPITAL IS THE BENEFICIARY OF THE TRUST INSTRUMENT. THE UNDERLYING SECURITIES IN EACH TRUST ARE TYPICALLY INDIVIDUALLY OWNED FIXED INCOME OR EQUITY SECURITIES OR MUTUAL FUNDS WHICH ARE INVESTED IN FIXED INCOME OR EQUITY SECURITIES. THE TRUSTEE OF EACH TRUST IS RESPONSIBLE FOR MANAGING AND INVESTING THE ASSETS IN ACCORDANCE WITH THE TRUST ARRANGEMENT." |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES. TAX BENEFITS ARE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. SUCH TAX POSITIONS ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY TO BE REALIZED UPON ULTIMATE SETTLEMENT WITH THE TAX AUTHORITIES ASSUMING FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. AS OF JUNE 30, 2020, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED. |

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 UPMC PINNACLE HOSPITALS

Employer identification number
 25-1778644

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | Yes | |
| 1b If "Yes," was it a written policy? | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000</u> % | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | Yes | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | No |
| 6a Did the organization prepare a community benefit report during the tax year? | Yes | |
| b If "Yes," did the organization make it available to the public? | Yes | |

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

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 6,006,930 | | 6,006,930 | 0.580 % |
| b Medicaid (from Worksheet 3, column a) | | | 96,630,356 | 71,080,841 | 25,549,515 | 2.480 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 102,637,286 | 71,080,841 | 31,556,445 | 3.060 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 26 | 1,959,282 | 9,932,819 | 948,640 | 8,984,179 | 0.870 % |
| f Health professions education (from Worksheet 5) | 4 | 50,476 | 17,731,789 | 8,087,607 | 9,644,182 | 0.930 % |
| g Subsidized health services (from Worksheet 6) | 1 | 1,000 | 12,604,465 | | 12,604,465 | 1.220 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 2 | 373,826 | 575,576 | | 575,576 | 0.060 % |
| j Total. Other Benefits | 33 | 2,384,584 | 40,844,649 | 9,036,247 | 31,808,402 | 3.080 % |
| k Total. Add lines 7d and 7j | 33 | 2,384,584 | 143,481,935 | 80,117,088 | 63,364,847 | 6.140 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | 6 | 20,532 | 3,072,250 | | 3,072,250 | 0.300 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | 1 | 500 | 25,000 | | 25,000 | 0 % |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | 1 | 2,240 | 105,648 | | 105,648 | 0.010 % |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | 8 | 23,272 | 3,202,898 | | 3,202,898 | 0.310 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | Yes | No |
|--|---------------------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 10,109,407 | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 941,163 | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | |
|--|----------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 177,920,477 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 163,364,320 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 14,556,157 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--|---|--|--|---|
| 1 WEST SHORE SURGERY CENTER LTD | SURGICAL CARE - MEDICAL SERVICES | 45.000 % | 0 % | 53.000 % |
| 2 2 SUSQUEHANNA VALLEY SURGERY CENTER | SURGICAL CARE - MEDICAL SERVICES | 50.000 % | 0 % | 50.000 % |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

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

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

3

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

| See Additional Data Table | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

| | | Yes | No |
|--|--|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| b | <input checked="" type="checkbox"/> Other website (list url): <u>WWW.PPIMHS.ORG</u> | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.UPMCPINNACLE.COM</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

UPMC PINNACLE HARRISBURG

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|---|---|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | 13 Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | 16 Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

UPMC PINNACLE HARRISBURG

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|---|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | 19 | No |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

UPMC PINNACLE HARRISBURG

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 2 _____

| | | Yes | No |
|--|--|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| b | <input checked="" type="checkbox"/> Other website (list url): <u>WWW.PPIMHS.ORG</u> | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.UPMCPINNACLE.COM</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|---|---|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | 13 Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | 16 Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|---|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | 19 | No |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 3

| | | Yes | No |
|--|--|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| b | <input checked="" type="checkbox"/> Other website (list url): <u>WWW.PPIMHS.ORG</u> | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.UPMCPINNACLE.COM</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

UPMC PINNACLE WEST SHORE

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|---|---|-----|-----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | 13 | Yes |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 | Yes |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | 16 | Yes |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.UPMCPINNACLE.COM</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

UPMC PINNACLE WEST SHORE

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|---|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | 19 | No |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

UPMC PINNACLE WEST SHORE

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information *(continued)*

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

| Form and Line Reference | Explanation |
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| See Add'l Data | |
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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 3

| Name and address | Type of Facility (describe) |
|---|----------------------------------|
| 1 1 - PINNACLE HEALTH EMERGENCY DEPARTMENT 111 SOUTH FRONT STREET HARRISBURG, PA 17101 | EMERGENCY MEDICAL SERVICES |
| 2 2 - SUSQUEHANNA VALLEY SURGERY CENTER LLC 4310 LONDONDERRY ROAD SUITE 1 HARRISBURG, PA 17109 | SURGICAL CARE - MEDICAL SERVICES |
| 3 3 - WEST SHORE SURGERY CENTER LTD 2015 TECHNOLOGY PARKWAY MECHANICSBURG, PA 17050 | SURGICAL CARE - MEDICAL SERVICES |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7: | THE COST OF CHARITY CARE AND UNREIMBURSED MEDICAID COSTS ARE CALCULATED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM FOR EACH OF THE INDIVIDUAL SERVICES PROVIDED TO THE PATIENT. IT UTILIZES HOSPITAL EXPENSES FROM THE GENERAL LEDGER AND REVENUE DETAILS FROM THE PATIENT ACCOUNTING SYSTEM. EACH DEPARTMENT WITHIN THE HOSPITAL IS CLASSIFIED AS EITHER INDIRECT (OVERHEAD) OR DIRECT (PATIENT CARE AREAS). EXPENSES ARE CLASSIFIED AS FIXED OR VARIABLE AS THEY RELATE TO PATIENT VOLUME. LOGICAL STATISTICS ARE USED TO ALLOCATE OVERHEAD EXPENSES TO THE PATIENT CARE DEPARTMENTS. USING EITHER A RATIO OF COST-TO-CHARGE OR RVUS (RELATIVE VALUE UNITS), THE DIRECT AND INDIRECT COSTS FOR EACH DEPARTMENT ARE ALLOCATED TO THE SERVICES THEY PROVIDE. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7G: | LOSSES FROM PRIMARY CARE AND CLINICS ARE INCLUDED AS SUBSIDIZED HEALTH SERVICES. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART I, LINE 7, COLUMN (F): | THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 36,663,833. |

| Form and Line Reference | Explanation |
|--|--|
| <p>PART II, COMMUNITY BUILDING ACTIVITIES:</p> | <p>WITH A FOCUS ON PROVIDING LEADERSHIP AND IMPROVING THE OVERALL HEALTH OF OUR COMMUNITY, UP MC PINNACLE HOSPITALS VALUES RELATIONSHIPS WITH COMMUNITY PARTNERS AND THE ASSETS THEY BRING TO ANY COLLABORATIVE EFFORTS. UPMC PINNACLE HELPED CREATE THE DAUPHIN COUNTY HEALTH IMPROVEMENT PARTNERSHIP (DCHIP) COMPRISED OF REGIONAL HEALTH AND HUMAN SERVICE PROVIDERS, PAYORS, COUNTY GOVERNMENT, AND BUSINESSES AND EDUCATION PROFESSIONALS. UPMC PINNACLE HAS WORKED COLLABORATIVELY WITH PHYSICIANS AND HEALTH AND HUMAN SERVICE ORGANIZATIONS FOR MANY YEARS TO MAXIMIZE COMMUNITY CAPACITY, PROVIDE NECESSARY SERVICES TO THE COMMUNITY AND REDUCE DUPLICATION OF SERVICES. UPMC PINNACLE SERVES IN A CONVENING ROLE TO STRENGTHEN COMMUNITY ASSETS THROUGH REFERRAL NETWORKS AND PARTNERSHIPS. SUCH INITIATIVES INCLUDE A PHARMACY VOUCHER PROGRAM WITH THE HARRISBURG PHARMACY AND WITH THE LOCAL SCHOOL SYSTEM TO PROMOTE HEALTHY CHOICES. STAFF AND VOLUNTEERS SUPPORT THE SCHOOL NURSES BY ASSISTING WITH MANDATED HEALTH SCREENINGS INCLUDING HEIGHT, WEIGHT, VISION, HEARING, AND DENTAL SCREENINGS. DURING FALL 2018, UPMC PINNACLE HOSPITAL STAFF AND VOLUNTEERS ASSISTED WITH SCREENING 6,036 STUDENTS IN THE HARRISBURG AND PERRY COUNTY SCHOOL DISTRICTS. PERRY COUNTY IS A RURAL COUNTY IN OUR SERVICE AREA WITH A POPULATION OF 45,969; 97% WHITE; HISPANIC/LATINO 1%; TWO OR MORE RACES 1%; BLACK OR AFRICAN AMERICAN BELOW 1%; SOME OTHER RACE BELOW 1%; ASIAN BELOW 1%; THE POVERTY LEVEL IS AT 8.7%. UPMC PINNACLE ALSO ENGAGED THE HELP OF MESSIAH UNIVERSITY NURSING STUDENTS TO BUILD CAPACITY AND ENHANCE THE EDUCATIONAL EXPERIENCES FOR NURSING STUDENTS. THE SCHOOL DISTRICTS SHARE THE SCREENING DATA WITH PINNACLE TO AID IN FOCUSING OUR EFFORTS AND RESOURCES IN THE AREAS WITH THE HIGHEST NEEDS FOR ACCESS, EDUCATION, AND SUPPORT. BASED ON IDENTIFIED COMMUNITY NEEDS AND VULNERABLE POPULATIONS, CONTINUOUS AND FREE PUBLIC PROGRAMS TARGETED AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY AND INTO AREAS OF LIMITED ACCESS TO SPECIALTY SERVICES. THESE PROGRAMS ARE INTENDED TO INFORM AND CHANGE THE HEALTH HABITS OF PARTICIPANTS THROUGH SUCH TOPIC AREAS AS DIABETES, HEART DISEASE, SEXUALLY TRANSMITTED DISEASE PREVENTION, CANCER, ACCESSING HEALTHCARE, BEHAVIORAL HEALTH, SMOKING CESSATION, AND NUTRITION. EXAMPLES OF UPMC PINNACLE'S LEADERSHIP IN BUILDING COMMUNITY CAPACITY ARE: FAITH COMMUNITY HEALTH CONNECTION (FCHC) WITH LEADERSHIP OF OUR SPIRITUAL CARE SYSTEM MANAGER, UPMC PINNACLE HAS ENHANCED THE FAITH COMMUNITY HEALTH CONNECTION (FCHC) BY OFFERING A NUMBER OF EDUCATIONAL SESSIONS ON TOPICS SUCH AS ADVANCED DIRECTIVES AND PALLIATIVE CARE. OUR SPIRITUAL CARE DEPARTMENT ENGAGES OUR FAITH COMMUNITY WITH INVITATIONS TO ANY AND ALL EDUCATIONAL OPPORTUNITIES AND ALSO PARTNERS WITH THE FAITH LEADERS TO REACH OUT TO THE MOST VULNERABLE POPULATIONS IN OUR COMMUNITY. IN 2019, 215 INDIVIDUALS PARTICIPATED IN OUR FCHC EDUCATIONAL SESSIONS. IN MANY OF THE ETHNIC COMMUNITIES AROUND UPMC PINNACLE HARRISBURG, THE FAITH LEADER IS THE MOST TRUSTED INDIVIDUAL AND MANY ARE PARTNERS OF UPMC PINNACLE BECAUSE OF THE RELATIONSHIPS WITH THE LEADERS OF OUR SPIRITUAL CARE DEPARTMENT AND THE FCHC INITIATIVE. WHEN MEMBERS OF THE FAITH COMMUNITY ARE ADMITTED TO A UPMC PINNACLE HOSPITAL, THE FAITH LEADER AND OUR FCHC LEADERS WORK TO ENSURE THAT THE PATIENT HAS ALL AVAILABLE SUPPORT AND SERVICES ALIGNED TO ASSIST IN A HEALTHY RECOVERY. LEADERS AT LOCAL CONGREGATIONS WORK COLLABORATIVELY WITH PINNACLE STAFF TO: -PROVIDE ACCESS TO QUALITY HEALTH CARE AND ND HELP GUIDE INDIVIDUALS THROUGH THE HEALTHCARE SYSTEM. -PROVIDE ADVOCACY TO EMPOWER CONGREGANTS IN HEALTHCARE EDUCATION MAKING. -CONNECT FAITH COMMUNITIES TO A NETWORK OF SUPPORT FOLLOWING ILLNESS, INJURY, AND HOSPITALIZATION. -CONNECT PEOPLE WITH EDUCATION AND SERVICES THAT WILL ENABLE THEM TO MAINTAIN OPTIMAL LEVELS OF HEALTH AND WELLBEING. -ASSIST UPMC PINNACLE STAFF IN PROVIDING CULTURALLY SENSITIVE SERVICES TO DIVERSE POPULATIONS. INDIGENT CARE FUND EACH YEAR PINNACLE MAKES AVAILABLE \$115,000 TO SEVEN LOCAL CLINICS THAT SERVE THE UNINSURED AND UNDERSERVED. IN FISCAL 2020, CLINICS UTILIZED APPROXIMATELY \$79,378 TO PROVIDE DIAGNOSTIC TESTING AT NO COST TO THEIR PATIENTS. DUE TO COVID-19 MANY CLINIC SHUT DOWN IN MARCH. TO DATE, THE CONTINUUM PROJECT HAS DISBURSED OVER \$575,579 IN FREE CARE FUNDS TO COVER THE COST OF DIAGNOSTIC SERVICES TO PATIENTS AT THE BEACON CLINIC, BETHESDA MISSION, COMMUNITY CHECK UP CENTER, HAMILTON HEALTH CENTER, HOPE WITHIN CLINIC, AIM FREE CLINIC, AND MISSION OF MERCY. BASED ON UPMC PINNACLE GOALS AND THE ANALYSIS OF RELATED DATA TO DATE, THE FOLLOWING GOAL AND RELATED OUTCOME HAS BEEN NOTED: -DECREASE READMISSIONS WITHIN 30 DAYS FOR COMMUNITY HEALTH CENTER PATIENTS FROM 14% TO 12%. THE TRANSFORMATION FROM A TRADITIONAL INPATIENT BASED HEALTH CARE MODEL TO A COLLABORATIVE, PATIENT-CENTERED MEDICAL HOME MODEL REQUIRES A PARTNERSHIP BETWEEN INDIVIDUAL PATIENTS, PHYSICIANS, CLINICS, AND THE COMMUNITY-BASED PATIENT SUPPORT SYSTEM. PATIENT CARE IS</p> |

| Form and Line Reference | Explanation |
|---|---|
| PART II, COMMUNITY BUILDING ACTIVITIES: | <p>FACILITATED BY THE COMMUNITY HEALTH NAVIGATION TEAM USING RELATIONSHIPS WITH COMMUNITY BASED ORGANIZATIONS AND A HEALTH INFORMATION EXCHANGE TO ENSURE PATIENTS GET THE INDICATED CARE WHEN AND WHERE THEY NEED AND WANT IT IN A CULTURALLY AND LINGUISTICALLY APPROPRIATE MANNER. CHILDREN'S RESOURCE CENTER (CRC) AS A TRUSTED PLACE FOR OUR COMMUNITY TO GO FOR ACCESS TO PUBLIC HEALTH SERVICES AND INFORMATION, UPMC PINNACLE AND ITS STAFF OF PROFESSIONALS MEET THE NEEDS OF A DIVERSE POPULATION WITH CULTURAL AWARENESS AND SENSITIVITY. THE CRC PARTNERS WITH LAW ENFORCEMENT, DISTRICT ATTORNEY OFFICES, SOCIAL SERVICES, PSYCHOLOGICAL SUPPORT SERVICES, CRISIS INTERVENTION, AND CHILD PROTECTION SERVICES TO PROVIDE EFFICIENT, QUALITY CARE IN A SAFE, CHILD-FRIENDLY ENVIRONMENT FOR CHILDREN SUSPECTED OF HAVING BEEN ABUSED OR NEGLECTED. THROUGH ONGOING TRAINING AND EDUCATION IN THE COMMUNITY, THE CRC HAS SEEN AN INCREASE IN PARTICIPATION WITH PARTNER AGENCIES IN AN EVER-WIDENING GEOGRAPHIC SERVICE AREA. THE CRC SERVED 2,294 CHILDREN AND CAREGIVERS IN FY20. WE SAW CHILDREN FROM OVER 20 COUNTIES IN PENNSYLVANIA BUT ROUTINELY SERVED CHILDREN FROM DAUPHIN, CUMBERLAND, PERRY, LEBANON, SCHUYKILL, JUNIATA, MIFFLIN, BLAIR, AND BEDFORD COUNTIES. LEAD AND HEALTHY HOMES PROGRAM (LHHP) THE UPMC PINNACLE LEAD POISONING PREVENTION PROGRAM (LPPEP) IS A NONPROFIT, SELF-SUPPORTING, NON-GRANT FUNDED PROGRAM THAT PASSIONATELY CARES ABOUT THE CHILDREN IN SOUTH CENTRAL PA. WITH OVER 25 YEARS OF CHILDHOOD LEAD POISONING PREVENTION EXPERIENCE, OUR TEAM OF HEALTH PROFESSIONALS INCLUDES REGISTERED NURSES AND PUBLIC HEALTH PERSONNEL WITH LICENSES IN LEAD RISK ASSESSMENTS WITH AN EXPERTISE IN CHILDHOOD LEAD POISONING PREVENTION AND RECOGNITION, AND HEALTHY HOMES SPECIALISTS BY THE NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION (NEHA), AND ASBESTOS BUILDING INSPECTORS. WHEN A CHILD IS DIAGNOSED WITH AN ELEVATED LEAD LEVEL (EBL) BY THEIR PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER; THE LPPEP WILL CONTACT THE PARENT TO DISCUSS THE LEAD ELEVATION AND MAKE AN APPOINTMENT FOR AN ENVIRONMENTAL LEAD INVESTIGATION AT THEIR HOME. IN ADDITION, THE REGISTERED NURSE WILL: REVIEW POSSIBLE CAUSES OF ELEVATED LEAD ASK ABOUT CHIPPING AND PEELING PAINT IN THE HOME DETERMINE THE AGE OF THE HOME (THROUGH PUBLIC RECORDS) INQUIRE ABOUT ANY HOME RENOVATIONS CURRENTLY OR PREVIOUSLY CONDUCTED IN OR AROUND THE HOME REQUEST INFORMATION ABOUT OTHER HOMES, DAY CARES, SCHOOLS, OR PLACES WHERE THE CHILD SPENDS TIME, AND THESE WILL BE INVESTIGATED AS WELL. ASK ABOUT ANY OTHER CHILDREN, OR PREGNANT MOMS IN THE FAMILY, AND IF THEY WERE TESTED FOR EBL REVIEW DIET, AND RECOMMENDED NUTRITION INFORMATION FOR CHILDREN WITH EBL DISCUSS THE IMPORTANCE OF VITAMINS STRESS THE IMPORTANCE OF FOLLOW UP LEAD TESTING FOR THE CHILD REFER TO EARLY INTERVENTION AND THE INTERMEDIATE UNIT REFER TO OTHER SOCIAL SERVICE AGENCIES, I.E. HEAD START, WIC PREPARE WRITTEN LITERATURE AND OTHER EDUCATIONAL PAMPHLETS ABOUT LEAD POISONING TO BE GIVEN AT THE HOME VISIT. IF REQUESTED, THESE CAN ALSO BE MAILED TO THE PARENT. THE UPMC LPPEP LICENSED RISK ASSESSOR WILL TEST EACH ROOM OF THE HOUSE; PAINTED, TILED, OR VARNISHED SURFACES, BATHTUBS IF APPLICABLE, AND ALSO THE OUTSIDE OF THE HOME, INCLUDING PORCHES AND OUT-BUILDINGS. SOIL AND WATER SAMPLES WILL BE TAKEN IF DEEMED NECESSARY. SOIL OF A GARDEN, OR POTENTIAL GARDEN IS ALWAYS SAMPLED. PLUMBING WILL BE EXAMINED FOR LEAD PIPES AND SOLDERING. ALSO, THE LPPEP STAFF IS EXPERIENCED IN RECOGNIZING MANY OTHER FORMS OF LEAD POISONING IN CHILDREN WHICH ARE ON THE RISE. THESE INCLUDE:(CONT'D AT END)</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART III, LINE 3: | THE PERCENTAGE OF GROSS CHARGES REPRESENTED BY THOSE PATIENTS QUALIFYING FOR ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AS COMPARED TO TOTAL GROSS CHARGES WAS CALCULATED. THIS PERCENTAGE WAS APPLIED TO THE ESTIMATED NET BAD DEBTS AMOUNT TO ESTIMATE THE AMOUNT OF BAD DEBTS ASSOCIATED WITH PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. THIS AMOUNT IS BEING REFLECTED AS A COMMUNITY BENEFIT SINCE THIS AMOUNT IS NOT BEING PURSUED UNDER THE HOSPITAL'S BAD DEBT POLICY BUT TO THE QUALIFICATION FOR FINANCIAL ASSISTANCE BY THE PATIENT. |

| Form and Line Reference | Explanation |
|--|---|
| PART II: COMMUNITY BUILDING ACTIVITIES | <p>CULTURAL- APPLICATION OF KOHL, SINDOOR IN MIDDLE EASTERN AND ASIAN IMMIGRANTS AND OTHER CULTURAL MAKE-UP. SPICES IMPORTED FROM OTHER COUNTRIES. (TURMERIC, HOT PEPPER CHILI POWDER, AND PAPRIKA) THESE ARE SOMETIMES IN UNMARKED PACKAGES, AND WE SEND THEM TO A CODETIFIED LAB FOR LEAD TESTING. TOYS AND CANDY MADE OUTSIDE THE UNITED STATES CANDY WRAPPERS MADE OUTSIDE OF THE UNITED STATES CHILDREN AND ADULT JEWELRY CONTAINING LEAD AND KEYS DISHES, AND OTHER CONTAINERS WHICH CONTAIN LEAD IN THE GLAZE RICE COOKERS, COOKING POTTERY SOIL CONTAMINATED WITH LEAD FROM EXTERIOR PAINT FROM THE HOME, OUT-HOUSES, GARAGES, AND ALSO WHERE THE AREA AROUND THE HOME WAS USED FOR AUTO REPAIR PRIOR TO 1978 WHEN LEAD GASOLINE WAS BANNED . (ALL OF THE ABOVE WERE ACTUALLY FOUND TO BE CAUSES OF SOME OF OUR INVESTIGATIONS FOR SOURCE OF LEAD TOXICITY IN CHILDREN)WE ALSO WILL INVESTIGATE ANY HOBBIES THAT LEAD IS INVOLVED WITH SUCH AS STAINED GLASS REPAIR, MAKING OR RELOADING BULLETS, AND TARGET SHOOTING AT THE RANGE, THE NURSE WILL ALSO INQUIRE ABOUT OCCUPATIONS, WHICH INVOLVE LEAD SUCH AS: BRIDGE PAINTING BATTERY MANUFACTURING CONSTRUCTION WORKERS DEMOLITION WORKERS FIRE RANGE WORKERS PIPE FITTERSONCE THE INSPECTION IS COMPLETED AND THE DUST/WATER/SOIL SAMPLES HAVE BEEN ANALYZED, A COMPLETE DETAILED X-RAY FLUORESCENCE (XFR) ANALYZER REPORT AND LETTER WITH OUR FINDINGS AND EXPERT OPINION OF THE SOURCE OF LEAD ARE SENT TO THE: PRIMARY CARE PROVIDER PARENTS LANDLORD STATE HEALTH NURSE FOR THE COUNTY CODES DEPARTMENT AS YOU CAN SEE, UPMC PINNACLE LPPEP GOES ABOVE AND BEYOND WHEN CONDUCTING A THOROUGH ENVIRONMENTAL LEAD INSPECTION WITH A DEDICATED AND COMPASSIONATE STAFF. UPMC PINNACLE LPPEP STAFF ARE CERTIFIED IN NEHA'S HEALTH HOMES CREDENTIALING, AND HAVE MANY YEARS OF EXPERIENCE IN ASSURING FAMILY HOMES ARE SAFE. WE ARE EXPERTS ON LEAD AS WELL AS: RADON ASTHMA (INCLUDING ASTHMA TRIGGERS) ALLERGIES MOLD CARBON MONOXIDE HOME SAFETY INTEGRATED PEST MANAGEMENT (BEDBUGS, MICE, RATS, COCKROACHES)*IF THE LEAD RISK ASSESSOR DOES A HOME VISIT, AND RECOGNIZES ANY OF THE ABOVE, THEY ARE PROVIDED EXPERT EDUCATION, AS WELL AS REFERRALS TO ASSIST THEM TO CORRECT THESE UNHEALTHY HOME ISSUES.IF THE FAMILY DECIDES TO MOVE OUT OF THEIR HOME DUE TO THE AMOUNT OF LEAD FOUND, OUR LPPEP WILL OFFER TO DO A HOME VISIT AT THE NEW HOME TO ASSURE THEY ARE LEAD SAFE THERE.WE ALSO PROVIDE HOME CLEANING INSTRUCTIONS AND SUPPLIES FOR THE PARENT OF THE LEAD CHILD. WE HAVE A TRUE PORTABLE INDUSTRIAL HEPA-VAC WE LEND OUT THAT ACTUALLY WILL PICK UP LEAD DUST (UNLIKE COMMERCIAL HEPA-VACS). WE ASK THEM NOT TO REMOVE THE CATCH BAG, AND ONCE WE PICK UP THE HEPA-VAC, WE ASSURE IT IS DISPOSED OF PROPERLY. FOR MANY YEARS WE HAVE BEEN CONDUCTING LEAD RISK ASSESSMENTS. WE HAVE DONE MANY THOUSAND LEAD INVESTIGATIONS IN SOUTH CENTRAL, NORTH CENTRAL, AND NORTHEAST PA. IN FISCAL YEAR 2019, WE RECEIVED 190 REFERRALS AND CONDUCTED 162 ENVIRONMENTAL LEAD INSPECTIONS. IN FY20 WE HAVE RECEIVED 130 REFERRALS FOR CHILDREN WITH ELEVATED BLOOD LEAD LEVELS. WE COVER 15 COUNTIES, BUT THE MAJORITY LIVE IN DAUPHIN, LANCASTER, AND LEBANON COUNTIES. THE REMAINING REFERRALS ARE SPREAD OVER CUMBERLAND, YORK, PERRY, HUNTINGTON, FRANKLIN, AND LEBANON. OF THE 130 REFERRALS, ENVIRONMENTAL HOME ASSESSMENTS WERE COMPLETED AT APPROXIMATELY 79 HOMES. DUE TO COVID-19, FROM MARCH 2019 TO JUNE 2019 36 INSPECTIONS WERE DONE BY TELEHEALTH. (PHYSICAL HOME INSPECTIONS STOPPED DUE TO COVID-19 IN MARCH). ALL FAMILIES, INCLUDING THE REMAINDER RECEIVED COMPREHENSIVE AND THOROUGH LEAD EDUCATION EITHER VIA A HOME VISIT OR TELEPHONE. LEAD POISONING PREVENTION LITERATURE IS GIVEN TO ALL FAMILIES TOO. RESOURCE EDUCATION AND COMPREHENSIVE CARE FOR HIV (REACCH) THE UPMC PINNACLE REACCH PROGRAM SERVES AS A COMPREHENSIVE MEDICAL CARE PROGRAM FOR ALL PEOPLE LIVING WITH HIV/AIDS WITHIN THE SOUTH CENTRAL PENNSYLVANIA REGION. IN FY19-20, REACCH SERVED 690 RACIALLY DIVERSE PATIENTS: 46% WERE AFRICAN AMERICAN, 37% CAUCASIAN/NON-HISPANIC, 14% HISPANIC, AND 3% MULTI-RACIAL OR OTHER. ALMOST ALL PATIENTS HAVE BEEN ABLE TO OBTAIN HEALTH INSURANCE THROUGH THE AFFORDABLE CARE ACT AND EXPANDED MEDICAID. 59% ARE COVERED BY MEDICAID, 33% ARE COVERED BY MEDICARE, 3% HAD PRIVATE INSURANCE AND ONLY 5% WERE UNINSURED. 69% OF REACCH PATIENTS LIVE IN HARRISBURG CITY, 9% IN OTHER PARTS OF DAUPHIN COUNTY, 13% IN CUMBERLAND COUNTY, 3% IN PERRY COUNTY, AND THE REMAINDER RESIDE IN FRANKLIN, YORK, OR OTHER SURROUNDING COUNTIES. IN ADDITION TO HIV TREATMENT, PRIMARY MEDICAL CARE AND COMPREHENSIVE DENTAL CARE, STAFF SEEKS TO REMOVE SOCIAL AND ECONOMIC BARRIERS TO CARE BY PROVIDING TREATMENT ADHERENCE COUNSELING, BEHAVIORAL HEALTH COUNSELING, CASE MANAGEMENT, SOCIAL WORK SERVICES, NUTRITION THERAPY, AND FINANCIAL COUNSELING. REACCH ALSO PROVIDES OUTREACH AND TESTING WITHIN THE COMMUNITY, SEEKING TO IDENTIFY HIV+ INDIVIDUALS WHO DO NOT KNOW THEIR STATUS THROUGH TESTING HIGH-RISK POPULATIONS, AND REACHING OUT TO INDIVIDUALS KNOWN TO BE POSITIVE BUT WHO ARE NOT AC</p> |

| Form and Line Reference | Explanation |
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| PART II: COMMUNITY BUILDING ACTIVITIES | TIVELY ENGAGED IN MEDICAL TREATMENT. IN 2019, 443 INDIVIDUALS WERE TESTED THROUGHOUT THE C OMMUNITY. REACCH HAS EXCELLENT PROGRAM OUTCOMES. 90.99% OF REACCH PATIENTS CONSISTENTLY HA VE AN UNDETECTABLE AMOUNT OF HIV IN THEIR BLOOD, COMPARED WITH THE NATIONAL RATE OF ONLY 3 3%. 120 BABIES HAVE BEEN BORN TO HIV+ MOTHERS THROUGH THE REACCH PROGRAM, AND THERE HAS BE EN NO VERTICAL TRANSMISSION OF HIV; ALL OF THESE BABIES ARE HIV NEGATIVE. THROUGH OUR HOME LESS PREVENTION PROGRAM (RYAN WHITE HOUSING) AT REACCH, WE HAVE BEEN ABLE TO HELP 124 PATI ENTS WITH HOUSING ASSISTANCE PREVENTING HOMELESSNESS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4: | <p>THE FINANCIAL STATEMENTS DO NOT HAVE A SPECIFIC NOTE ON BAD DEBT EXPENSE; RATHER THE FINANCIAL STATEMENTS EVALUATE BAD DEBTS ON ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE FOOTNOTE RELATED TO THE ALLOWANCE IS SUMMARIZED AS FOLLOWS: "ACCOUNTS RECEIVABLE ARE RECORDED AT THEIR ESTIMATED NET REALIZABLE VALUE. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS ESTIMATED BASED UPON HISTORICAL COLLECTION RATES."THE BAD DEBT EXPENSE ON PART III, LINE 2 WAS CALCULATED BY TAKING THE AMOUNT WRITTEN OFF TO BAD DEBT FOR EACH ACCOUNT AND CONVERTING IT TO CHARGES BY APPROPRIATELY ADJUSTING THE AMOUNT BY THE PAYOR REIMBURSEMENT PERCENTAGE FOR THAT ACCOUNT. THEN, THE COST TO CHARGE RATIO FOR EACH SPECIFIC ACCOUNT, UTILIZING THE COSTS FROM THE HOSPITAL COST ACCOUNTING SYSTEM (DESCRIBED IN DETAIL ABOVE), WAS APPLIED TO THIS CALCULATED PORTION OF THE TOTAL CHARGES.FOR THE PORTION OF BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE HOSPITAL DETERMINED THE CITY OF HARRISBURG ZIP CODES THAT PRIMARILY INCLUDE PUBLIC HOUSING. THEN WE REVIEWED OUR BAD DEBT WRITE-OFFS FOR THE FISCAL YEAR TO DETERMINE THE ACCOUNTS WHERE THE PATIENT ADDRESS WAS INCLUDED IN THOSE ZIP CODES. AN OVERALL COST TO CHARGE RATIO WAS THEN APPLIED TO THIS AMOUNT TO ARRIVE AT AN EXPENSE FIGURE. THIS AMOUNT CONTINUES TO DECREASE EACH YEAR AS WE HAVE FURTHER DEVELOPED OUR PRESUMPTIVE CHARITY CARE AND FINANCIAL AID APPROACH.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 8: | THE MEDICARE COSTS WERE DETERMINED BASED ON THE HOSPITALS' COST TO CHARGE RATIO FOR THE SERVICES RENDERED. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART III, LINE 9B: | <p>PATIENTS ARE NOTIFIED OF OUR CHARITY CARE POLICY IN A VARIETY OF WAYS. THERE ARE POSTERS INFORMING PATIENTS OF OUR CHARITY CARE POLICY AND A PLAIN LANGUAGE VERSION OF THE POLICY HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES. ALL OF OUR PATIENT ACCOUNT STATEMENTS CONTAIN LANGUAGE THAT INDICATES THERE IS FINANCIAL AID AVAILABLE FOR QUALIFYING INDIVIDUALS. IN ADDITION, THE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL WEBSITE IN BOTH ENGLISH AND SPANISH. PATIENTS WHO APPLY FOR FINANCIAL ASSISTANCE AND PROVIDE ALL THE NECESSARY DOCUMENTATION REQUIREMENTS ARE NOTIFIED WITHIN THIRTY DAYS OF THE HOSPITAL'S DECISION. WHEN THE APPROVAL IS DETERMINED, THE APPROPRIATE DISCOUNT IS POSTED TO THE PATIENT ACCOUNT IMMEDIATELY. THE FINANCIAL ASSISTANCE DISCOUNT WILL BE APPLIED TO SERVICE FOR THE PREVIOUS TWELVE MONTHS AND SUBSEQUENT SIX MONTHS. THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE. NO ADDITIONAL COLLECTION EFFORTS ARE MADE. APPLICANTS APPROVED FOR ONLY PARTIAL DISCOUNT WILL BE REQUIRED TO MAKE REASONABLE PAYMENT ARRANGEMENTS ON THEIR BALANCE IN ACCORDANCE WITH THE HOSPITAL'S CREDIT AND COLLECTION POLICY. THIS POLICY DOES PERMIT THE USE OF BOTH INTERNAL COLLECTION STAFF AND EXTERNAL COLLECTION AGENCIES WHO WILL ENGAGE IN STANDARD ACCEPTABLE BUSINESS PRACTICES WHICH INCLUDE PHONE CALLS, MAILING AND THE REPORTING OF UNPAID DEBT TO THE CREDIT REPORTING AGENCIES; BUT UNDER NO CIRCUMSTANCES WILL THE HOSPITALS OR ITS CONTRACTED COLLECTION AGENCY ADOPT "EXTRAORDINARY COLLECTION ACTIONS" THAT ENTAIL ANY LEGAL COURSE OF ACTION OR JUDICIAL PROCESSES SUCH AS LAWSUITS OR LIENS.</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 2: | <p>LED BY THE MISSION EFFECTIVENESS DEPARTMENT, THE CHNA PROCESS REPRESENTS A COMPREHENSIVE COMMUNITY-WIDE PROCESS THAT CONNECTS MORE THAN 500,000 COMMUNITY RESIDENTS AND A WIDE RANGE OF PUBLIC AND PRIVATE ORGANIZATIONS. THESE INCLUDE EDUCATIONAL INSTITUTIONS, HEALTH-RELATED PROFESSIONALS, LOCAL GOVERNMENT OFFICIALS, HUMAN SERVICE ORGANIZATIONS AND FAITH-BASED ORGANIZATIONS TO EVALUATE THE COMMUNITY'S HEALTH AND SOCIAL NEEDS. THE ASSESSMENT UTILIZED SECONDARY DATA COLLECTION, INTERVIEWS WITH KEY COMMUNITY LEADERS, HAND-DISTRIBUTED SURVEYS, PUBLIC FORUMS, AND PROVIDER SURVEYS TO IDENTIFY HEALTH PROGRAMS AND RISK FACTORS IN THE SERVICE AREA. FY2016 CHNA UPMC PINNACLE CONDUCTED THE NEXT CHNA IN FY 2016. AS PART OF THIS CHNA PROCESS, OUR TEAM GATHERED BOTH PRIMARY AND SECONDARY DATA. AS PART OF THE PRIMARY DATA COLLECTION, WE CONDUCTED 56 PHONE INTERVIEWS WITH LOCAL COMMUNITY LEADERS. WITH THE HELP OF COMMUNITY-BASED GRASS ROOTS ORGANIZATIONS, A HAND-DISTRIBUTED SURVEY WAS DISSEMINATED TO OUR MOST VULNERABLE POPULATIONS. AVAILABLE IN BOTH ENGLISH AND SPANISH, WE RECEIVED 833 COMPLETED SURVEYS. NEW TO THE CHNA PROCESS, PINNACLE COLLECTED 654 PROVIDER SERVICES SURVEYS WHICH DOCUMENTED COMMUNITY NEEDS AS IDENTIFIED BY PHYSICIANS, NURSES, AND MID-LEVEL PROVIDERS IN BOTH INPATIENT AND OUTPATIENT SETTINGS. ALSO THREE KIOSKS WERE MADE AVAILABLE THROUGHOUT THE SYSTEM FOR PUBLIC COMMENTARY. ADDITIONALLY, THIRTY-FIVE COMMUNITY MEMBERS PROVIDED FEEDBACK ON THE PRIOR CHNA AND THE CURRENT HEALTH NEEDS OF THE COMMUNITY. FINALLY, TWO COMMUNITY FORUMS WERE HELD WELCOMING THE ENTIRE COMMUNITY TO REVIEW THE FINDINGS AND PROVIDE FEEDBACK AND/OR VOICE ADDITIONAL CONCERNS. SECONDARY DATA COLLECTION SECONDARY DATA WAS COLLECTED FROM MULTIPLE SOURCES, INCLUDING: COUNTY HEALTH RANKINGS, HEALTHY PEOPLE 2020, OFFICE OF APPLIED STUDIES, PENNSYLVANIA DEPARTMENT OF HEALTH, BUREAU OF HEALTH STATISTICS AND RESEARCH, PENNSYLVANIA OFFICE OF RURAL HEALTH, CAPITAL AREA COALITION ON HOMELESSNESS, THE CENTERS FOR DISEASE PREVENTION AND CONTROL (CDC), ETC. THE DATA RESOURCES WERE RELATED TO DISEASE PREVALENCE, SOCIO-ECONOMIC FACTORS, AND BEHAVIORAL HABITS. THE DATA WAS BENCHMARKED AGAINST STATE AND NATIONAL TRENDS. UPMC PINNACLE, THEN PINNACLE HEALTH HOSPITALS, UTILIZED THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES COMMUNITY HEALTH STATUS INDICATORS, WHICH PROVIDED DATA THAT CAN BE COMPARED TO PEER COUNTIES ON A STATE AND NATIONAL LEVEL. IN ADDITION, HEALTHY PEOPLE 2020 IDENTIFIED NEARLY 600 OBJECTIVES WITH MORE THAN 1,300 MEASURES TO IMPROVE THE HEALTH OF ALL AMERICANS. TO MONITOR PROGRESS TOWARDS ACHIEVING INDIVIDUAL OBJECTIVES, HEALTHY PEOPLE RELIES ON DATA SOURCES DERIVED FROM A NATIONAL CENSUS OF EVENTS LIKE NATIONAL VITAL STATISTICS SYSTEM AND NATIONALLY REPRESENTATIVE SAMPLE SURVEYS LIKE THE NATIONAL HEALTH INTERVIEW SURVEY. UPMC PINNACLE HOSPITALS SEARCHES THE HEALTH INDICATORS WAREHOUSE FOR DATA RELATED TO HEALTHY PEOPLE 2020 OBJECTIVES DEVELOPED BY THE NATIONAL CENTER FOR HEALTH STATISTICS TO DEFINE PRIORITIES THAT ASSIST IN IMPROVING HEALTH IN THE COMMUNITY. DATA WAS ALSO OBTAINED THROUGH TRUVEN HEALTH ANALYTICS (FORMERLY KNOWN AS THOMSON REUTERS) TO QUANTIFY THE SEVERITY OF HEALTH DISPARITIES FOR EVERY ZIP CODE IN THE NEEDS ASSESSMENT AREA BASED ON SPECIFIC BARRIERS TO HEALTHCARE ACCESS. FIVE PROMINENT SOCIO-ECONOMIC BARRIERS TO COMMUNITY HEALTH WERE IDENTIFIED: INCOME BARRIERS, CULTURE/LANGUAGE BARRIERS, EDUCATIONAL BARRIERS, INSURANCE BARRIERS, AND HOUSING BARRIERS. UPMC PINNACLE PRESENTED THE RESULTS OF A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN NOVEMBER 2015 AND DEVELOPED AN IMPLEMENTATION PLAN WITH STRATEGIES TO ADDRESS THE IDENTIFIED COMMUNITY HEALTH NEEDS. THE FINAL IMPLEMENTATION PLAN WAS VIEWED BY THE MISSION EFFECTIVENESS AND STRATEGIC ISSUES COMMITTEE OF THE BOARD IN SEPTEMBER 2016 AND APPROVED BY THE UPMC PINNACLE BOARD OF DIRECTORS IN NOVEMBER 2016. AS UPMC PINNACLE LOOKS TOWARDS THE FUTURE, WE ENSURE THAT OUR CORE VALUES OF QUALITY, ACCESS TO CARE AND COORDINATION OF CARE ARE AT THE CENTER OF ALL OF OUR ORGANIZATIONAL STRATEGIES. WE EMBRACE OUR COMMUNITY PARTNERS AND WORK COLLABORATIVELY WITH THEM TO STRENGTHEN THE SUPPORT SYSTEMS THAT WILL ALLOW US AND OUR PARTNERS TO MAINTAIN POSITIVE HEALTH OUTCOMES. IN ACCORDANCE WITH IRS GUIDELINES, UPMC PINNACLE BEGAN THE NEXT COMMUNITY HEALTH NEEDS ASSESSMENT IN FALL 2017. ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN CONTRIBUTIONS FROM OVER 900 COMMUNITY RESIDENTS, LEADERS, ORGANIZATIONS, AND COMMUNITY STAKEHOLDERS. THE PRIMARY DATA COLLECTED CONSISTED OF TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS; 831 PAPER HAND SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS; FORTY-TWO COMMUNITY LEADERS</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 2: | <p>ATTENDED A COMMUNITY FORUM. AS A RESULT OF EXTENSIVE PRIMARY AND SECONDARY RESEARCH AND THE INPUT OF COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES; ACCESS TO CARE, BEHAVIORAL HEALTH AND ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH. WITH THE COMPLETION OF THE CHNA, UPMC PINNACLE HOSPITALS, UPMC CARLISLE, AND PENNSYLVANIA PSYCHIATRIC INSTITUTE DEVELOPED AN IMPLEMENTATION PLAN TO LEVERAGE THE ORGANIZATION'S RESOURCES TO BEST ADDRESS COMMUNITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH AND WELL-BEING OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA IN 2018. IN MAY 2019 THE UPMC PINNACLE BOARD OF DIRECTORS APPROVED A FIVE-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY FOR CUMBERLAND, DAUPHIN, LEBANON, PERRY AND YORK COUNTIES. PRIORITY 1: ACCESS TO CARE- THE GOAL IS TO EXPAND THE HEALTH CARE REACH TO RURAL AND HOMEBOUND POPULATIONS. ANTICIPATED IMPACT IS THAT RURAL AND HOMEBOUND POPULATIONS HAVE INCREASED ACCESS TO HEALTH CARE SERVICES. STRATEGY 1: STRENGTHEN ACCESS TO SPECIALTY PROVIDER-BASED SERVICES AND SUPPORTIVE SERVICES, AND INCREASE UTILIZATION OF HEALTH CARE SERVICES BY COMMUNITY MEMBERS. WE WILL PROVIDE INSURANCE ENROLLMENT SPECIALIST AND FINANCIAL AID COUNSELORS TO ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS. WE WILL OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME BY USING TECHNOLOGY AND CONNECTING WITH OUR COMMUNITY PARTNERS AND COMMUNITY HEALTH CENTERS. WE WILL COLLABORATE WITH COMMUNITY HEALTH CENTER STAFF TO REVIEW CASES OF HIGH UTILIZATION AND ACUITY. WE WILL MAINTAIN A CONTINUED PARTNERSHIP WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED, AND DIVERSE POPULATIONS. STRATEGY 2: STRENGTHEN ACCESS TO DENTAL PROVIDER-BASED SERVICES, SUPPORTIVE SERVICES, AND UTILIZATION OF DENTAL SERVICES BY COMMUNITY MEMBERS. PROMOTE INCREASED UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPROVEMENT. COORDINATE CARE OF URGENT DENTAL NEEDS IN THE EMERGENCY DEPARTMENT. STRATEGY 3: PROVIDE PATIENT ACCESS TO HEALTH CARE RESOURCES IN THEIR LANGUAGE BY EXPANDING OUR INTERPRETATION SERVICES TO PATIENTS; EXPAND TRANSLATION OF MEDICAL DOCUMENTS TO PATIENTS. STRATEGY 4: INCREASE ACCESS TO EVIDENCE BASED SMOKING CESSATION AND PREVENTION PROGRAMS THROUGH CONTINUED TOBACCO CESSATION AND SMOKING PREVENTION PROGRAMS. STRATEGY 5: INCREASE NUMBER OF PATIENTS RECEIVING CARE COORDINATION SERVICES BY EXPLORING PAYOR OPTIONS FOR PAYMENT PROGRAMS AND EXPLORING CHRONIC CARE MANAGEMENT BILLING. PRIORITY 2: BEHAVIORAL HEALTH-THE GOAL IS TO IMPROVE BEHAVIORAL HEALTH ILLNESSES BY PROVIDING ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, PROVIDING EDUCATION THAT ADDRESSES THE WHOLE PERSON, AND INCREASING OUR PREVENTION, EDUCATION, AND TREATMENT SERVICES. STRATEGY 1: CONDUCT MENTAL HEALTH SCREENINGS TO REDUCE THE OCCURRENCE OF SUICIDE. STRATEGY 2: PROVIDE MENTAL HEALTH TRAINING TO LAW ENFORCEMENT OFFICERS. STRATEGY 3: IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH AT UPMC PINNACLE HOSPITALS. STRATEGY 4: PROVIDE EARLY ENGAGEMENT AND SUPPORT FOR PSYCHOSIS. STRATEGY 5: IMPLEMENT TRAUMA INFORMED CARE (TIC) TO MEET THE NEEDS OF THE WHOLE PERSON. STRATEGY 6: IMPROVE ACCESS TO HEALTH CARE THROUGH A MEDICAL HOME. STRATEGY 7: PROVIDE DIRECT ACCESS FOR THOSE EXPERIENCING A MENTAL HEALTH CRISIS. STRATEGY 8: IMPROVE ACCESS TO MENTAL HEALTH CARE THROUGH TELE-PSYCHIATRY. STRATEGY 9: IMPROVE BEHAVIORAL HEALTH OF CHILDREN AND ADOLESCENTS. STRATEGY 10: IMPROVE ACCESS TO MEDICATED ASSISTED TREATMENT (MAT). STRATEGY 11: PROVIDE STEPS TO RECOVERY FOR PREGNANT WOMEN FACING ADDICTION. (CON'T)</p> |

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| Form and Line Reference | Explanation |
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| PART VI, LINE 3: | <p>PATIENTS ARE INFORMED OF AVAILABLE ASSISTANCE IN NUMEROUS WAYS. SIGNAGE IS POSTED AND LITERATURE IS HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES INDICATING TO THE PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALL UNINSURED PATIENTS WHO ARE SCHEDULED FOR HIGH DOLLAR TESTS AND SURGERIES ARE CONTACTED BY ONE OF THE HOSPITAL'S FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE OPTIONS AVAILABLE TO THEM. THE FINANCIAL ASSISTANCE POLICY IS ALSO DISCLOSED ON THE HOSPITAL WEBSITE, ALONG WITH THE APPLICATION, IN BOTH ENGLISH AND SPANISH. IN ADDITION, ALL INPATIENTS WHO ARE RESIDENTS OF PENNSYLVANIA ARE PROVIDED PERSONAL ASSISTANCE IN THE COMPLETION OF THE MEDICAL ASSISTANCE APPLICATION. AS PART OF THE DISCHARGE PROCESS IN THE EMERGENCY DEPARTMENT, ALL UNINSURED PATIENTS ARE SCREENED FOR CHARITY CARE ELIGIBILITY UNDER THE HOSPITAL POLICY, AND IF APPROPRIATE PROVIDED ASSISTANCE IN APPLYING FOR MEDICAID OR OBTAINING INSURANCE THROUGH HEALTHCARE.GOV. LASTLY, INFORMATION ABOUT FINANCIAL ASSISTANCE IS INCLUDED ON THE PATIENT BILLING STATEMENTS. PROGRAMS DISCUSSED INCLUDE THE PENNSYLVANIA STATE MEDICAID PROGRAM (MEDICAL ASSISTANCE), HOSPITAL CHARITY CARE PROGRAM, AND FUNDS AVAILABLE THROUGH HOSPITAL ENDOWMENT FUNDS. IN INSTANCES WHEN AN UNINSURED PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY CARE/FINANCIAL ASSISTANCE DISCOUNT, BUT LACKS DOCUMENTATION TO SUPPORT IT, CONSIDERATION WILL BE GIVEN BASED ON CIRCUMSTANCES PRESENTED OR CREDIT AGENCY INCOME DATA FOR PRESUMPTIVE CHARITY CARE/FINANCIAL ASSISTANCE. THIS WILL INCLUDE, BUT IS NOT LIMITED TO; HOMELESSNESS, NO INCOME, PARTICIPATION IN WOMEN INFANTS AND CHILDREN PROGRAMS (WIC) FOOD STAMP ELIGIBILITY AND OTHER STATE OR LOCAL ASSISTANCE THAT ARE UNFUNDED (E.G. MEDICAID SPEND-DOWN), INFORMATION FROM FAMILY OR FRIENDS, LOW INCOME HOUSING PROVIDED AS A VALID ADDRESS, PATIENT DECEASED WITH NO KNOWN ESTATE, ELIGIBLE FOR STATE FUNDED PRESCRIPTION PROGRAM, AND CREDIT BUREAU SOFT CREDIT CHECKS THAT ARE ONLY SEEN BY THE PATIENT/ GUARANTOR.</p> |

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| Form and Line Reference | Explanation |
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| PART VI, LINE 4: | <p>THE PSA IN WHICH UPMC PINNACLE SERVES HAS 12 CENSUS TRACTS WHICH HAVE BEEN IDENTIFIED BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION AS MEDICALLY UNDERSERVED AREAS (MUAS). ADJACENT TO THE WEST OF THE PSA ARE AN ADDITIONAL 5 MINOR CIVIL DIVISIONS WHICH HAVE BEEN IDENTIFIED AS MUAS. UPMC PINNACLE IS A SIGNIFICANT PROVIDER OF HEALTHCARE SERVICES TO PATIENTS IN THE AREAS ADJACENT TO ITS PSA. UPMC PINNACLE EMERGENCY DEPARTMENT (ED) IS THE FIRST OPTION FOR THE MAJORITY OF THE RESIDENTS. IN ADDITION, THE HOSPITAL AND RELATED ORGANIZATIONS OPERATE ADULT, CHILDREN, WOMAN, AND TEEN PRIMARY CARE CLINICS THAT SERVE THE CITY'S MEDICAID AND UNINSURED POPULATION. NEARLY 67.4% OF THE HARRISBURG CITY POPULATION IS MINORITY, COMPARED TO 35% OF THE COUNTY POPULATION. AFRICAN-AMERICAN/BLACKS COMPRISE 52.1% OF HARRISBURG'S POPULATION AND HISPANICS/LATINOS MAKE UP 20.3% OF THE CITY'S POPULATION, COMPARED TO 18% AFRICAN-AMERICANS/BLACKS AND 9.2% HISPANICS/LATINOS IN DAUPHIN COUNTY AS A WHOLE. NEARLY 21% OF HARRISBURG CITY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH IN THE HOME, COMPARED TO 8.2% OF COUNTY RESIDENTS. 30% OF CITY RESIDENTS HAVE INCOME BELOW THE POVERTY LEVEL WHILE ONLY 13.4% OF COUNTY RESIDENTS HAVE INCOME BELOW THE POVERTY LEVEL. WHILE THE CITY REPRESENTS 18% OF THE COUNTY POPULATION, IT IS HOME TO 38% OF THOSE WITH INCOMES AT OR BELOW THE FEDERAL POVERTY LEVEL (FPL). NEARLY 29% OF HARRISBURG CITY RESIDENTS RECEIVED FOOD STAMPS/SNAP BENEFITS AT SOME POINT IN THE PAST YEAR, COMPARED TO 9.1% IN THE COUNTY AS A WHOLE. CURRENTLY 9% OF DAUPHIN COUNTY RESIDENTS HAVE NO HEALTH INSURANCE. UPMC PINNACLE WORKS IN COLLABORATION WITH OUR LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC), HAMILTON HEALTH CENTER, WHICH IS LOCATED IN THE HEART OF THE HARRISBURG HIGH-NEED AREA. ZIP CODE ANALYSIS CONDUCTED BY UPMC PINNACLE SHOWED THAT THIS SAME POPULATION USES UPMC PINNACLE HARRISBURG HOSPITAL AS THEIR PRIMARY HOSPITAL, INCLUDING THE EMERGENCY DEPARTMENT. MOST RECENTLY AVAILABLE INFORMATION SHOWS 81% OF THOSE SERVED HAD INCOME AT OR BELOW THE FEDERAL POVERTY LEVEL (FPL) AND 99% HAD INCOME AT OR BELOW 200% OF THE FPL. MORE THAN A THIRD OF THOSE SERVED (34.5%) BY HAMILTON DID NOT HAVE INSURANCE. THIS IS SUBSTANTIALLY HIGHER THAN FQHCS IN THE STATE AS A WHOLE, WHERE 26.9% OF PATIENTS SERVED HAD NO INSURANCE. COUNTIES IN EACH OF THE 50 STATES ARE RANKED ACCORDING TO SUMMARIES OF MORE THAN 30 HEALTH MEASURES. THOSE HAVING GOOD RANKINGS, SUCH AS 1 OR 2, ARE CONSIDERED TO BE THE "HEALTHIEST." COUNTIES ARE RANKED RELATIVE TO THE HEALTH OF OTHER COUNTIES IN THE SAME STATE (PENNSYLVANIA HAVING 67 COUNTIES) ON HEALTH OUTCOMES (MORTALITY, MORBIDITY) AND HEALTH MEASURES (HEALTH BEHAVIORS, CLINICAL CARE, SOCIAL AND ECONOMIC, AND PHYSICAL ENVIRONMENTS). DAUPHIN COUNTY RANKS AMONG THE UNHEALTHIEST OF THE COUNTIES IN: HEALTH OUTCOMES (49), MORBIDITY (54), HEALTH BEHAVIORS (51), AND SOCIAL AND ECONOMIC FACTORS (49). PERRY COUNTY RANKS AMONG THE UNHEALTHIEST IN MORTALITY (53), CLINICAL CARE (54), AND PHYSICAL ENVIRONMENT (61). CUMBERLAND COUNTY RANKS IN THE TOP 5 (HEALTHIEST) IN A NUMBER OF CATEGORIES: HEALTH OUTCOMES (4), HEALTH FACTORS (4), MORTALITY/LENGTH OF LIFE (4), HEALTH BEHAVIORS (3), AND CLINICAL CARE (4).</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5: | <p>UPMC PINNACLE MAINTAINS AN ACTIVE ROLE IN THE COMMUNITIES IN WHICH IT SERVES. THE ROLE IS REFLECTIVE IN ITS BOARD OF DIRECTORS WHICH IS COMPRISED OF GREATER THAN 80 PERCENT INDEPENDENT COMMUNITY BASED LEADERS. UPMC PINNACLE HAS AN OPEN MEDICAL STAFF. UPMC PINNACLE PROVIDES TRAINING FOR BOTH MEDICAL STUDENTS AND RESIDENTS IN A NUMBER OF SPECIALTIES. UPMC PINNACLE HOSPITALS HAS AN ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), ACCREDITED RESIDENCY PROGRAMS, AS WELL AS AMERICAN OSTEOPATHIC ASSOCIATION (AOA) ACCREDITED TRAINING PROGRAMS. UPMC PINNACLE USES ITS SURPLUS FUNDS TO RENOVATE AND EXPAND PATIENT CARE AREAS IN ADDITION TO DEVELOPING PATIENT SERVICES WHICH MAY NOT BE CURRENTLY AVAILABLE IN THE COMMUNITY. UPMC PINNACLE STAFF ALSO HAS A ROLE IN THE COMPASSIONATE CLOSURES PROGRAM TO ASSIST INDIGENT FAMILIES WITH NO FINANCIAL RESOURCES TO RESPECTFULLY MEMORIALIZE, CREMATE OR BURY THEIR LOVED ONES. A BROAD COMMUNITY PARTNERSHIP HAS COME TOGETHER TO ADDRESS THIS NEED. PARTNERS INCLUDE THE VNA OF CENTRAL PENNSYLVANIA AND CROSSINGS HOSPICE, THE HISPANIC COMMUNITY CENTER, THE INTERNATIONAL SERVICE CENTER, THE PENNSYLVANIA FUNERAL DIRECTORS ASSOCIATION, UPMC PINNACLE HEALTH SYSTEM, THE SALVATION ARMY, THE UNITED WAY OF THE CAPITAL REGION, DAUPHIN COUNTY COMMISSIONERS AND CORONER'S OFFICE, CUMBERLAND COUNTY COMMISSIONERS AND CORONER'S OFFICE, THE FOUNDATION FOR ENHANCING COMMUNITIES AND THE PA DEPARTMENT OF PUBLIC WELFARE. THE MISSION OF THE PARTNERS IS TO OFFER A MEASURE OF COMPASSIONATE CARE BLENDED WITH DIGNITY AND RESPECT FOR OUR INDIGENT FAMILIES LIVING IN DAUPHIN OR CUMBERLAND COUNTIES WHO HAVE LOST LOVED ONES. A RETAIL PHARMACY WAS OPENED IN THE HARRISBURG HOSPITAL TO BETTER SERVE PATIENTS AND THEIR FAMILIES. ADDITIONALLY, THE LEBANON VALLEY ADVANCED CARE CENTER OPENED IN JULY 2017. ADDITIONAL PROJECTS INCLUDE MODERNIZING AND UPDATING EXISTING LOCATIONS WITHIN THE UPMC PINNACLE SERVICE AREA TO MEET THE PATIENT NEEDS IN THE COMMUNITIES WE SERVE AND IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS ACROSS THE BREADTH OF THE UPMC PINNACLE HEALTH SYSTEM. SIGNIFICANT RESOURCES WERE EXPENDED TO INSTALL AN INTEGRATED CLINICAL ENTERPRISE-WIDE COMPUTER SYSTEM WHICH PROVIDES A MORE EFFICIENT CENTRALIZED INFORMATION MANAGEMENT SYSTEM CENTERED ON THE PATIENT. THIS SYSTEM HAS BEEN IMPLEMENTED SYSTEM-WIDE, STARTING WITH THE THREE HOSPITALS LOCATED IN THE HARRISBURG AREA AND THE PINNACLE MEDICAL GROUP AND MORE RECENTLY EXPANDING TO REGIONAL HOSPITALS INCLUDED IN THE UPMC PINNACLE SYSTEM. THIS CENTRALIZED SYSTEM HAS ADVANCED THE VALUE OF ALL PATIENT CARE SERVICES DELIVERED. AS ONE OF THE LEADING HOSPITALS IN SOUTH CENTRAL PENNSYLVANIA, UPMC PINNACLE HOSPITALS STRIVES TO STRENGTHEN ACCESS TO CARE AS WE PROVIDE A CONTINUUM OF COMMUNITY-BASED SERVICES THAT EXTEND BEYOND THE ROLE OF AN ACUTE CARE HOSPITAL, FROM IN-HOME PRENATAL CARE FOR FIRST TIME MOTHERS TO A LEAD AGENCY ON A REGIONAL DISASTER PREPAREDNESS TASK FORCE. TO BRING FOCUS TO OUR MISSION, PINNACLE HEALTH HOSPITALS IS COMMITTED TO SIX STRATEGIC PILLARS: COMMITMENT TO PEOPLE, SERVICE, QUALITY, GROWTH, COMMUNITY, AND FINANCE. GUIDED BY THESE PILLARS AND BY THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), THE EIGHT INITIATIVES HIGHLIGHTED BELOW ARE KEY EXAMPLES OF OUR COMMITMENT TO BEING A TRUSTED PLACE FOR OUR COMMUNITY TO GO FOR ACCESS TO PUBLIC HEALTH SERVICES AND INFORMATION: CHILDRENS RESOURCE CENTER (CRC) AND REACCH WERE PREVIOUSLY DESCRIBED AND ARE AMONG THE GREATEST EXAMPLES OF UPMC PINNACLE'S COMMITMENT TO THE OVERALL HEALTH OF THE COMMUNITY. -NURSE FAMILY PARTNERSHIP (NFP) - WITH A FOCUS ON PEOPLE AND A DESIRE TO MAKE THE HEALTHCARE SYSTEM EASIER TO NAVIGATE, WE OFFER THIS VOLUNTARY PREVENTION PROGRAM THAT PROVIDES NURSE HOME VISITATION SERVICES TO LOW INCOME, FIRST-TIME MOTHERS UNTIL THE INFANT IS TWO YEARS OLD. THIS NATIONALLY RENOWNED, EVIDENCE-BASED COMMUNITY HEALTH CURRICULUM TRANSFORMED THE LIVES OF VULNERABLE FAMILIES. IN FY20 NFP SERVED 230 CLIENTS AND DISTRIBUTED 82 CRIBS-CERTIFIED APPLICATION COUNSELORS (CAC) - DURING THE LAUNCH OF THE INSURANCE MARKETPLACE IN FALL 2013, UPMC PINNACLE DEDICATED TWO STAFF TO THE OPEN ENROLLMENT PROCESS AND SUPPORTED THEIR ROLES AS CERTIFIED APPLICATION COUNSELORS. UPMC PINNACLE CACS WERE POSITIONED IN OUR HEALTH CLINICS AND HAVE ESTABLISHED A WEEKLY SCHEDULE TO VISIT OUR COMMUNITY PARTNERS SUCH AS BETHESDA MISSION, SALVATION ARMY AND DOWNTOWN DAILY BREAD WHERE MANY UNINSURED AND VULNERABLE MEMBERS OF OUR COMMUNITY VISIT. THE CACS HELPED PEOPLE UNDERSTAND, APPLY, AND ENROLL FOR HEALTH COVERAGE THROUGH THE MARKETPLACES IN FY 20 THE CACS HAD 2,240 CONTACTS. THE CACS COMPLETED REQUIRED TRAINING AND COMPLIED WITH PRIVACY AND SECURITY LAWS, AND OTHER PROGRAM STANDARDS. -DAUPHIN COUNTY HEALTH IMPROVEMENT PARTNERSHIP (DCHIP) - WITH A FOCUS ON CREATING A COHESIVE SYSTEM OF PUBLIC HEALTH SERVICES, WE CONVENED A TEAM OF MULTI-SECTOR, COMMUNITY-BASED PARTNERS FROM HEALTHCARE, HUMAN SERVICE, GOVERNMENT, EDUCATION, FAI</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5: | <p>TH AND PAYOR COMMUNITIES. MEMBERS ARE COMMITTED TO WORKING COLLABORATIVELY TO IMPROVE HEALTH, REDUCE DISPARITIES, AND ADDRESS THE QUALITY OF LIFE OF COMMUNITY RESIDENTS.-EAT SMART, PLAY SMART (ESPS) - WITH A FOCUS ON LONG RANGE SUSTAINABLE GROWTH WITHIN OUR COMMUNITIES, IT IS EVIDENT THAT THE HEALTH OF OUR CHILDREN IS A FOCAL POINT. A MULTI-STEP, LONG-TERM APPROACH TO PARTNERING WITH SCHOOLS, BUSINESSES, AND PAYORS TO EDUCATE STUDENTS AND FAMILIES ON HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY ALTERNATIVES ENSURES SUSTAINABLE BEHAVIOR CHANGE. IN FY20, 60 PRESCHOOL STUDENTS PARTICIPATED IN ESPS.-EMERGENCY MANAGEMENT PLAN SOUTH CENTRAL TASK FORCE - WITH A FOCUS ON PROVIDING LEADERSHIP IN IMPROVING THE OVERALL HEALTH OF OUR COMMUNITY, OUR EMERGENCY MANAGEMENT TEAM CREATES AN ENVIRONMENT THAT SUPPORTS ACCESSIBILITY AND COLLABORATES AND COORDINATES BOTH PUBLIC AND PRIVATE SECTOR RESOURCES FOR REGIONAL SOLUTIONS THAT PROVIDE SUPPORT TO COMMUNITIES WHEN EVENTS EXCEED THEIR CAPABILITIES.-SMILES - IN JANUARY 2013, UPMC PINNACLE STARTED WORKING IN PARTNERSHIP WITH MEMBERS OF THE HARRISBURG AREA DENTAL SOCIETY TO PROVIDE ACCESS TO DENTAL SERVICES FOR UNINSURED AND UNDERINSURED PATIENTS WITH URGENT DENTAL NEEDS. A NETWORK OF MORE THAN FIFTY VOLUNTEER DENTISTS SPANS THE EAST AND WEST SHORES OF HARRISBURG. ONCE IT IS DETERMINED THAT A PATIENT HAS AN URGENT DENTAL NEED, HE/SHE CAN BE REFERRED TO SMILES USING THE FOLLOWING REFERRAL PROCESS. UPMC PINNACLES DENTAL ACCESS COORDINATOR WILL WORK WITH THE PATIENT AND DENTIST TO SET UP AN APPOINTMENT TO ALLEVIATE THE URGENT NEED. IN FY 20, UPMC PINNACLE REFERRED 482 PATIENTS TO VOLUNTEER DENTISTS FOR URGENT DENTAL NEEDS.</p> |

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| Form and Line Reference | Explanation |
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| PART VI, LINE 6: | <p>UPMC PINNACLE IS A FULLY INTEGRATED, AFFILIATED HEALTH CARE SYSTEM. THE SYSTEM IS COMPRISED OF ELEVEN WHOLLY OWNED ENTITIES AS WELL AS A VARIETY OF AFFILIATED JOINT VENTURES. THE ORGANIZATION'S MISSION IS TO MAINTAIN AND IMPROVE THE HEALTH AND QUALITY OF LIFE FOR EVERYONE IN CENTRAL PENNSYLVANIA. UPMC PINNACLE IS ENGAGED IN AND CONDUCTS CHARITABLE, EDUCATIONAL, AND SCIENTIFIC ACTIVITIES THROUGH THE SUPPORT AND BENEFIT OF PINNACLE HEALTH FOUNDATION, AND PROVIDES MANAGEMENT AND CONSULTATIVE SERVICES TO AFFILIATED ENTITIES. UPMC PINNACLE MEDICAL SERVICES AND REGIONAL PHYSICIANS ARE PRIMARILY ENGAGED IN THE PROVISION OF PHYSICIAN SERVICES TO SUPPORT AND ENHANCE THE SERVICES WITHIN UPMC PINNACLE. THE UPMC PINNACLE CARDIOVASCULAR INSTITUTE IS ENGAGED IN PROVIDING COMPREHENSIVE CARDIAC CARE, INCLUDING TECHNOLOGICAL ADVANCES, TO PROVIDE THE BEST CLINICAL OUTCOMES TO THE COMMUNITY. COMMUNITY LIFE TEAM IS ENGAGED IN PROVIDING COMMUNITY BASED, EFFICIENT AND COST EFFECTIVE MEDICAL TRANSPORT SERVICES, PRE-HOSPITAL EMERGENCY MEDICAL SERVICES FOR THE RESIDENTS AND COMMUNITIES OF THE CENTRAL PENNSYLVANIA YORK REGIONS. PINNACLE HEALTH VENTURES, INC. WAS FORMED AS A RESULT OF THE ACQUISITION OF 100% OF THE STOCK OF TRISTAN ASSOCIATES ON MARCH 1, 2012 AND IS THE SOLE SHAREHOLDER OF PINNACLE HEALTH IMAGING (PHI). PHI LEASES EQUIPMENT AND SERVICES TO UPMC PINNACLE HOSPITALS. UNITED CENTRAL PENNSYLVANIA RECIPROCAL RISK RETENTION GROUP IS A WHOLLY OWNED, FOR-PROFIT, VERMONT CAPTIVE INSURANCE COMPANY OPERATING FOR THE BENEFIT OF UPMC PINNACLE. TO BETTER SERVE THE CENTRAL PENNSYLVANIA REGION, IN JULY 2017, UPMC PINNACLE PURCHASED FOUR REGIONAL HOSPITALS; CARLISLE REGIONAL HEALTH, YORK MEMORIAL; HEART OF LANCASTER; AND LANCASTER REGIONAL. IN SEPTEMBER OF 2017, HANOVER HEALTH SYSTEM WAS PURCHASED. THE HOSPITALS HAVE BEEN RENAMED AS UPMC CARLISLE, UPMC MEMORIAL, UPMC LITITZ AND UPMC HANOVER. IN FEBRUARY 2018, UPMC PINNACLE LANCASTER AND UPMC LITITZ WERE COMBINED. THESE ACQUISITIONS ALLOW UPMC PINNACLE TO EXTEND THEIR REACH IN PATIENT CARE AND COMMUNITY OUTREACH. UPMC PINNACLE AND ITS AFFILIATES ARE ACTIVELY INVOLVED IN THE CENTRAL PENNSYLVANIA REGION THROUGH VARIOUS CHARITY AND COMMUNITY BENEFIT ACTIVITIES. THE OTHER ENTITIES WITHIN THE SYSTEM, NOT INCLUDING THE HOSPITAL, PROVIDED \$15,063,575 OF CHARITY CARE RECORDED AT CHARGES. THE FOLLOWING LISTS THE VARIETY OF COMMUNITY BENEFITS PERFORMED WITHIN THE SYSTEM, THAT HAD THEY BEEN PERFORMED AT THE HOSPITAL LEVEL, WOULD HAVE BEEN INCLUDABLE ON SCHEDULE H. UPMC PINNACLE \$8,984,179 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY HEALTH EDUCATION, COMMUNITY BASED CLINICAL SERVICES AND HEALTH CARE SUPPORT SERVICE, \$9,644,182 IN HEALTH PROFESSIONS EDUCATION (PHYSICIANS/MEDICAL STUDENTS), \$37,000 IN SUBSIDIZED HEALTH SERVICES, \$575,576 IN FINANCIAL AND IN-KIND CONTRIBUTIONS, \$3,202,898 IN COMMUNITY BUILDING ACTIVITIES-COMMUNITY SUPPORT, COMMUNITY HEALTH IMPROVEMENT ADVOCACY, AND LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS. -UPMC PINNACLE MEDICAL SERVICES- \$3,375,559 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BASED CLINICAL SERVICES AND HEALTH CARE SUPPORT SERVICES. -PINNACLE HEALTH FOUNDATION- \$499,500 IN COMMUNITY BENEFIT OPERATIONS AND FINANCIAL CONTRIBUTIONS.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|-------------|
| PART VI, LINE 7, REPORTS FILED WITH STATES | PA |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|----------------------------|--|
| SCHEDULE H, PART VI, CHNA: | STRATEGY 12: COLLABORATE WITH CENTER FOR ADDICTION RECOVERY ACTIONS TO IMPROVE THE WARM HANDOFF PROCESSES IN THE EMERGENCY DEPARTMENT AND PROVIDE ONGOING X WAIVER TRAINING SESSIONS. PRIORITY 3: SOCIAL DETERMINANTS OF HEALTH-THE GOAL IS TO INCREASE KNOWLEDGE OF ACCESS AND OPPORTUNITY TO UPMC PINNACLE RESOURCES IN RURAL COMMUNITIES AND UNDERSERVED POPULATIONS.STRATEGY 1: ADDRESS INCOME, EDUCATION AND EMPLOYMENT DETERMINANTS OF HEALTH THAT NEGATIVELY IMPACT A HEALTHY AND DIVERSE WORKFORCE AND PREVENTIVE CARE.STRATEGY 2: ADDRESS TRANSPORTATION BARRIERS TO REDUCE MISSED APPOINTMENTS DUE TO UNRELIABLE OR NO TRANSPORTATION WHICH NEGATIVELY IMPACTS PREVENTIVE CARE AND INCREASES ED VISITS.STRATEGY 3: ASSIST HOMELESS RECIPIENTS WITHIN THE UPMC PINNACLE FOOTPRINT WITH MOVING FROM THE STREETS INTO STRUCTURED, LONG-TERM CARE THROUGH COLLABORATION WITH COMMUNITY PARTNERS.STRATEGY 4: IMPROVE LANGUAGE ACCESS GIVEN THROUGH THE DEVELOPMENT AND PROMOTION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES. |

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | UPMC PINNACLE HARRISBURG 111 SOUTH FRONT STREET HARRISBURG, PA 17101 WWW.UPMCPINNACLE.COM 340601 | X | X | | X | | X | X | | | |
| 2 | UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC 4300 LONDONDERRY ROAD HARRISBURG, PA 17109 WWW.UPMCPINNACLE.COM 340601 | X | X | | X | | X | X | | | |
| 3 | UPMC PINNACLE WEST SHORE 1995 TECHNOLOGY PARKWAY MECHANICSBURG, PA 17050 WWW.UPMCPINNACLE.COM 340601 | X | X | | X | | X | X | | | |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|---|
| UPMC PINNACLE HARRISBURG | <p>PART V, SECTION B, LINE 5: ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN THE CONTRIBUTION OF OVER 900 COMMUNITY STAKEHOLDERS/LEADERS, ORGANIZATIONS, AND COMMUNITY GROUPS. THE PRIMARY DATA COLLECTION CONSISTED OF SEVERAL PROJECT COMPONENT PIECES. TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. OVERALL, 831 PAPER HAND-SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS. WE WORKED CLOSELY WITH 47 COMMUNITY ORGANIZATIONS TO DISTRIBUTE AND GATHER THE HAND-SURVEY FROM COMMUNITY RESIDENTS. FORTY-TWO COMMUNITY LEADERS AND REPRESENTATIVES ATTENDED A COMMUNITY FORUM TO PRIORITIZE HEALTH NEEDS, WHICH WILL ASSIST IN THE IMPLEMENTATION AND PLANNING PHASE. A RESOURCE INVENTORY WAS GENERATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE FIVE-COUNTY SERVICE AREA. THE RESOURCE INVENTORY IDENTIFIES AVAILABLE ORGANIZATIONS AND AGENCIES THAT SERVE THE REGION WITHIN EACH OF THE PRIORITY NEEDS. A SIGNIFICANT PROJECT COMPONENT PIECE OF THE CHNA WAS THE COMPILATION OF A REGIONAL PROFILE (SECONDARY DATA ANALYSIS). THE REGIONAL PROFILE WAS COMPOSED UTILIZING LOCAL, STATE, AND FEDERAL FIGURES PROVIDING VALUABLE INFORMATION ON A WIDE-ARRAY OF HEALTH AND SOCIAL ISSUES. THE WORKING GROUP EXAMINED AND DISCUSSED DIFFERENT SOCIOECONOMIC ASPECTS, HEALTH OUTCOMES, AND HEALTH FACTORS THAT AFFECT RESIDENTS' BEHAVIORS; SPECIFICALLY, THE INFLUENTIAL FACTORS THAT IMPACT THE HEALTH OF RESIDENTS. AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED DURING LATE DECEMBER 2017 THROUGH EARLY FEBRUARY 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTISE; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS; 4) GOVERNMENT LEADERS; AND 5) RELIGIOUS LEADERS. IN TOTAL, 26 INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS AND STAKEHOLDERS.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC | <p>PART V, SECTION B, LINE 5: ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN THE CONTRIBUTION OF OVER 900 COMMUNITY STAKEHOLDERS/LEADERS, ORGANIZATIONS, AND COMMUNITY GROUPS. THE PRIMARY DATA COLLECTION CONSISTED OF SEVERAL PROJECT COMPONENT PIECES. TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. OVERALL, 831 PAPER HAND-SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS. WE WORKED CLOSELY WITH 47 COMMUNITY ORGANIZATIONS TO DISTRIBUTE AND GATHER THE HAND-SURVEY FROM COMMUNITY RESIDENTS. FORTY-TWO COMMUNITY LEADERS AND REPRESENTATIVES ATTENDED A COMMUNITY FORUM TO PRIORITIZE HEALTH NEEDS, WHICH WILL ASSIST IN THE IMPLEMENTATION AND PLANNING PHASE. A RESOURCE INVENTORY WAS GENERATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE FIVE-COUNTY SERVICE AREA. THE RESOURCE INVENTORY IDENTIFIES AVAILABLE ORGANIZATIONS AND AGENCIES THAT SERVE THE REGION WITHIN EACH OF THE PRIORITY NEEDS. A SIGNIFICANT PROJECT COMPONENT PIECE OF THE CHNA WAS THE COMPILATION OF A REGIONAL PROFILE (SECONDARY DATA ANALYSIS). THE REGIONAL PROFILE WAS COMPOSED UTILIZING LOCAL, STATE, AND FEDERAL FIGURES PROVIDING VALUABLE INFORMATION ON A WIDE-ARRAY OF HEALTH AND SOCIAL ISSUES. THE WORKING GROUP EXAMINED AND DISCUSSED DIFFERENT SOCIOECONOMIC ASPECTS, HEALTH OUTCOMES, AND HEALTH FACTORS THAT AFFECT RESIDENTS' BEHAVIORS; SPECIFICALLY, THE INFLUENTIAL FACTORS THAT IMPACT THE HEALTH OF RESIDENTS. AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED DURING LATE DECEMBER 2017 THROUGH EARLY FEBRUARY 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTISE; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS; 4) GOVERNMENT LEADERS; AND 5) RELIGIOUS LEADERS. IN TOTAL, 26 INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS AND STAKEHOLDERS.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|---|
| UPMC PINNACLE WEST SHORE | <p>PART V, SECTION B, LINE 5: ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN THE CONTRIBUTION OF OVER 900 COMMUNITY STAKEHOLDERS/LEADERS, ORGANIZATIONS, AND COMMUNITY GROUPS. THE PRIMARY DATA COLLECTION CONSISTED OF SEVERAL PROJECT COMPONENT PIECES. TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. OVERALL, 831 PAPER HAND-SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS. WE WORKED CLOSELY WITH 47 COMMUNITY ORGANIZATIONS TO DISTRIBUTE AND GATHER THE HAND-SURVEY FROM COMMUNITY RESIDENTS. FORTY-TWO COMMUNITY LEADERS AND REPRESENTATIVES ATTENDED A COMMUNITY FORUM TO PRIORITIZE HEALTH NEEDS, WHICH WILL ASSIST IN THE IMPLEMENTATION AND PLANNING PHASE. A RESOURCE INVENTORY WAS GENERATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE FIVE-COUNTY SERVICE AREA. THE RESOURCE INVENTORY IDENTIFIES AVAILABLE ORGANIZATIONS AND AGENCIES THAT SERVE THE REGION WITHIN EACH OF THE PRIORITY NEEDS. A SIGNIFICANT PROJECT COMPONENT PIECE OF THE CHNA WAS THE COMPILATION OF A REGIONAL PROFILE (SECONDARY DATA ANALYSIS). THE REGIONAL PROFILE WAS COMPOSED UTILIZING LOCAL, STATE, AND FEDERAL FIGURES PROVIDING VALUABLE INFORMATION ON A WIDE-ARRAY OF HEALTH AND SOCIAL ISSUES. THE WORKING GROUP EXAMINED AND DISCUSSED DIFFERENT SOCIOECONOMIC ASPECTS, HEALTH OUTCOMES, AND HEALTH FACTORS THAT AFFECT RESIDENTS' BEHAVIORS; SPECIFICALLY, THE INFLUENTIAL FACTORS THAT IMPACT THE HEALTH OF RESIDENTS. AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED DURING LATE DECEMBER 2017 THROUGH EARLY FEBRUARY 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTISE; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS; 4) GOVERNMENT LEADERS; AND 5) RELIGIOUS LEADERS. IN TOTAL, 26 INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS AND STAKEHOLDERS.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|---|
| UPMC PINNACLE HARRISBURG | PART V, SECTION B, LINE 6A: UPMC CARLISLEPENNSYLVANIA PSYCHIATRIC INSTITUTE |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC | PART V, SECTION B, LINE 6A: UPMC CARLISLE PENNSYLVANIA PSYCHIATRIC INSTITUTE |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|--|
| UPMC PINNACLE WEST SHORE | PART V, SECTION B, LINE 6A: UPMC CARLISLE PENNSYLVANIA PSYCHIATRIC INSTITUTE |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|--|
| UPMC PINNACLE HARRISBURG | PART V, SECTION B, LINE 7D: COMMUNITY EVENTS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC | PART V, SECTION B, LINE 7D: COMMUNITY EVENTS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|--|
| UPMC PINNACLE WEST SHORE | PART V, SECTION B, LINE 7D: COMMUNITY EVENTS |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|---|
| UPMC PINNACLE HARRISBURG | <p>PART V, SECTION B, LINE 11: AFTER REVIEWING THE DATA GENERATED FROM THE CHNA AND MAPPING EXISTING INTERNAL AND COMMUNITY BASED RESOURCES, UPMC PINNACLE DEVELOPED THE FOLLOWING IMPLEMENTATION PLAN WITH EVIDENCE-BASED STRATEGIES. UPMC PINNACLE PRESENTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012, 2015 AND IN ACCORDANCE WITH IRS REGULATION TO CONDUCT THE CHNA EVERY THREE YEARS, HAS COMPLETED AND APPROVED THE 2018 CHNA. AS A RESULT OF EXTENSIVE PRIMARY AND SECONDARY RESEARCH, INCLUDING WITH COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES. THE RESEARCH ILLUSTRATED THAT THERE IS A NEED FOR ADDITIONAL INFORMATION AND SERVICES THAT PROMOTE AND PROVIDE ACCESS TO HEALTH SERVICES (1), BEHAVIORAL HEALTH SERVICES (2), AND HEALTHY LIFESTYLES (3). 1) PRIORITY 1: ACCESS TO HEALTH SERVICES IN THE AREAS OF PRIMARY CARE, SPECIALTY CARE, AND DENTAL CARE. THE GOAL OF UPMC PINNACLE HOSPITAL IS TO EXPAND THE HEALTH CARE REACH TO RURAL AND HOME BOUND POPULATIONS WITH THE ANTICIPATED IMPACT THAT RURAL AND HOMEBOUND POPULATIONS WILL HAVE INCREASED ACCESS TO HEALTH CARE SERVICES. THIS WILL BE ACCOMPLISHED USING A PLAN OF 5 KEY STRATEGIES. STRATEGY 1: STRENGTHEN ACCESS TO SPECIALTY PROVIDER-BASED SERVICES AND SUPPORTIVE SERVICES, AND INCREASE UTILIZATION OF HEALTH CARE SERVICES BY COMMUNITY MEMBERS. WE WILL PROVIDE INSURANCE ENROLLMENT SPECIALIST AND FINANCIAL AID COUNSELORS TO ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS. WE WILL OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME BY USING TECHNOLOGY AND CONNECTING WITH OUR COMMUNITY PARTNERS AND COMMUNITY HEALTH CENTERS. WE WILL COLLABORATE WITH COMMUNITY HEALTH CENTER STAFF TO REVIEW CASES OF HIGH UTILIZATION AND ACUITY. WE WILL MAINTAIN A CONTINUED PARTNERSHIP WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED, AND DIVERSE POPULATIONS. STRATEGY 2: STRENGTHEN ACCESS TO DENTAL PROVIDER-BASED SERVICES, SUPPORTIVE SERVICES, AND UTILIZATION OF DENTAL SERVICES BY COMMUNITY MEMBERS. PROMOTE INCREASED UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPROVEMENT. COORDINATE CARE OF URGENT DENTAL NEEDS IN THE EMERGENCY DEPARTMENT. STRATEGY 3: PROVIDE PATIENT ACCESS TO HEALTH CARE RESOURCES IN THEIR LANGUAGE BY EXPANDING OUR INTERPRETATION SERVICES TO PATIENTS; EXPAND TRANSLATION OF MEDICAL DOCUMENTS TO PATIENTS. STRATEGY 4: INCREASE ACCESS TO EVIDENCE BASED SMOKING CESSATION AND PREVENTION PROGRAMS THROUGH CONTINUED TOBACCO CESSATION AND SMOKING PREVENTION PROGRAMS. STRATEGY 5: INCREASE NUMBER OF PATIENTS RECEIVING CARE COORDINATION SERVICES BY EXPLORING PAYOR OPTIONS FOR PAYMENT PROGRAMS AND EXPLORING CHRONIC CARE MANAGEMENT BILLING. 2) PRIORITY 2: BEHAVIORAL HEALTH SERVICES FOCUSING ON MENTAL HEALTH AND SUBSTANCE ABUSE. THE GOAL IS TO IMPROVE BEHAVIORAL HEALTH ILLNESSES BY PROVIDING ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, PROVIDING EDUCATION THAT ADDRESSES</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|--|
| UPMC PINNACLE HARRISBURG | <p>THE WHOLE PERSON, AND INCREASING OUR PREVENTION, EDUCATION, AND TREATMENT SERVICES. WE HAVE DEVELOPED 12 KEY STRATEGIES TO ADDRESS THIS PRIORITY. STRATEGY 1: CONDUCT MENTAL HEALTH SCREENINGS TO REDUCE THE OCCURRENCE OF SUICIDE. STRATEGY 2: PROVIDE MENTAL HEALTH TRAINING TO LAW ENFORCEMENT OFFICERS. STRATEGY 3: IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH AT UPMC PINNACLE HOSPITALS. STRATEGY 4: PROVIDE EARLY ENGAGEMENT AND SUPPORT FOR PSYCHOSIS. STRATEGY 5: IMPLEMENT TRAUMA INFORMED CARE (TIC) TO MEET THE NEEDS OF THE WHOLE PERSON. STRATEGY 6: IMPROVE ACCESS TO HEALTH CARE THROUGH A MEDICAL HOME. STRATEGY 7: PROVIDE DIRECT ACCESS FOR THOSE EXPERIENCING A MENTAL HEALTH CRISIS. STRATEGY 8: IMPROVE ACCESS TO MENTAL HEALTH CARE THROUGH TELE-PSYCHIATRY. STRATEGY 9: IMPROVE BEHAVIORAL HEALTH OF CHILDREN AND ADOLESCENTS. STRATEGY 10: IMPROVE ACCESS TO MEDICATED ASSISTED TREATMENT (MAT). STRATEGY 11: PROVIDE STEPS TO RECOVERY FOR PREGNANT WOMEN FACING ADDICTION. STRATEGY 12 : COLLABORATE WITH CENTER FOR ADDICTION RECOVERY ACTIONS TO IMPROVE THE WARM HANDOFF PROCESSES IN THE EMERGENCY DEPARTMENT AND PROVIDE ONGOING X WAIVER TRAINING SESSIONS. 3) PRIORITY 3: HEALTHY LIFESTYLES IN AREAS OF PHYSICAL ACTIVITY, OBESITY, AND TOBACCO USE. THE GOAL IS TO INCREASE KNOWLEDGE OF ACCESS AND OPPORTUNITY TO UPMC PINNACLE RESOURCES IN RURAL COMMUNITIES AND UNDERSERVED POPULATIONS. FOUR KEY STRATEGIES HAVE BEEN DEVELOPED TO ADDRESS THIS PRIORITY. STRATEGY 1: ADDRESS INCOME, EDUCATION AND EMPLOYMENT DETERMINANTS OF HEALTH THAT NEGATIVELY IMPACT A HEALTHY AND DIVERSE WORKFORCE AND PREVENTIVE CARE. STRATEGY 2: ADDRESS TRANSPORTATION BARRIERS TO REDUCE MISSED APPOINTMENTS DUE TO UNRELIABLE OR NO TRANSPORTATION WHICH NEGATIVELY IMPACTS PREVENTIVE CARE AND INCREASES ED VISITS. STRATEGY 3: ASSIST HOMELESS RECIPIENTS WITHIN THE UPMC PINNACLE FOOTPRINT WITH MOVING FROM THE STREETS INTO STRUCTURED LONG-TERM CARE THROUGH COLLABORATION WITH COMMUNITY PARTNERS. STRATEGY 4: IMPROVE LANGUAGE ACCESS GIVEN THROUGH THE DEVELOPMENT AND PROMOTION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES.</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC | <p>PART V, SECTION B, LINE 11: AFTER REVIEWING THE DATA GENERATED FROM THE CHNA AND MAPPING EXISTING INTERNAL AND COMMUNITY BASED RESOURCES, UPMC PINNACLE DEVELOPED THE FOLLOWING IMPLEMENTATION PLAN WITH EVIDENCE-BASED STRATEGIES. UPMC PINNACLE PRESENTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012, 2015 AND IN ACCORDANCE WITH IRS REGULATION TO CONDUCT THE CHNA EVERY THREE YEARS, HAS COMPLETED AND APPROVED THE 2018 CHNA. AS A RESULT OF EXTENSIVE PRIMARY AND SECONDARY RESEARCH, INCLUDING WITH COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES. THE RESEARCH ILLUSTRATED THAT THERE IS A NEED FOR ADDITIONAL INFORMATION AND SERVICES THAT PROMOTE AND PROVIDE ACCESS TO HEALTH SERVICES (1), BEHAVIORAL HEALTH SERVICES (2), AND HEALTHY LIFESTYLES (3). 1) PRIORITY 1: ACCESS TO HEALTH SERVICES IN THE AREAS OF PRIMARY CARE, SPECIALTY CARE, AND DENTAL CARE. THE GOAL OF UPMC PINNACLE HOSPITAL IS TO EXPAND THE HEALTH CARE REACH TO RURAL AND HOMEBOUND POPULATIONS WITH THE ANTICIPATED IMPACT THAT RURAL AND HOMEBOUND POPULATIONS WILL HAVE INCREASED ACCESS TO HEALTH CARE SERVICES. THIS WILL BE ACCOMPLISHED USING A PLAN OF SEVEN STRATEGIES. STRATEGY 1: STRENGTHEN ACCESS TO SPECIALTY PROVIDER-BASED SERVICES AND SUPPORTIVE SERVICES, AND INCREASE UTILIZATION OF HEALTH CARE SERVICES BY COMMUNITY MEMBERS. WE WILL PROVIDE INSURANCE ENROLLMENT SPECIALIST AND FINANCIAL AID COUNSELORS TO ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS. WE WILL OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME BY USING TECHNOLOGY AND CONNECTING WITH OUR COMMUNITY PARTNERS AND COMMUNITY HEALTH CENTERS. WE WILL COLLABORATE WITH COMMUNITY HEALTH CENTER STAFF TO REVIEW CASES OF HIGH UTILIZATION AND ACUITY. WE WILL MAINTAIN A CONTINUED PARTNERSHIP WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED, AND DIVERSE POPULATIONS. STRATEGY 2: STRENGTHEN ACCESS TO DENTAL PROVIDER-BASED SERVICES, SUPPORTIVE SERVICES, AND UTILIZATION OF DENTAL SERVICES BY COMMUNITY MEMBERS. PROMOTE INCREASED UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPROVEMENT. COORDINATE CARE OF URGENT DENTAL NEEDS IN THE EMERGENCY DEPARTMENT. STRATEGY 3: PROVIDE PATIENT ACCESS TO HEALTH CARE RESOURCES IN THEIR LANGUAGE BY EXPANDING OUR INTERPRETATION SERVICES TO PATIENTS; EXPAND TRANSLATION OF MEDICAL DOCUMENTS TO PATIENTS. STRATEGY 4: INCREASE ACCESS TO EVIDENCE BASED SMOKING CESSATION AND PREVENTION PROGRAMS THROUGH CONTINUED TOBACCO CESSATION AND SMOKING PREVENTION PROGRAMS. STRATEGY 5: INCREASE NUMBER OF PATIENTS RECEIVING CARE COORDINATION SERVICES BY EXPLORING PAYOR OPTIONS FOR PAYMENT PROGRAMS AND EXPLORING CHRONIC CARE MANAGEMENT BILLING. PRIORITY 2: BEHAVIORAL HEALTH SERVICES FOCUSING ON MENTAL HEALTH AND SUBSTANCE ABUSE. THE GOAL IS TO IMPROVE BEHAVIORAL HEALTH ISSUES BY PROVIDING ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, PROVIDING EDUCATION THAT ADDRESSES THE</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC | <p>WHOLE PERSON, AND INCREASING OUR PREVENTION, EDUCATION, AND TREATMENT SERVICES. WE HAVE DEVELOPED 12 KEY STRATEGIES TO ADDRESS THIS PRIORITY. STRATEGY 1: CONDUCT MENTAL HEALTH SCREENINGS TO REDUCE THE OCCURRENCE OF SUICIDE. STRATEGY 2: PROVIDE MENTAL HEALTH TRAINING TO LAW ENFORCEMENT OFFICERS. STRATEGY 3: IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH AT UPMC PINNACLE HOSPITALS. STRATEGY 4: PROVIDE EARLY ENGAGEMENT AND SUPPORT FOR PSYCHOSIS. STRATEGY 5: IMPLEMENT TRAUMA INFORMED CARE (TIC) TO MEET THE NEEDS OF THE WHOLE PERSON. STRATEGY 6: IMPROVE ACCESS TO HEALTH CARE THROUGH A MEDICAL HOME. STRATEGY 7: PROVIDE DIRECT ACCESS FOR THOSE EXPERIENCING A MENTAL HEALTH CRISIS. STRATEGY 8: IMPROVE ACCESS TO MENTAL HEALTH CARE THROUGH TELE-PSYCHIATRY. STRATEGY 9: IMPROVE BEHAVIORAL HEALTH OF CHILDREN AND ADOLESCENTS. STRATEGY 10: IMPROVE ACCESS TO MEDICATED ASSISTED TREATMENT (MAT). STRATEGY 11: PROVIDE STEPS TO RECOVERY FOR PREGNANT WOMEN FACING ADDICTION. STRATEGY 12: COLLABORATE WITH CENTER FOR ADDICTION RECOVERY ACTIONS TO IMPROVE THE WARM HANDOFF PROCESSES IN THE EMERGENCY DEPARTMENT AND PROVIDE ONGOING X WAIVER TRAINING SESSIONS. PRIORITY 3: HEALTHY LIFESTYLES IN AREAS OF PHYSICAL ACTIVITY, OBESITY, AND TOBACCO USE. THE GOAL IS TO INCREASE KNOWLEDGE OF ACCESS AND OPPORTUNITY TO UPMC PINNACLE RESOURCES IN RURAL COMMUNITIES AND UNDERSERVED POPULATIONS. FOUR KEY STRATEGIES HAVE BEEN DEVELOPED TO ADDRESS THIS PRIORITY. STRATEGY 1: ADDRESS INCOME, EDUCATION AND EMPLOYMENT DETERMINANTS OF HEALTH THAT NEGATIVELY IMPACT A HEALTHY AND DIVERSE WORKFORCE AND PREVENTIVE CARE. STRATEGY 2: ADDRESS TRANSPORTATION BARRIERS TO REDUCE MISSED APPOINTMENTS DUE TO UNRELIABLE OR NO TRANSPORTATION WHICH NEGATIVELY IMPACTS PREVENTIVE CARE AND INCREASED VISITS. STRATEGY 3: ASSIST HOMELESS RECIPIENTS WITHIN THE UPMC PINNACLE FOOTPRINT WITH MOVING FROM THE STREETS INTO STRUCTURED LONG-TERM CARE THROUGH COLLABORATION WITH COMMUNITY PARTNERS. STRATEGY 4: IMPROVE LANGUAGE ACCESS GIVEN THROUGH THE DEVELOPMENT AND PROMOTION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES.</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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| UPMC PINNACLE WEST SHORE | <p>PART V, SECTION B, LINE 11: AFTER REVIEWING THE DATA GENERATED FROM THE CHNA AND MAPPING EXISTING INTERNAL AND COMMUNITY BASED RESOURCES, UPMC PINNACLE DEVELOPED THE FOLLOWING IMPLEMENTATION PLAN WITH EVIDENCE-BASED STRATEGIES. UPMC PINNACLE PRESENTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012, 2015 AND IN ACCORDANCE WITH IRS REGULATION TO CONDUCT THE CHNA EVERY THREE YEARS, HAS COMPLETED AND APPROVED THE 2018 CHNA. AS A RESULT OF EXTENSIVE PRIMARY AND SECONDARY RESEARCH, INCLUDING WITH COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES. THE RESEARCH ILLUSTRATED THAT THERE IS A NEED FOR ADDITIONAL INFORMATION AND SERVICES THAT PROMOTE AND PROVIDE ACCESS TO HEALTH SERVICES (1), BEHAVIORAL HEALTH SERVICES (2), AND HEALTHY LIFESTYLES (3). PRIORITY 1: ACCESS TO HEALTH SERVICES IN THE AREAS OF PRIMARY CARE, SPECIALTY CARE, AND DENTAL CARE. THE GOAL OF UPMC PINNACLE HOSPITAL IS TO EXPAND THE HEALTH CARE REACH TO RURAL AND HOMEBOUND POPULATIONS WITH THE ANTICIPATED IMPACT THAT RURAL AND HOMEBOUND POPULATIONS WILL HAVE INCREASED ACCESS TO HEALTH CARE SERVICES. THIS WILL BE ACCOMPLISHED USING A PLAN OF 5 KEY STRATEGIES. STRATEGY 1: STRENGTHEN ACCESS TO SPECIALTY PROVIDER-BASED SERVICES AND SUPPORTIVE SERVICES, AND INCREASE UTILIZATION OF HEALTH CARE SERVICES BY COMMUNITY MEMBERS. WE WILL PROVIDE INSURANCE ENROLLMENT SPECIALIST AND FINANCIAL AID COUNSELORS TO ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS. WE WILL OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME BY USING TECHNOLOGY AND CONNECTING WITH OUR COMMUNITY PARTNERS AND COMMUNITY HEALTH CENTERS. WE WILL COLLABORATE WITH COMMUNITY HEALTH CENTER STAFF TO REVIEW CASES OF HIGH UTILIZATION AND ACUITY. WE WILL MAINTAIN A CONTINUED PARTNERSHIP WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED, AND DIVERSE POPULATIONS. STRATEGY 2: STRENGTHEN ACCESS TO DENTAL PROVIDER-BASED SERVICES, SUPPORTIVE SERVICES, AND UTILIZATION OF DENTAL SERVICES BY COMMUNITY MEMBERS. PROMOTE INCREASED UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPROVEMENT. COORDINATE CARE OF URGENT DENTAL NEEDS IN THE EMERGENCY DEPARTMENT. STRATEGY 3: PROVIDE PATIENT ACCESS TO HEALTH CARE RESOURCES IN THEIR LANGUAGE BY EXPANDING OUR INTERPRETATION SERVICES TO PATIENTS; EXPAND TRANSLATION OF MEDICAL DOCUMENTS TO PATIENTS. STRATEGY 4: INCREASE ACCESS TO EVIDENCE BASED SMOKING CESSATION AND PREVENTION PROGRAMS THROUGH CONTINUED TOBACCO CESSATION AND SMOKING PREVENTION PROGRAMS. STRATEGY 5: INCREASE NUMBER OF PATIENTS RECEIVING CARE COORDINATION SERVICES BY EXPLORING PAYOR OPTIONS FOR PAYMENT PROGRAMS AND EXPLORING CHRONIC CARE MANAGEMENT BILLING. PRIORITY 2: BEHAVIORAL HEALTH SERVICES FOCUS ON MENTAL HEALTH AND SUBSTANCE ABUSE. THE GOAL IS TO IMPROVE BEHAVIORAL HEALTH ILLNESSES BY PROVIDING ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, PROVIDING EDUCATION THAT ADDRESSES THE WH</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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| UPMC PINNACLE WEST SHORE | <p>OLE PERSON, AND INCREASING OUR PREVENTION, EDUCATION, AND TREATMENT SERVICES. WE HAVE DEVELOPED 12 KEY STRATEGIES TO ADDRESS THIS PRIORITY. STRATEGY 1: CONDUCT MENTAL HEALTH SCREENINGS TO REDUCE THE OCCURRENCE OF SUICIDE. STRATEGY 2: PROVIDE MENTAL HEALTH TRAINING TO LAW ENFORCEMENT OFFICERS. STRATEGY 3: IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH AT UPMC PINNACLE HOSPITALS. STRATEGY 4: PROVIDE EARLY ENGAGEMENT AND SUPPORT FOR PSYCHOSIS. STRATEGY 5: IMPLEMENT TRAUMA INFORMED CARE (TIC) TO MEET THE NEEDS OF THE WHOLE PERSON. STRATEGY 6: IMPROVE ACCESS TO HEALTH CARE THROUGH A MEDICAL HOME. STRATEGY 7: PROVIDE DIRECT ACCESS FOR THOSE EXPERIENCING A MENTAL HEALTH CRISIS. STRATEGY 8: IMPROVE ACCESS TO MENTAL HEALTH CARE THROUGH TELEPSYCHIATRY. STRATEGY 9: IMPROVE BEHAVIORAL HEALTH OF CHILDREN AND ADOLESCENTS. STRATEGY 10: IMPROVE ACCESS TO MEDICATED ASSISTED TREATMENT (MAT). STRATEGY 11: PROVIDE STEPS TO RECOVERY FOR PREGNANT WOMEN FACING ADDICTION. STRATEGY 12: COLLABORATE WITH CENTER FOR ADDICTION RECOVERY ACTIONS TO IMPROVE THE WARM HANDOFF PROCESSES IN THE EMERGENCY DEPARTMENT AND PROVIDE ONGOING X WAIVER TRAINING SESSIONS. PRIORITY 3: HEALTHY LIFESTYLES IN AREAS OF PHYSICAL ACTIVITY, OBESITY, AND TOBACCO USE. THE GOAL IS TO INCREASE KNOWLEDGE OF ACCESS AND OPPORTUNITY TO UPMC PINNACLE RESOURCES IN RURAL COMMUNITIES AND UNDERSERVED POPULATIONS. FOUR KEY STRATEGIES HAVE BEEN DEVELOPED TO ADDRESS THIS PRIORITY. STRATEGY 1: ADDRESS INCOME, EDUCATION AND EMPLOYMENT DETERMINANTS OF HEALTH THAT NEGATIVELY IMPACT A HEALTHY AND DIVERSE WORKFORCE AND PREVENTIVE CARE. STRATEGY 2: ADDRESS TRANSPORTATION BARRIERS TO REDUCE MISSED APPOINTMENTS DUE TO UNRELIABLE OR NO TRANSPORTATION WHICH NEGATIVELY IMPACTS PREVENTIVE CARE AND INCREASED VISITS. STRATEGY 3: ASSIST HOMELESS RECIPIENTS WITHIN THE UPMC PINNACLE FOOTPRINT WITH MOVING FROM THE STREETS INTO STRUCTURED LONG-TERM CARE THROUGH COLLABORATION WITH COMMUNITY PARTNERS. STRATEGY 4: IMPROVE LANGUAGE ACCESS GIVEN THROUGH THE DEVELOPMENT AND PROMOTION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------|---|
| UPMC PINNACLE HARRISBURG | PART V, SECTION B, LINE 15E: IN INSTANCES WHEN AN UNINSURED PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY CARE/FINANCIAL ASSISTANCE DISCOUNT, BUT LACKS DOCUMENTATION TO SUPPORT IT, CONSIDERATION WILL BE GIVEN BASED ON CIRCUMSTANCES PRESENTED OR CREDIT AGENCY INCOME DATA FOR PRESUMPTIVE CHARITY CARE/FINANCIAL ASSISTANCE. THIS WILL INCLUDE, BUT IS NOT LIMITED TO; HOMELESSNESS, NO INCOME, PARTICIPATION IN WOMEN INFANTS AND CHILDREN PROGRAMS (WIC), FOOD STAMP ELIGIBILITY, OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G. MEDICAID SPEND-DOWN), INFORMATION FROM FAMILY OR FRIENDS, LOW INCOME HOUSING PROVIDED AS VALID ADDRESS, PATIENT DECEASED WITH NO KNOWN ESTATE, ELIGIBLE FOR STATE FUNDED PRESCRIPTION PROGRAM, AND CREDIT BUREAU SOFT CREDIT CHECKS THAT ARE ONLY SEEN BY THE PATIENT/ GUARANTOR. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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| Form and Line Reference | Explanation |
|--------------------------|---|
| UPMC PINNACLE HARRISBURG | PART V, SECTION B, LINE 20E: ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC | PART V, SECTION B, LINE 20E: ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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| Form and Line Reference | Explanation |
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| UPMC PINNACLE WEST SHORE | PART V, SECTION B, LINE 20E: ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UPMC PINNACLE HOSPITALS

Employer identification number

25-1778644

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2: | THE ORGANIZATION SUPPORTS COMMUNITY-BASED PROGRAMS THAT SUPPORT THE MISSION OF UPMC PINNACLE. CONTRIBUTIONS ARE GIVEN FREELY AND USE OF FUNDS IS NOT MONITORED ONCE THE MONIES ARE DISBURSED. |

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PANTHER RAM FOUNDATION CENTRAL DAUPHIN SCHOOL DIST ADMIN OFFICE 600 RUTHERFORD ROAD HARRISBURG, PA 17109 | 36-4511725 | 501(C)(3) | 63,000 | | | | NUTRIPACK PRG 2019-2020 |
| HRBG SCHOOL DISTRICT ENERGY PACK PROGRAM 1601 STATE STREET DIVISION OF STUDENT SUPPORT HARRISBURG, PA 17103 | 23-6003787 | 501(C)(3) | 40,000 | | | | SUPPORT OF 2018-2019 PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PAXTON MINISTRIES 2001 PAXTON STREET HARRISBURG, PA 17111 | 23-2179648 | 501(C)(3) | 37,000 | | | | GRANT LPN POSITION 2019-2020 |
| PEYTON WALKER FOUNDATION 2929 GETTYSBURG ROAD STE 8 CAMP HILL, PA 17011 | 46-4655102 | 501(C)(3) | 35,000 | | | | GRANT TO PROVIDE AEDS TO SCHOOL |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAMP CURTIN YMCA 2135 N 6TH STREET HARRISBURG, PA 17110 | 23-1665437 | 501(C)(3) | 25,000 | | | | CORNERSTONE HOUSING PROJECT |
| PERRY CO BACKPACK PROGRAM 300A SOUTH CARLISLE ST NEW BLOOMFIELD, PA 17068 | 32-0271270 | 501(C)(3) | 25,000 | | | | BACKPACK PRG 2019-2020 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAPITAL AREA GIRLS ON THE RUN 525 N 12TH STREET STE 205 LEMOYNE, PA 17043 | 27-5095044 | 501(C)(3) | 25,000 | | | | GOTR - YEAR 1 OF 3 |
| UNIVERSITY OF PITTSBURGH UPMC HILLMAN CANCER CENTER 5150 CENTRE AVE PITTSBURGH, PA 15232 | 25-1423657 | 501(C)(3) | 20,000 | | | | GALA 2019 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUSAN P BYRNES HEALTH EDUCATION CENTER 515 SOUTH GEORGE STREET YORK, PA 17401 | 23-2588187 | 501(C)(3) | 20,000 | | | | LANCASTER CITY SCHOOL DIST |
| SUSAN P BYRNES HEALTH EDUCATION CENTER 515 SOUTH GEORGE STREET YORK, PA 17401 | 23-2588187 | 501(C)(3) | 20,000 | | | | YORK CITY SCHOOL DIST |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HABITAT FOR HUMANITY 900 S ARLINGTON AVE SUITE 235 HARRISBURG, PA 17109 | 58-1735541 | 501(C)(3) | 20,000 | | | | GRANT |
| YORK CITY SCHOOL DISTRICT 31 NORTH PERSHING AVE YORK, PA 17401 | 23-6004284 | GOVERNMENT | 15,000 | | | | GAME DAY KITCHEN |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HARRISBURG SCHOOL DISTRICT 1601 STATE STREET HARRISBURG, PA 17103 | 23-6003787 | 501(C)(3) | 10,500 | | | | GRANT FOR HHS JOHN HARRIS CAMP |
| FAMILY FRESH PANTRY 250 REYNDERS AVE STEELTON, PA 17113 | 84-2064529 | 501(C)(3) | 10,000 | | | | GENERAL OPERATIONS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRAL MARKET HOUSE 34 WEST PHILADELPHIA STREET YORK, PA 17401 | 23-0463930 | 501(C)(3) | 7,500 | | | | GRANT APPLICATION |
| UNITED WAY OF LEBANON COUNTY 801 CUMBERLAND STREET LEBANON, PA 17042 | 23-1465632 | 501(C)(3) | 5,000 | | | | DAY OF CARING 2020 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DOWNTOWN DAILY BREAD PINE ST PRESBYTERIAN CHURCH 301 N 3RD ST HARRISBURG, PA 17101 | 23-1433867 | 501(C)(3) | 5,000 | | | | 2019 DAY SHELTER |
| UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403 | 23-1352588 | 501(C)(3) | 5,000 | | | | CORP CONTRIBUTION |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

Part I Questions Regarding Compensation

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

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |
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Part III Supplemental Information

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

| Return Reference | Explanation |
|--------------------|---|
| PART I, LINE 3 | UPMC PINNACLE HOSPITALS RELIES ON UPMC PINNACLE, A RELATED ORGANIZATION, TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO AND OTHER OFFICERS. METHODS USED TO ESTABLISH COMPENSATION BY THE RELATED ORGANIZATION INCLUDE: * COMPENSATION COMMITTEE * INDEPENDENT COMPENSATION CONSULTANT * COMPENSATION SURVEY OR STUDY * APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD |
| PART I, LINES 4A-B | MICHAEL YOUNG, THE FORMER CEO, RECEIVED A SEVERANCE PAYMENT OF \$334,488 DURING THE 2019 CALENDAR YEAR. UPMC PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO ITS FORMER CHIEF EXECUTIVE OFFICER (THE "FORMER CEO") THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE IRS CALLS "LOAN-REGIME SPLIT-DOLLAR" ("LRSD"). ALTHOUGH THE IRS REQUIRES LRSD TO COMPLY WITH THE TAX PRINCIPLES OF A LOAN FOR FEDERAL INCOME TAX PURPOSES (IRC 7872), LRSD IS NOT AN ACTUAL LOAN AS NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS (SUBJECT TO VESTING REQUIREMENTS AND POLICY INVESTMENT PERFORMANCE), UPMC RECOVERS ALL ITS OUTLAYS PLUS A MARKET RATE OF INTEREST. AS WITH AN EMPLOYER-EMPLOYEE LOAN, AND CONSISTENT WITH THE 2003 FINAL REGULATIONS AND IRC 7872, THE PLAN IS NON-COMPENSATORY TO THE PARTICIPATING EXECUTIVE, AS THE LOAN IS REPAYED PLUS INTEREST UPON THE DEATH OF THE EXECUTIVE. UNDER THE REGULATIONS, THERE IS NO COMPENSATION IMPUTED TO THE EXECUTIVE. THE UPMC LRSD PLAN WORKS AS FOLLOWS. UPMC DEPOSITED FUNDS DIRECTLY INTO CASH VALUE LIFE INSURANCE POLICIES ON THE FORMER CEO'S LIFE. DURING LIFE, TO THE EXTENT THE FORMER CEO FULFILLED SERVICE AND VESTING REQUIREMENTS, THE FORMER CEO CAN BORROW AGAINST VALUES IN THE POLICIES TO SUPPLEMENT RETIREMENT INCOME. POLICY PERFORMANCE IS CLOSELY MONITORED. IF POLICY PERFORMANCE LAGS, THE FORMER CEO'S BORROWING RIGHTS COULD BE REDUCED TO PROTECT UPMC'S RECOVERY RIGHTS. AT THE FORMER CEO'S DEATH, THE POLICY DEATH PROCEEDS ARE FIRST USED TO REPAY UPMC ITS DEPOSITS PLUS COMPOUNDED INTEREST (AT THE IRS LONG-TERM APPLICABLE FEDERAL RATE). THE FORMER CEO'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING NOT ACCESSED DURING LIFE. |

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 PHILIP GUARNESCHELLI PRESIDENT AND CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 855,192 | 153,940 | 204,597 | 16,600 | 19,459 | 1,249,788 | 0 |
| 1 WILLIAM H PUGH EVP & CFO/TREASURER (RETIRED 12/19) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 615,238 | 95,291 | 95,358 | 16,600 | 14,892 | 837,379 | 0 |
| 2 WILLIAM BACHINSKY MD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 486,371 | 216,119 | 5,833 | 16,600 | 19,442 | 744,365 | 0 |
| 3 QUAN TRAN HOSPITALIST | (i) | 337,540 | 65,458 | 195,816 | 13,850 | 14,251 | 626,915 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 THOMAS STONER VP, HOSPITALIST SERVICES | (i) | 454,447 | 56,421 | 59,239 | 13,850 | 19,459 | 603,416 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 HAROLD YANG TRANSPLANT SURGEON | (i) | 300,069 | 26,681 | 239,050 | 16,600 | 19,208 | 601,608 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 CHRISTOPHER P MARKLEY ESQ SEC'Y/SR VP/GENERAL COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 429,675 | 66,291 | 71,950 | 16,600 | 630 | 585,146 | 0 |
| 7 CHASE TURNER HOSPITALIST | (i) | 375,056 | 58,587 | 128,060 | 15,641 | 7,530 | 584,874 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 CRAIG SKUCENSKI VP, EMERGENCY MEDICINE | (i) | 426,046 | 54,777 | 44,906 | 16,600 | 19,459 | 561,788 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 ALISON BERNHARDT VP & CFO/TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 285,672 | 34,269 | 34,690 | 13,899 | 8,008 | 376,538 | 0 |
| 10 MICHAEL A YOUNG FORMER PRESIDENT/CEO (RES. 3/17) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 334,488 | 0 | 236 | 334,724 | 0 |
| 11 JOHN DELORENZO ASSISTANT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 177,665 | 13,788 | 0 | 10,751 | 18,298 | 220,502 | 0 |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

| | |
|---|--|
| Name of the organization UPMC PINNACLE HOSPITALS | Employer identification number 25-1778644 |
|---|--|

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

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
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2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

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

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
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| 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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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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) RONALD KRATZ MD | PARTNER, RIVERSIDE ANESTHESIA ASSOCIATES | 524,836 | RONALD KRATZ, M.D. IS A PARTNER IN RIVERSIDE ANESTHESIA ASSOCIATES, WHICH DOES BUSINESS WITH THE FILING ORGANIZATION. ALL TRANSACTIONS ARE AT ARM'S LENGTH. | | No |
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Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

Department of the Treasury

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number

25-1778644

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|--|
| FORM 990, PART V, LINE 1: | UPMC PINNACLE, THE PARENT ENTITY OF A GROUP OF TAX-EXEMPT ORGANIZATIONS, IS THE COMMON REPORTING AGENT FOR THE GROUP AND FILES ALL 1099 FORMS FOR UPMC PINNACLE HOSPITALS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | THE SOLE MEMBER OF THE CORPORATION IS UPMC PINNACLE, A FEDERALLY TAX EXEMPT, STATE NONPROFIT ENTITY (EIN 25-1778658). |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | AS SOLE MEMBER OF THE ORGANIZATION, UPMC PINNACLE SHALL ELECT THE BOARD OF DIRECTORS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7B | CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION REQUIRE THE APPROVAL OF BOTH THE UPMC PINNACLE BOARD AND THE UPMC BOARD, AS THE SOLE MEMBER OF UPMC PINNACLE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE AUTHORITY AND RESPONSIBILITY FOR REVIEW OF THE FORM 990 FOR UPMC PINNACLE AND SUBSIDIARIES IS DELEGATED TO THE FINANCE COMMITTEE OF THE UPMC PINNACLE BOARD. IN ORDER TO ACCOMPLISH THIS, ALL MEMBERS OF THE FINANCE COMMITTEE ARE PROVIDED WITH A REASONABLE OPPORTUNITY TO REVIEW AND COMMENT TO EXECUTIVE LEADERSHIP ON THE IRS FORMS 990 OF UPMC PINNACLE AND ITS SUBSIDIARIES. IN ADDITION, EACH MEMBER OF EACH RESPECTIVE BOARD OF DIRECTORS WILL BE GIVEN ACCESS TO VIEW THEIR INDIVIDUAL FORM 990 VIA A SHARED, PASSWORD-PROTECTED WEBSITE BEFORE THE RETURNS ARE FILED WITH THE INTERNAL REVENUE SERVICE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>IN THE PERFORMANCE OF THEIR DUTIES TO UPMC PINNACLE AND SUBSIDIARIES, COVERED PERSONS SHALL SEEK TO ACT IN THE BEST INTERESTS OF UPMC PINNACLE, AND SHALL EXERCISE GOOD FAITH, LOYALTY, DILIGENCE AND HONESTY. A COVERED PERSON IS ANY INDIVIDUAL WHO SERVES IN A FIDUCIARY CAPACITY TO, OR WHO HAS LEGAL AUTHORITY TO REPRESENT OR OBLIGATE, UPMC PINNACLE OR ANY OF ITS AFFILIATED ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS. COVERED PERSONS ALSO INCLUDE A) IMMEDIATE FAMILIES (SPOUSES, CHILDREN, SIBLINGS, PARENTS, OR SPOUSE'S PARENTS), B) ANY ORGANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILIES DIRECTLY OR INDIRECTLY I) HAVE A MATERIAL FINANCIAL OR BENEFICIAL INTEREST, OR II) SERVE AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, ATTORNEY OR SIMILAR CAPACITY. A COVERED PERSON SHALL DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS OR RELATIONSHIPS WHICH MAY BE IN CONFLICT WITH THE INTEREST OF UPMC PINNACLE, INCLUDING, BUT NOT LIMITED TO (A) ENGAGING IN OR SEEKING TO BE ENGAGED IN (I) THE DELIVERY OF HEALTH CARE SERVICES OR (II) THE DELIVERY OF GOODS OR SERVICES TO UPMC PINNACLE, OR (B) ANY TRANSACTION OR ARRANGEMENT WITH UPMC PINNACLE WHICH WOULD RESULT IN BENEFIT TO COVERED PERSONS. THE GOVERNANCE COMMITTEE OF THE UPMC PINNACLE BOARD REVIEWS ALL CONFLICT OF INTEREST STATEMENTS ANNUALLY AND DETERMINES WHETHER EACH DIRECTOR ON THE BOARD IS INDEPENDENT. COVERED PERSONS WHO ARE DIRECTORS MUST COMPLY WITH UPMC PINNACLE GUIDELINES FOR DETERMINING DIRECTOR INDEPENDENCE AND APPLYING DIRECTOR INDEPENDENCE REQUIREMENTS. COVERED PERSONS WITH A CONFLICT OF INTEREST SHALL NOT VOTE ON THE MATTER, AND THE UPMC PINNACLE BOARD OR COMMITTEE MUST APPROVE, AUTHORIZE, OR RATIFY THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE NON-INTERESTED DIRECTORS OR COMMITTEE MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM. VIOLATIONS OF THIS STATEMENT OF POLICY MAY SUBJECT COVERED PERSONS TO APPROPRIATE SANCTIONS, INCLUDING REMOVAL FROM THEIR POSITIONS WITH UPMC PINNACLE.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>THE COMPENSATION COMMITTEE OF THE UPMC PINNACLE BOARD HAS THE AUTHORITY TO DEVELOP AND MAINTAIN EXECUTIVE AND PHYSICIAN COMPENSATION TO BE APPROVED BY THE UPMC PINNACLE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE WILL FOLLOW A DILIGENT PROCESS THAT MEETS REGULATORY REQUIREMENTS FOR A REBUTTABLE PRESUMPTION OF REASONABLENESS AND PROMOTES EFFECTIVE GOVERNANCE OF EXECUTIVE COMPENSATION, CONSISTENT WITH THE UPMC PINNACLE COMPENSATION PHILOSOPHY. 1 . FOLLOW A PROCESS THAT ESTABLISHES AND MAINTAINS A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL EXECUTIVES AND PHYSICIANS POTENTIALLY SUBJECT TO INTERMEDIATE SANCTIONS. 2. PREPARE MINUTES FOR EACH MEETING TO RECORD THE TERMS OF THE COMMITTEE'S DECISIONS AND THE PROCESS FOLLOWED IN REACHING THOSE DECISIONS. THESE MINUTES MUST INCLUDE INDICATIONS THAT THE COMMITTEE IS FOLLOWING GOOD PRACTICES IN DEALING WITH CONFLICTS OF INTEREST AND IN OBTAINING AND RELYING ON APPROPRIATE COMPARABILITY DATA ON TOTAL COMPENSATION. 3. SELECT AND DIRECTLY ENGAGE AND SUPERVISE ANY CONSULTANT HIRED BY UPMC PINNACLE TO ADVISE THE COMMITTEE ON EXECUTIVE AND PHYSICIAN COMPENSATION. 4. PERIODICALLY EVALUATE THE APPROPRIATENESS OF THIS CHARTER AND THE EFFECTIVENESS OF THE PROCESS THE COMMITTEE USES IN GOVERNING EXECUTIVE AND PHYSICIAN COMPENSATION AND REPORT THIS EVALUATION TO THE UPMC PINNACLE BOARD. 5. PROVIDE THE UPMC PINNACLE BOARD WITH AN ANNUAL REPORT ON THE COMMITTEE'S ACTIONS. 6. MONITOR CHANGES IN LAWS AND REGULATIONS PERTAINING TO EXECUTIVE COMPENSATION AND BENEFITS TO SEE THAT UPMC PINNACLE COMPLIES WITH THEM. 7. SEEK OUTSIDE REVIEW OF COMMITTEE OPERATIONS TO ENSURE COMPLIANCE WITH THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS. 8. REVIEW ACTUAL EXECUTIVE COMPENSATION AND BENEFITS PROVIDED TO CONFIRM CONSISTENCY WITH COMPENSATION AND BENEFITS APPROVED BY THE COMMITTEE.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION. THE ORGANIZATION INCLUDES A COPY OF ITS FINANCIAL STATEMENTS WITH THE STATE REGISTRATION FILED WITH THE PENNSYLVANIA DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS. THESE DOCUMENTS ARE A MATTER OF PUBLIC RECORD AND CAN BE VIEWED AT THE BUREAU OFFICE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART IX, LINE 11G | PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 3,763,169. MANAGEMENT AND GENERAL EXPENSES 628,356. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,391,525. CLEANING SERVICES: PROGRAM SERVICE EXPENSES 1,459,941. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,459,941. LAB FEES: PROGRAM SERVICE EXPENSES 4,464,333. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,464,333. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 83,188,794. MANAGEMENT AND GENERAL EXPENSES 5,122,562. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 88,311,356. CONSULTING FEES: PROGRAM SERVICE EXPENSES 13,536,171. MANAGEMENT AND GENERAL EXPENSES 2,203,563. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,739,734. ADMINISTRATIVE FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 198,249. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 198,249. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XI, LINE 9: | TRANSFERS TO EXEMPT AFFILIATES -22,242,614. CHANGES IN TEMPORARY AND PERMANENTLY RESTRICTED NET ASSETS -1,508,593. TRANSFERS FROM EXEMPT AFFILIATES 239,569,896. JOINT VENTURE EQUITY EARNINGS -4,184,135. CHANGE IN PENSION LIABILITY 1,240,537. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| PART XII, LINE 2C: | UPMC HAS AN AUDIT COMMITTEE THAT IS ESTABLISHED TO ASSIST THE BOARD OF DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY MONITORING UPMC CONSOLIDATED FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION PROVIDED BY UPMC TO GOVERNMENTAL BODIES, THE PUBLIC OR OTHER EXTERNAL ENTITIES. THE UPMC'S SYSTEM OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING, LEGAL COMPLIANCE AND ETHICS THAT MANAGEMENT AND THE BOARD HAVE ESTABLISHED AND UPMC'S INTERNAL AUDITING, ACCOUNTING AND FINANCIAL REPORTING PROCESSES ALSO PROVIDED OVERSIGHT. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| PART XII, LINE 2B: | THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PART OF A CONSOLIDATED FINANCIAL STATEMENT AUDIT PERFORMED BY EY FOR UPMC AND ALL SUBSIDIARIES. THE ENTIRE SYSTEM'S FINANCIAL STATEMENTS, OF WHICH THIS ORGANIZATION IS PART OF, ARE POSTED ON THE UPMC WEBSITE. (WWW.UPMC.COM) THE FINANCIAL STATEMENT AUDIT DURING THE 990 FILING PERIOD IS FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2019. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number

25-1778644

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) PINNACLE HEALTH EMERGENCY DEPARTMENT SERVICES LLC PO BOX 8700 HARRISBURG, PA 171058700 86-1057582 | MEDICAL EMERGENCY SERVICES | PA | -5,499,066 | 5,862,681 | UPMC PINNACLE HOSPITALS |
| (2) PINNACLE HEALTH HOSPITALISTS SERVICES LLC PO BOX 8700 HARRISBURG, PA 171058700 46-2927099 | HOSPITALISTS SERVICES | PA | -7,123,454 | 1,205,293 | UPMC PINNACLE HOSPITALS |
| (3) PINNACLE HEALTH OBSERVATION SERVICES LLC PO BOX 8700 HARRISBURG, PA 171058700 47-2088742 | PROFESSIONAL SERVICES TO OBSERVATION PATIENTS | PA | -1,045,451 | 158,095 | UPMC PINNACLE HOSPITALS |
| (4) UPMC PINNACLE ANESTHESIA SERVICES PO BOX 8700 HARRISBURG, PA 171058700 82-3458724 | ANESTHESIA SERVICES | PA | -2,909,553 | 1,386,959 | UPMC PINNACLE HOSPITALS |
| | | | | | |
| | | | | | |

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.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
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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.

See Additional Data Table

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|------------|-----------|
| 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 | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | Yes | |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | Yes | |

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) WEST SHORE SURGERY CENTER LTD | A | 89,855 | COST ADJ. ANNUALLY FOR CPI |
| (2) WEST SHORE SURGERY CENTER LTD | R | 1,254,916 | COST ADJ. ANNUALLY FOR CPI |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| FORM 990, SCHEDULE R, PARTS I THROUGH IV: | ENTITIES REPORTED IN PARTS I THROUGH IV THAT ARE MARKED WITH AN * ARE NOT TECHNICALLY "RELATED ORGANIZATIONS", AS DEFINED IN THE FORM 990 INSTRUCTIONS AS THE REQUISITE "CONTROL" DID NOT EXIST DURING THE FISCAL YEAR ENDED JUNE 30, 2020. HOWEVER, BECAUSE THESE ENTITIES ARE AFFILIATED WITH UPMC AND THE UPMC PARENT ORGANIZATION HOLDS CERTAIN POWERS WITH RESPECT TO SUCH ENTITIES WE ARE ELECTING TO DISCLOSE THE ENTITIES AS RELATED ORGANIZATIONS IN SCHEDULE R IN THE INTEREST OF TRANSPARENCY. |

| Return Reference | Explanation |
|--------------------------------|--|
| FORM 990, SCHEDULE R, PART III | WEST SHORE SURGERY CENTER IS OWNED BY THE FOLLOWING RELATED ENTITIES: UPMC PINNACLE HOSPITALS - 45% PINNACLE HEALTH MEDICAL SERVICES - 2% THE REMAINING 53% IS OWNED BY A NUMBER OF INDIVIDUAL PHYSICIANS. |

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1574736 | SR LIVING | PA | 501(C)(3) | LINE 10 | UPMC | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1335247 | CCRC | PA | 501(C)(3) | LINE 10 | UPMC SR COMM | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-0965334 | SR LIVING | PA | 501(C)(3) | LINE 10 | UPMC SR COMM | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 72-1562844 | SR LIVING | PA | 501(C)(3) | LINE 10 | UPMC SR COMM | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 26-0303394 | FOUNDATION | PA | 501(C)(3) | LINE 12A, I | UPMC | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-0613830 | INACTIVE | PA | 501(C)(3) | LINE 3 | UPMC | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1753852 | SR CARE MGMT | PA | 501(C)(3) | LINE 10 | UPMC | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 45-2178782 | RESEARCH | PA | 501(C)(3) | LINE 7 | UPMC | | No |
| 532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232 25-1290546 | FOUNDATION | PA | 501(C)(3) | LINE 12C, III-FI | UPMC PRESBY | | No |
| 9100 BABCOCK BLVD PITTSBURGH, PA 15237 25-1407815 | FOUNDATION | PA | 501(C)(3) | LINE 12B, II | UPMC PASS | | No |
| 100 FARFIELD DRIVE SENECA, PA 16346 25-1483624 | FOUNDATION | PA | 501(C)(3) | LINE 12D, III-O | UPMC NORTHWE | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1520340 | FOUNDATION | PA | 501(C)(3) | LINE 7 | UPMC ST MARG | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1865744 | FOUNDATION | PA | 501(C)(3) | LINE 7 | UPMC CHP | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1462312 | FOUNDATION | PA | 501(C)(3) | LINE 7 | N/A | | No |
| 600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219 46-4186362 | PHYSICIAN SRV | NY | 501(C)(3) | LINE 3 | REGNL HEALTH | | No |
| 302 FRENCH STREET ERIE, PA 16507 25-1400999 | FOUNDATION | PA | 501(C)(3) | LINE 12B, II | UPMC HAMOT | | No |
| 600 GRANT STREET 58TH FL PITTSBURGH, PA 15219 20-1459415 | ONCOLOGY SVC | PA | 501(C)(3) | LINE 10 | UPMC JAMESON | | No |
| 1211 WILMINGTON AVE NEW CASTLE, PA 16105 23-2871396 | SR SERVICES | PA | 501(C)(3) | LINE 10 | UPMC SR COMM | | No |
| 700 HIGH STREET WILLIAMSPORT, PA 17701 23-2751183 | MGMT SUPPORT | PA | 501(C)(3) | LINE 3 | UPMC | | No |
| 215 EAST WATER STREET MUNCY, PA 17756 24-0806023 | HOSPITAL | PA | 501(C)(3) | LINE 3 | UPMC SUSQUEH | | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 24-0799343 | HOSPITAL | PA | 501(C)(3) | LINE 3 | UPMC SUSQUEH | | No |
| 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2449454 | PHYSICIAN SRV | PA | 501(C)(3) | LINE 3 | UPMC SUSQUEH | | No |
| 700 HIGH STREET WILLIAMSPORT, PA 17701 47-1600873 | SUPPORT SRV | PA | 501(C)(3) | LINE 12A, I | UPMC SUSQUEH | | No |
| 1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2743470 | FOUNDATION | PA | 501(C)(3) | LINE 12A, I | UPMC SUSQUEH | | No |
| 700 HIGH STREET WILLIAMSPORT, PA 17701 24-0795508 | HOSPITAL | PA | 501(C)(3) | LINE 3 | UPMC SUSQUEH | | No |
| 32-36 CENTRAL AVENUE WELLSBORO, PA 16901 23-1403678 | REAL ESTATE | PA | 501(C)(3) | N/A | UPMC SUSQUEH | | No |
| 32-36 CENTRAL AVENUE WELLSBORO, PA 16901 25-1644910 | MANAGEMENT SV | PA | 501(C)(3) | LINE 12B, II | UPMC SUSQUEH | | No |
| 32-36 CENTRAL AVENUE WELLSBORO, PA 16901 24-0795488 | SUPPORT SRV | PA | 501(C)(3) | LINE 12B, II | UPMC SUSQUEH | | No |
| 32-36 CENTRAL AVENUE WELLSBORO, PA 16901 23-2176963 | HOSPITAL | PA | 501(C)(3) | LINE 3 | UPMC SUSQUEH | | No |
| 37 CENTRAL AVENUE WELLSBORO, PA 16901 24-0804365 | SKILLED NURSI | PA | 501(C)(3) | LINE 10 | UPMC SUSQUEH | | No |
| 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 25-1765538 | HEALTHCARE | PA | 501(C)(3) | LINE 12B, II | UPMC SUSQUEH | | No |
| 700 HIGH STREET WILLIAMSPORT, PA 17701 23-2416166 | AMBULANCE SVC | PA | 501(C)(3) | LINE 10 | WILLIAM HOSP | | No |
| 700 HIGH STREET WILLIAMSPORT, PA 17701 82-1600494 | HOSPITAL | PA | 501(C)(3) | LINE 3 | UPMC SUSQUEH | | No |
| 700 HIGH STREET WILLIAMSPORT, PA 17701 82-1592230 | HOSPITAL | PA | 501(C)(3) | LINE 3 | UPMC SUSQUEH | | No |
| 207 FOOTE AVENUE JAMESTOWN, NY 14701 16-0743226 | HOSPITAL | NY | 501(C)(3) | LINE 3 | UPMC CHAUTAU | | No |
| 207 FOOTE AVENUE JAMESTOWN, NY 14701 22-2392582 | HOLDING CO | NY | 501(C)(3) | LINE 12B, II | CHAUT AT WCA | | No |
| 135 ALLEN STREET JAMESTOWN, NY 14701 16-1557878 | AIR AMBULANCE | NY | 501(C)(3) | LINE 7 | CHAUT AT WCA | | No |
| 3410 W PITTSBURG ROAD NEW CASTLE, PA 16101 25-1701701 | SNF & AL | PA | 501(C)(3) | LINE 10 | UPMC SR COMM | | No |
| 745 GREENVILLE ROAD MERCER, PA 16137 25-1701700 | SNF & IL | PA | 501(C)(3) | LINE 10 | UPMC SR COMM | | No |
| 4372 ROUTE 6 KANE, PA 16735 26-3906925 | FOUNDATION | PA | 501(C)(3) | LINE 12B, II | N/A | | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 25-6005313 | SUPPORT | PA | 501(C)3 | LINE 12D, III-O | N/A | | No |
| 32-36 CENTRAL AVENUE WELLSBORO, PA 16901 25-1810488 | FOUNDATION | PA | 501(C)3 | LINE 12B, II | N/A | | No |
| 300 FOOTE AVENUE PO BOX 840 JAMESTOWN, NY 14702 22-2393584 | FOUNDATION | PA | 501(C)3 | LINE 12C, III-FI | N/A | | No |
| 491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323 25-1472179 | FOUNDATION | PA | 501(C)3 | LINE 12D, III-O | N/A | | No |
| 409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1778658 | SUPPORTING OR | PA | 501(C)3 | LINE 12B, II | UPMC | | No |
| 361 ALEXANDER SPRING ROAD CARLISLE, PA 17105 82-0880337 | HOSPITAL | PA | 501(C)3 | LINE 3 | UPMC PINNACL | | No |
| 250 COLLEGE AVENUE LANCASTER, PA 17603 82-0896436 | HOSPITAL | PA | 501(C)3 | LINE 3 | UPMC PINNACL | | No |
| 1500 HIGHLANDS AVENUE LITITZ, PA 17543 82-0844453 | HOSPITAL | PA | 501(C)3 | LINE 3 | UPMC PINNACL | | No |
| 325 SOUTH BELMONT STREET YORK, PA 17405 82-0912090 | HOSPITAL | PA | 501(C)3 | LINE 3 | UPMC PINNACL | | No |
| 409 SOUTH SECOND STREET HARRISBURG, PA 17104 82-0947698 | PHYSICIAN SRV | PA | 501(C)3 | LINE 3 | UPMC PINNACL | | No |
| 409 SOUTH SECOND STREET HARRISBURG, PA 17104 22-2691718 | FOUNDATION | PA | 501(C)3 | LINE 12B, II | UPMC PINNACL | | No |
| 409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1890444 | MED TRANSPORT | PA | 501(C)3 | LINE 7 | UPMC PINNACL | | No |
| 300 HIGHLAND AVENUE HANOVER, PA 17331 22-2658574 | SUPPORTING OR | PA | 501(C)3 | LINE 12A, I | UPMC PINNACL | | No |
| 300 HIGHLAND AVENUE HANOVER, PA 17331 23-1360851 | HOSPITAL | PA | 501(C)3 | LINE 3 | HANNOVER HEA | | No |
| 409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1709054 | PHYSICIAN SRV | PA | 501(C)3 | LINE 3 | UPMC PINNACL | | No |
| 1001 EAST SECOND STREET COUDERSPORT, PA 16915 24-0802108 | HOSPITAL | PA | 501(C)3 | LINE 3 | UPMC | | No |
| 1001 EAST SECOND STREET COUDERSPORT, PA 16915 45-5417308 | FOUNDATION | PA | 501(C)3 | LINE 12A, I | C COLE MEM H | | No |
| 1001 EAST SECOND STREET COUDERSPORT, PA 16915 27-3172100 | CLINIC SITES | PA | 501(C)3 | LINE 12A, I | C COLE MEM H | | No |
| 1001 EAST SECOND STREET COUDERSPORT, PA 16915 23-1972659 | RES. CARE | PA | 501(C)3 | LINE 12A, I | C COLE MEM H | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1555687 | SUPPORTING OR | PA | 501(C)3 | LINE 12B, II | UPMC SR COMM | | No |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-0969472 | CCRC | PA | 501(C)(3) | LINE 10 | ASBURY HEIGH | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1819952 | PERSONAL CARE | PA | 501(C)(3) | LINE 10 | ASBURY HEIGH | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1729266 | PERSONAL CARE | PA | 501(C)(3) | LINE 10 | ASBURY HEIGH | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1507472 | INDEP LIVING | PA | 501(C)(3) | N/A | ASBURY HEIGH | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1555688 | FOUNDATION | PA | 501(C)(3) | LINE 7 | ASBURY HEIGH | | No |
| 2500 WEST 12TH STREET ERIE, PA 16505 25-1631855 | FOUNDATION | PA | 501(C)(3) | LINE 12A, I | REGIONAL CAN | | No |
| 225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-0965570 | HOSPITAL | PA | 501(C)(3) | LINE 3 | UPMC | | No |
| 225 SOUTH CENTER AVENUE SOMERSET, PA 15501 23-2910318 | DRUG TREATMEN | PA | 501(C)(3) | LINE 3 | UPMC SOMERSE | | No |
| 225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-1441863 | FOUNDATION | PA | 501(C)(3) | LINE 12C, III-FI | UPMC SOMERSE | | No |
| 225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-1441920 | PHYSICIAN SRV | PA | 501(C)(3) | LINE 3 | UPMC SOMERSE | | No |
| PO BOX 539 CUMBERLAND, MD 21501 52-0591531 | HOSPITAL | MD | 501(C)(3) | LINE 3 | UPMC | | No |
| PO BOX 539 CUMBERLAND, MD 21501 35-2289841 | FOUNDATION | MD | 501(C)(3) | LINE 12C, III-FI | UPMC WESTERN | | No |
| 600 GRANT STREET PITTSBURGH, PA 15219 25-1423657 | SUPPORTING ORG | PA | 501(C)(3) | LINE 12C, III-FI | N/A | | No |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (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) Disproprtionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|-------------------------------------|---|---|---|---------------------------------|--|--|----|---|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| UPMC LEADER SURGERY CENTER LLC 1703 INNOVATION DRIVE YORK, PA 17408 23-3035083 | SURGERY CENT | PA | N/A | | | | | | | | | |
| WEST SHORE SURGERY CENTER LTD 409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1821415 | SURGICAL CARE - MEDICAL SERVICES | PA | SEE PART VII - SUPPLEMENTAL INFORMATION | | 544,326 | 1,806,280 | | No | | | No | |
| SUSQUEHANNA VALLEY SURGICAL CENTER 4310 LONDONDERRY ROAD SUITE 1 HARRISBURG, PA 17109 25-1847818 | SURGICAL CARE - MEDICAL SERVICES | PA | N/A | | 761,873 | 1,975,060 | | No | | | No | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| HCPHARMACY CENTRAL INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1364192 | PHARMACY CO-O | PA | N/A | C | | | | | No |
| CHILDREN'S COMMUNITY CARE 600 GRANT STREET PITTSBURGH, PA 15219 25-1781887 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| UPMC PHYSICIAN SERVICES HOLDING COMPANY 600 GRANT STREET PITTSBURGH, PA 15219 25-1877017 | HOLDING CO | PA | N/A | C | | | | | No |
| HEMATOLOGY ONCOLOGY ASSOCIATION INC 600 GRANT STREET PITTSBURGH, PA 15219 42-1648357 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| ONCOLOGY HEMATOLOGY ASSOCIATION INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1762980 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| TRI-STATE NEUROSURGICAL ASSOCIATES - UPM 600 GRANT STREET PITTSBURGH, PA 15219 25-1458655 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| RENAISSANCE FAMILY PRACTICE - UPMC INC 600 GRANT STREET PITTSBURGH, PA 15219 26-2942406 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| UPMC HOLDING COMPANY INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777713 | HOLDING CO | PA | N/A | C | | | | | No |
| UPMC COVERAGE PRODUCTS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777710 | HOLDING CO | PA | N/A | C | | | | | No |
| FREEDOM INSURANCE COMPANY 600 GRANT STREET PITTSBURGH, PA 15219 03-0308944 | INSURANCE | VT | N/A | C | | | | | No |
| TRI-CENTURY INSURANCE CO 600 GRANT STREET PITTSBURGH, PA 15219 25-1500739 | INSURANCE | PA | N/A | C | | | | | No |
| UPMC DNA INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1883237 | INSURANCE | PA | N/A | C | | | | | No |
| UPMC HEALTH BENEFITS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1844144 | HEALTH INSUR | PA | N/A | C | | | | | No |
| UPMC HEALTH NETWORK INC 600 GRANT STREET PITTSBURGH, PA 15219 72-1527566 | HEALTH INSUR | PA | N/A | C | | | | | No |
| UPMC HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2813536 | HEALTH INSUR | PA | N/A | C | | | | | No |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| UPMC BENEFIT MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1769564 | WORKERS' COMP | PA | N/A | C | | | | | No |
| UPMC DIVERSIFIED SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1778454 | HOLDING CO | PA | N/A | C | | | | | No |
| MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA 15219 25-1666087 | AMB SURG | PA | N/A | C | | | | | No |
| MEDICAL ARCHIVAL SYSTEMS INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2912501 | SOFTWARE DEVE | DE | N/A | C | | | | | No |
| RX PARTNERS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1801966 | PHARMACY | PA | N/A | C | | | | | No |
| BIOTRONICS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1843500 | EQUIP MAINTEN | PA | N/A | C | | | | | No |
| MEDICAL CENTER PROPERTIES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1796940 | REAL ESTATE | PA | N/A | C | | | | | No |
| ASKESIS DEVELOPMENT GROUP INC 600 GRANT STREET PITTSBURGH, PA 15219 54-1625585 | SOFTWARE DEVE | DE | N/A | C | | | | | No |
| BAYFRONT REGIONAL DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401388 | RE HOLDING CO | PA | N/A | C | | | | | No |
| BAYSIDE DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401386 | REAL ESTATE | PA | N/A | C | | | | | No |
| UPMC WORK ALLIANCE INC 600 GRANT STREET PITTSBURGH, PA 15219 45-2825053 | INSURANCE | PA | N/A | C | | | | | No |
| UPMC HEALTH COVERAGE INC 600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219 46-2824537 | INSURANCE | PA | N/A | C | | | | | No |
| UPMC HEALTH OPTIONS INC 600 GRANT STREET PITTSBURGH, PA 15219 46-2824626 | INSURANCE | PA | N/A | C | | | | | No |
| UPMC COMPLETE CARE INC 5215 CENTRE AVENUE PITTSBURGH, PA 15232 46-3605753 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| AMERICAN HOME HEALTH SERVICES 868 CORPORATE WAY WESTLAKE, OH 44145 31-1521422 | HOME HEALTH C | OH | N/A | C | | | | | No |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| HEALTH FIDELITY INC 210 S B STREET SAN MATEO, CA 94401 45-2538963 | TECHNOLOGY SV | CA | N/A | C | | | | | No |
| FLUENCE HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 47-2684174 | SOFTWARE | DE | N/A | C | | | | | No |
| CURAVI HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 81-1217377 | HEALTHCARE | DE | N/A | C | | | | | No |
| PENSIAMO INC 600 GRANT STREET 59TH FL PITTSBURGH, PA 15219 81-2069236 | SUPPLY CHAIN | DE | N/A | C | | | | | No |
| ALTOONA FAMILY INC 620 HOWARD AVE ALTOONA, PA 16601 25-1444935 | MGMT SVCS | PA | N/A | C | | | | | No |
| LEXINGTON HOLDINGS INC 620 HOWARD AVE ALTOONA, PA 16601 25-1794386 | HOLDING CO | PA | N/A | C | | | | | No |
| LEXINGTON ONE INC 620 HOWARD AVE ALTOONA, PA 16601 25-1468889 | RENTAL | PA | N/A | C | | | | | No |
| LEXINGTON TWO INC HOWARD AVE 7TH ST ALTOONA, PA 16601 25-1555689 | DME | PA | N/A | C | | | | | No |
| LEXINGTON FOUR INC 620 HOWARD AVE ALTOONA, PA 16601 25-1793736 | HOLDING CO | DE | N/A | C | | | | | No |
| UPMC ALTOONA REGIONAL HEALTH SERVICES 1414 9TH AVENUE ALTOONA, PA 16602 25-1219302 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| LEXINGTON ANESTHESIA ASSOCIATES INC 620 HOWARD AVE ALTOONA, PA 16601 25-1897765 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| MEDCPU INC 100 WALL STREET SUITE 2202 NEW YORK, NY 10005 38-3805381 | SOFTWARE DEVE | DE | N/A | C | | | | | No |
| UPMC EXCESS PL TRUST 600 GRANT STREET PITTSBURGH, PA 15219 82-6254351 | TRUST | PA | N/A | T | | | | | No |
| RXANTE INC 511 CONGRESS STREET 803 PORTLAND, ME 04101 45-4040219 | MEDICATION MG | DE | N/A | C | | | | | No |
| J HEALTH VENTURES INC 1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105 25-1607893 | INACTIVE | PA | N/A | C | | | | | No |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| SUSQUEHANNA VENTURES INC 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2470623 | PHARMACY | PA | N/A | C | | | | | No |
| TYOGA CARENET 114 EAST AVENUE WELLSBORO, PA 16901 25-1810967 | INACTIVE | PA | N/A | C | | | | | No |
| WCA SERVICE CORPORATION INC 207 FOOTE AVENUE JAMESTOWN, NY 14701 16-1151438 | SUPPORT | NY | N/A | C | | | | | No |
| ITTCCO I INC 600 GRANT STREET PITTSBURGH, PA 15219 82-2590699 | INACTIVE | DE | N/A | C | | | | | No |
| ITTCCO II INC 600 GRANT STREET PITTSBURGH, PA 15219 82-2597388 | INACTIVE | DE | N/A | C | | | | | No |
| PINNACLE HEALTH CARDIOVASCULAR INSTITUTE 409 SOUTH SECOND STREET HARRISBURG, PA 17104 32-0321362 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| HANOVER HEALTH CORPORATION 300 HIGHLAND AVENUE HANOVER, PA 17331 90-0498067 | HOLDING CO | PA | N/A | C | | | | | No |
| HANOVER APOTHECARY INC 310 STOCK STREET SUITE 1 HANOVER, PA 17331 03-0594526 | PHARMACY | PA | N/A | C | | | | | No |
| UNITED CENTRAL PA RECIPROCAL RISK RETEN 76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401 13-4224033 | INSURANCE | VT | N/A | C | | | | | No |
| PINNACLE HEALTH VENTURES INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 61-1677624 | HOLDING CO | PA | N/A | C | | | | | No |
| PINNACLE HEALTH IMAGING INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1718571 | IMAGING SVC | PA | N/A | C | | | | | No |
| COLE CARE INC 1001 EAST 2ND STREET COUDERSPORT, PA 16915 25-1497347 | DME | PA | N/A | C | | | | | No |
| UPMC ITALY HEALTH SERVICES SRL VIA DISCESA DEI GIUDICI 4 PALERMO 90133 IT | HEALTH SVC | IT | N/A | C | | | | | No |
| UPMC INVESTMENTS LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI | HOLDING CO | EI | N/A | C | | | | | No |
| UPMC PROPERTY LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI | PROPERTY | EI | N/A | C | | | | | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| UPMC PROPERTY II LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI | PROPERTY | EI | N/A | C | | | | | No |
| EURO CARE INFRASTRUCTURE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI | PROPERTY MGMT | EI | N/A | C | | | | | No |
| EURO CARE PROPERTY MANAGEMENT LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI | PROPERTY MGMT | EI | N/A | C | | | | | No |
| EURO CARE HEALTHCARE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI | HOSPITAL | EI | N/A | C | | | | | No |
| WATERFORD ONCOLOGY ASSOCIATES LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI | ONCOLOGY SVC | EI | N/A | C | | | | | No |
| UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI | CANCER TREATM | EI | N/A | C | | | | | No |
| PANTHER REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN CJ 98-1402742 | INSURANCE | CJ | N/A | C | | | | | No |
| FORBES REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN CJ 98-1400710 | INSURANCE | CJ | N/A | C | | | | | No |
| CATHEDRAL (RE) INSURANCE CO PO BOX 1109 GRAND CAYMAN CJ 98-1400837 | INSURANCE | CJ | N/A | C | | | | | No |
| UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI | HEALTHCARE SU | EI | N/A | C | | | | | No |
| UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH 15219 CA | SOFTWARE | CA | N/A | C | | | | | No |
| SUSQUEHANNA HEALTH SYSTEM INSURANCE NET PO BOX 1159 N/A CJ | INSURANCE | CJ | N/A | C | | | | | No |
| UPMC UNITED KINGDOM LTD C/O NAIRCO 11TH FLOOR WHITEFRIARS LEWINS MEAD BS1 2NT UK 98-0571026 | SOFTWARE LICE | UK | N/A | C | | | | | No |
| BLUESPHERE BIO 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 82-4979766 | IMMUNOTHERAPY | DE | N/A | C | | | | | No |
| INFECTIOUS DISEASE CONNECT INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 83-3311071 | TELEMEDICINE | DE | N/A | C | | | | | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| HUMONIC INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 83-4005420 | BIOPHARM | DE | N/A | C | | | | | No |
| TTMS INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 82-5443222 | IMMUNOTHERAPY | DE | N/A | C | | | | | No |
| UPMC HILLMAN CANCER CENTER - PINNACLE 101 ERFORD ROAD CAMP HILL, PA 17701 83-3640945 | CANCER TREATM | PA | N/A | C | | | | | No |
| SHANGHAI UPMC CO LTD 288 SHIMEN 1ST ROAD JINGAN DISTRIC SHANGHAI 200041 CH | HEALTHCARE MGMT | CH | N/A | C | | | | | No |
| SALVADOR MUNDI INTERNATIONAL HOSPITAL ROMA VIALE DELLE MURA GIANICOLENSI CAP 00152 IT | HOSPITAL | IT | N/A | C | | | | | No |
| SOMERSET ANESTHESIA INC 600 GRANT STREET PITTSBURGH, PA 15219 45-5135437 | PHYSICIAN SRV | PA | N/A | C | | | | | No |
| SOMERSET MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1512960 | MOB OWNERSHIP | PA | N/A | C | | | | | No |
| GENERIAN PHARMACEUTICALS INC 2425 SIDNEY STREET PITTSBURGH, PA 15203 83-3340453 | PHARMACY | DE | N/A | C | | | | | No |
| WORK PARTNERS NATIONAL INC 600 GRANT STREET PITTSBURGH, PA 15219 84-3141950 | INSURANCE | PA | N/A | C | | | | | No |
| ASTRATA INC 6425 PENN AVENUE PITTSBURGH, PA 15206 84-4804493 | SOFTWARE | DE | N/A | C | | | | | No |
| VEGAVECT 6425 PENN AVENUE PITTSBURGH, PA 15206 84-4280784 | GENE THERAPY | DE | N/A | C | | | | | No |
| NOVIMAB 6425 PENN AVENUE PITTSBURGH, PA 15206 84-1494905 | CLINICAL RESEARCH | DE | N/A | C | | | | | No |
| HAYSTACK CONSOLIDATED SERVICES INC 12500 WILLOWBROOK ROAD CUMBERLAND, MD 21502 52-1335895 | INACTIVE | PA | N/A | C | | | | | No |
| WESTERN MARYLAND INSURANCE COMPANY LTD PO BOX 10233 GRAND CAYMAN CJ | INSURANCE | CJ | N/A | C | | | | | No |
| WILLOWBROOK HEALTHCARE CONDO 12401 WILLOWBROOK ROAD CUMBERLAND, MD 21502 37-1538510 | REAL ESTATE | DE | N/A | C | | | | | No |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| UNITED HEALTH RISK LTD PO BOX 2450 HAMILTON BD | INSURANCE | BD | N/A | C | | | | | No |