

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2019 Open to Public Inspection

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.

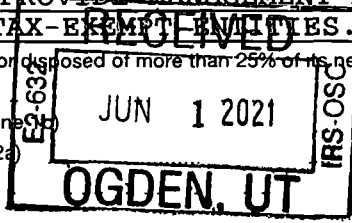
A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable C Name of organization UPMC PINNACLE D Employer identification number 25-1778658 E Telephone number 717-231-8245 F Name and address of principal officer PHILIP GUARNESCHELLI SAME AS C ABOVE G Gross receipts \$ 164,093,635. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 J Website: WWW.UPMCPINNACLE.COM K Form of organization: X Corporation Trust Association Other L Year of formation: 1995 M State of legal domicile: PA

SCANNED MAY 05 2022

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (CONSULTATIVE SERVICES TO AFFILIATED TAX-EXEMPT ENTITIES), member counts, revenue (157,383,105), expenses (153,696,753), and net assets (756,211,322).



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 ALISON BERNHARDT, CHIEF FINANCIAL OFFICER Date 5/12/21

Paid Preparer: Print/Type preparer's name KERRI N. BOGDA, CPA Preparer's signature Kerri Bogda Date 5/12/21 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 LANCASTER, PA 17601 Phone no. 717.740.4863

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

Handwritten mark

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

THE UPMC PINNACLE 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.

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 X

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 X

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 \$ 118,374,304. including grants of \$ 1,019,432. ) (Revenue \$ 162,891,478. )

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 THAT QUALIFY FOR FEDERAL INCOME TAX EXEMPTION UNDER CODE SECTION 501(C)(3).

UPMC PINNACLE DEDICATES ITSELF TO THE HEALTH AND WELL-BEING OF THE PEOPLE WE SERVE AND MAKES A CONCERTED EFFORT TO ESTABLISH ENDURING BONDS BETWEEN UPMC PINNACLE AND THE COMMUNITY. UPMC PINNACLE OFFERS AN ARRAY OF COMMUNITY SERVICES AND PROGRAMS TO IMPROVE HEALTH AWARENESS AMONG COMMUNITY GROUPS AND ORGANIZATIONS, PROVIDES OPTIMAL AND TIMELY CARE AND TREATMENT FOR TARGET POPULATIONS AND ADDRESSES DIVERSE

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 118,374,304.

A C D F I S L R O

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

Note: All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	621
1b	0

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 1142		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country <b>BERMUDA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	20		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**ALISON BERNHARDT, CHIEF FINANCIAL OFFICER - 717-231-8245**  
**P.O. BOX 8700, HARRISBURG, PA 17105-8700**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP GUARNESCHELLI PRESIDENT & CEO	30.00 10.00	X		X				1,213,729.	0.	36,059.
(2) WILLIAM H. PUGH EVP & CFO/TREASURER (RETIRED 12/19)	10.00 30.00			X				805,887.	0.	31,492.
(3) WILLIAM BACHINSKY, MD DIRECTOR	1.00 39.00	X						0.	708,323.	36,042.
(4) JAMES RACZEK SENIOR VP, MEDICAL AFFAIRS	40.00 0.00				X			638,746.	0.	22,883.
(5) CHRISTOPHER P MARKLEY, ESQ. SEC'Y/SR VP/GENERAL COUNSEL	10.00 30.00			X				567,916.	0.	17,230.
(6) MOHAMADSALIM SAIYED VP & CHIEF MEDICAL INFO OFFICER	40.00 0.00				X			519,280.	0.	21,839.
(7) DAVID QUIRKE SENIOR VP, INFO SVCS/CIO	40.00 0.00				X			476,165.	0.	26,288.
(8) ANN GORMLEY SENIOR VP HUMAN RESOURCES	40.00 0.00				X			477,213.	0.	25,048.
(9) JOAN SILVER SVP, PATIENT EXPERIENCE	40.00 0.00				X			473,516.	0.	24,840.
(10) ALISON BERNHARDT VP & CFO/TREASURER	10.00 30.00			X				354,631.	0.	21,907.
(11) MICHAEL A YOUNG FORMER PRESIDENT & CEO (RES. 3/17)	0.00 0.00					X		334,488.	0.	236.
(12) THOMAS NICHOLSON, M.D. DIRECTOR	1.00 39.00	X						0.	221,872.	10,045.
(13) JOHN DELORENZO ASSISTANT SECRETARY	15.00 25.00			X				191,453.	0.	29,049.
(14) KENNETH OKEN, MD DIRECTOR	1.00 39.00	X						0.	131,250.	0.
(15) DOUG NEIDICH CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(16) CYNTHIA TOLSMA VICE CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(17) CAROLYN KREAMER, PH.D DIRECTOR	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) DAVID MARTIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) EDWARD KARLOVICH DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) JOHN C. HICKEY DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) JONATHAN VIPOND III DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) LESLIE DAVIS DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) MARK GLESSNER DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) MICHAEL MURCHIE DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) PAUL SPEARS, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) RICHARD HAMILTON DIRECTOR	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								6,053,024.	1,061,445.	302,958.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								6,053,024.	1,061,445.	302,958.

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 **122**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TPR SOLUTIONS, 12104 COOPER WAY STE 200, CHARLOTTE, NC 28277	CONSULTING SERVICES	1,059,789.
MARTIN COMMUNICATIONS 25 W MAIN STREET, SHIREMANSTOWN, PA 17011	MARKETING SERVICES	477,233.
MCNEES WALLACE & NURICK PO BOX 1166, HARRISBURG, PA 17108	LEGAL SERVICES	465,435.
PRICEWATERHOUSE COOPERS LLP PO BOX 7247-8001, PHILADELPHIA, PA 19170	AUDITING/CONSULTING SVC.	411,549.
OUT TECH INC, 3607 ROSEMONT AVE, STE 502, CAMP HILL, PA 17011	COLLECTION SERVICES	355,068.

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 **38**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(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			
(27) ROBERT MONTLER DIRECTOR	1.00 1.00	X						0.	0.	0.
(28) RONALD KRATZ, MD PRESIDENT OF MEDICAL STAFF	1.00 1.00	X						0.	0.	0.
(29) YVONNE HOLLINS DIRECTOR	1.00 1.00	X						0.	0.	0.
(30) MERON YEMANE DIRECTOR	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h</b> Total. Add lines 1a-1f					
			<b>Business Code</b>			
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT & SUPPORT	624100	162,891,478.	162,891,478.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		162,891,478.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		35,508.		35,508.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less rental expenses	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		200.		
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		1,031.		
	<b>c</b> Gain or (loss)	<b>7c</b>		-831.		
	<b>d</b> Net gain or (loss)			-831.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b> Less direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b> Less direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
		<b>Business Code</b>				
<b>Miscellaneous Revenue</b>	<b>11 a</b> SURGERY CENTERS	900099	514,915.		514,915.	
	<b>b</b> PURCHASING CARD	900099	144,734.		144,734.	
	<b>c</b> CONTRACT REVENUE	900099	124,090.		124,090.	
	<b>d</b> All other revenue	900099	382,710.		382,710.	
	<b>e</b> Total. Add lines 11a-11d		1,166,449.			
<b>12</b> Total revenue. See instructions		164,092,604.	162,891,478.	0.	1,393,592.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,019,432.	1,019,432.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,884,449.		3,884,449.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	68,503,167.	54,191,579.	14,311,588.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,878,278.	2,351,890.	1,526,388.	
<b>9</b> Other employee benefits	17,460,251.	13,163,167.	4,297,084.	
<b>10</b> Payroll taxes	4,750,559.	3,562,919.	1,187,640.	
<b>11</b> Fees for services (nonemployees)				
<b>a</b> Management				
<b>b</b> Legal	1,005,052.		1,005,052.	
<b>c</b> Accounting	643,327.		643,327.	
<b>d</b> Lobbying	8,159.		8,159.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,705,446.		1,705,446.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,176,391.	9,212,976.	1,963,415.	
<b>12</b> Advertising and promotion	3,691,339.	3,691,339.		
<b>13</b> Office expenses	10,867,446.	6,692,206.	4,175,240.	
<b>14</b> Information technology	7,986,683.	5,990,012.	1,996,671.	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,511,667.	1,143,727.	367,940.	
<b>17</b> Travel	692,600.	648,897.	43,703.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	13,110.	13,110.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	500,487.	379,119.	121,368.	
<b>23</b> Insurance	10,522,181.	9,171,133.	1,351,048.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CORPORATE TAXES	-977.		-977.	
<b>b</b> BAD DEBT EXPENSE	3,943,261.	3,943,261.		
<b>c</b> RECRUITMENT	921,610.	801,801.	119,809.	
<b>d</b> MEDICAL SUPPLIES	824,328.	824,328.		
<b>e</b> All other expenses	1,912,582.	1,573,408.	339,174.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	157,420,828.	118,374,304.	39,046,524.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	300.	1	181.
	2	Savings and temporary cash investments	18,257,769.	2	-162,444,087.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,057,553.	4	1,723,886.
	5	Loans and other receivables from 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	1,019,779.	5	1,155,631.
	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	793,253,343.	7	620,891,890.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,346,702.	9	4,208,302.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 3,488,094.		
	10b	Less accumulated depreciation	10b 2,041,801.	10c	1,446,293.
	11	Investments - publicly traded securities	399,656.	11	
	12	Investments - other securities. See Part IV, line 11	32,382,743.	12	8,067,163.
	13	Investments - program-related. See Part IV, line 11	-127,148,969.	13	-156,947,143.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	314,994,149.	15	264,797,008.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1042836738.	16	582,899,124.	
Liabilities	17	Accounts payable and accrued expenses	51,673,974.	17	34,112,803.
	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		23	
	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	234,951,442.	25	245,134,053.
	26	<b>Total liabilities.</b> Add lines 17 through 25	286,625,416.	26	279,246,856.
	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	756,211,322.	27	303,652,268.
28		Net assets with donor restrictions		28	
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		<b>Total net assets or fund balances</b>	756,211,322.	32	303,652,268.
33	<b>Total liabilities and net assets/fund balances</b>	1042836738.	33	582,899,124.	

**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	164,092,604.
2	Total expenses (must equal Part IX, column (A), line 25)	2	157,420,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,671,776.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	756,211,322.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	-459,230,830.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	303,652,268.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
2c	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 on Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization **UPMC PINNACLE** Employer identification number **25-1778658**

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

- The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)
- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
  - 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
  - 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
  - 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
  - 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
    - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
    - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
    - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
    - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
    - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
    - f Enter the number of supported organizations 9

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		
UPMC PINNACLE HOSPITALS	25-1778644	3		X	0.	
PINNACLE HEALTH MEDICAL SERVICES	25-1709054	3		X	0.	
COMMUNITY LIFE TEAM	23-1890444	10		X	0.	
UPMC LITITZ	82-0844453	3		X	0.	
UPMC MEMORIAL	82-0912090	3		X	0.	
<b>Total</b>					0.	0.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		X
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		X
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		X
<b>8</b> 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>		X
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
<b>b</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>		X
<b>c</b> 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>		X
<b>10a</b> 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 10b below.</i>		X
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described in (a) above?		X
<b>c</b> 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>		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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>		X

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations Answer (a) and (b) below.		
<b>a</b> 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>b</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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

7  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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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			

**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)

FORM 990 SCHEDULE A, PART I

FORM 990, SCH A, PART I, LINE 1H, COLUMN (IV) LISTED ORGANIZATIONS:

THE GOVERNING DOCUMENTS OF UPMC PINNACLE DO NOT SPECIFICALLY NAME THE ORGANIZATIONS TO WHICH SUPPORT IS PROVIDED; HOWEVER, IT DOES MEET THE REQUIREMENTS OF SECTION 509(A)-4(D)(2)(I) BY DESIGNATING ITS PUBLICLY SUPPORTED ORGANIZATIONS TO BE ANY OTHER ORGANIZATION AFFILIATED WITH THE CORPORATION WHICH QUALIFIES AS AN EXEMPT ORGANIZATION UNDER SECTIONS 501(C)(3), 509(A)(1), OR 509(A)(2).

FORM 990, SCHEDULE A, PART I, LINE 1H, COLUMN (VII) - AMOUNT OF SUPPORT:

UPMC PINNACLE DOES NOT PROVIDE MONETARY SUPPORT TO ITS SUPPORTED ORGANIZATIONS, EXCEPT AMOUNTS WHICH MAY BE SPECIFICALLY DESIGNATED AS CONTRIBUTIONS PER SCHEDULE IX, FUNCTIONAL EXPENSES. SUPPORT IS PROVIDED IN THE FORM OF MANAGEMENT AND CONSULTATIVE SERVICES TO ITS AFFILIATED ORGANIZATIONS.

SCHEDULE A, PART IV, LINE 1:

THE FILING ORGANIZATION IS THE PARENT OF ORGANIZATIONS WHICH ARE RELATED BY BOTH A COMMON MANAGEMENT TEAM AND COMMON BOARD MEMBERS. HISTORICALLY AND OPERATIONALLY, THE FILING ORGANIZATION SUPPORTS ITS SUPPORTED ORGANIZATIONS THROUGH MANAGEMENT AND CONSULTING SERVICES.

SECTION C, LINE 1:

THERE ARE COMMON BOARD DIRECTORS FOR EACH SUPPORTED ORGANIZATION.

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

HOWEVER, THE NUMBER OF SUPPORTING ORGANIZATION BOARD DIRECTORS ARE NOT NECESSARILY A MAJORITY OF THE SUPPORTED ORGANIZATIONS' BOARDS. A COMMON MANAGEMENT TEAM HAS OPERATIONAL CONTROL OVER ALL RELATED ORGANIZATIONS WHICH ALLOWS THE SUPPORTING ORGANIZATION TO SUPPORT ITS SUPPORTED ORGANIZATIONS.

SCHEDULE A, PART IV, LINE 7:

THE EO PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE IRS CALLS "COLLATERAL ASSIGNMENT SPLIT DOLLAR" (CASD). ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, CASD IS NOT AN ACTUAL LOAN AND NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS, THE EO RECOVERS ALL OF ITS OUTLAYS PLUS INTEREST.

THE RECOVERY RIGHT IS A KEY ADVANTAGE OF CASD FOR THE EO. RATHER THAN PAYING RETIREMENT BENEFITS TO THE EXECUTIVE THAT WOULD NEVER BE RECOVERED, UNDER CASD THE EO RECOVERS NOT ONLY ITS OUTLAYS, BUT ALSO CONSIDERATION FOR THE TIME VALUE OF MONEY.

CASD WORKS AS FOLLOWS: THE EO DEPOSITS FUNDS INTO A CASH VALUE LIFE INSURANCE POLICY ON THE EXECUTIVE'S LIFE. DURING LIFE, TO THE EXTENT THE EXECUTIVE FULFILLS SERVICE AND VESTING REQUIREMENTS, THE EXECUTIVE CAN BORROW AGAINST VALUES IN THE POLICY TO SUPPLEMENT RETIREMENT INCOME. POLICY PERFORMANCE IS CLOSELY MONITORED. IF POLICY PERFORMANCE LAGS, THE EXECUTIVE'S BORROWING RIGHTS ARE REDUCED TO PROTECT THE EO'S RECOVERY RIGHTS.

**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.)

AT THE EXECUTIVE'S DEATH, THE POLICY DEATH PROCEEDS ARE FIRST USED TO REPAY THE EO ITS DEPOSITS PLUS COMPOUNDED INTEREST (AT THE IRS LONG-TERM APPLICABLE FEDERAL RATE). THE EXECUTIVE'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING THE EXECUTIVE DID NOT ACCESS DURING LIFE. ANY REMAINING DEATH PROCEEDS:

-ARE AVAILABLE TO BE PAID TO THE EXECUTIVE'S BENEFICIARY.

-ARE DIVIDED BETWEEN THE EO AND THE EXECUTIVE'S BENEFICIARY.

-WERE AVAILABLE TO BE PAID TO THE EXECUTIVE'S BENEFICIARY. HOWEVER, THE EXECUTIVE DECIDED TO MAKE A GIFT OF THE EXCESS PROCEEDS TO THE EO TO PROVIDE ADDITIONAL FUNDING FOR THE EO'S CHARITABLE ACTIVITIES.

**Part VI** Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support	(vi) Amount of other support
			Yes	No		
UPMC CARLISLE	82-0880337	3		X	0.	
UPMC PINNACLE LANCASTER	82-0896436	3		X	0.	
PINNACLE HEALTH REGIONAL PHYSICIANS	82-0947698	3		X	0.	
UPMC HANOVER	23-1360851	3		X	0.	
<b>Continuation Totals</b>						



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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>UPMC PINNACLE</b>	Employer identification number <b>25-1778658</b>
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		8,159.	8,159.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		8,159.	8,159.												
<b>d</b> Other exempt purpose expenditures		157557450.	2196496257.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		157565609.	2196504416.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	23,609.	1,262.	8,354.	8,159.	41,384.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV** Supplemental Information

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

---



---



---



---



---



---



---



---

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures**  
Part II -A

Name of Affiliated Group Member  
UPMC PINNACLE

Employer ID Number  
25-1778658

Affiliated Group Member Address  
P.O. BOX 8700  
HARRISBURG, PA 17105-8700

Electing Member  
YES

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.												
Total lobbying expenditures to influence a legislative body (direct lobbying)	8,159.												
Total lobbying expenditures (add lines 1a and 1b)	8,159.												
Other exempt purpose expenditures	157,557,450.												
Total exempt purpose expenditures (add lines 1c and 1d).	157,565,609.												
Lobbying nontaxable amount.													
Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000.
If the amount on line e is	The lobbying nontaxable amount is												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.												
Subtract line 1g from line 1a (limit to zero)	0.												
Subtract line 1f from line 1c (limit to zero)	0.												
Member's share of excess lobbying expenditures	0.												

**Part IV. Supplemental Information** (continued)

**Schedule C Affiliated Group Lobbying Expenditures Part II -A**

Name of Affiliated Group Member  
UPMC PINNACLE HOSPITALS

Employer ID Number  
25-1778644

Affiliated Group Member Address  
P.O. BOX 8700  
HARRISBURG, PA 17105-8700

Electing Member  
NO

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	1,081,879,881. d												
Total exempt purpose expenditures (add lines 1c and 1d)	1,081,879,881. e												
Lobbying nontaxable amount.													
Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000. f
If the amount on line e is	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**Part IV** Supplemental Information *(continued)*

Schedule C

Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
**PINNACLE HEALTH MEDICAL SERVICES**

Employer ID Number  
**25-1709054**

Affiliated Group Member Address  
**P.O. BOX 8700  
HARRISBURG, PA 17105-8700**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	269,208,645. d												
Total exempt purpose expenditures (add lines 1c and 1d).	269,208,645. e												
Lobbying nontaxable amount.													
Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000. f
If the amount on line e is	The lobbying nontaxable amount is												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**PINNACLE HEALTH FOUNDATION**

Employer ID Number  
**22-2691718**

Affiliated Group Member Address  
**P.O. BOX 8700  
HARRISBURG, PA 17105-8700**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	2,169,632. d												
Total exempt purpose expenditures (add lines 1c and 1d).	2,169,632. e												
Lobbying nontaxable amount													
Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	258,482. f
If the amount on line e is	The lobbying nontaxable amount is												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	64,621. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**Part IV** Supplemental Information (continued)

**Schedule C** Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
**COMMUNITY LIFE TEAM**

Employer ID Number  
**23-1890444**

Affiliated Group Member Address  
**P.O. BOX 8700  
HARRISBURG, PA 17105-8700**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

	Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b
Total lobbying expenditures (add lines 1a and 1b)	0. c
Other exempt purpose expenditures	16,908,330. d
Total exempt purpose expenditures (add lines 1c and 1d).	16,908,330. e

Lobbying nontaxable amount.  
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over \$500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over \$17,000,000	\$1,000,000

	995,417.	f
Grassroots nontaxable amount (enter 25% of line 1f)	248,854.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures**  
Part II -A

Name of Affiliated Group Member  
UPMC PINNACLE LANCASTER

Employer ID Number  
82-0896436

Affiliated Group Member Address  
250 COLLEGE AVENUE  
LANCASTER, PA 17603

Electing Member  
NO

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	3,342,485. d												
Total exempt purpose expenditures (add lines 1c and 1d).	3,342,485. e												
Lobbying nontaxable amount.													
Enter the amount from the following table.													
<table border="1"> <thead> <tr> <th>If the amount on line e is.</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is.	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	317,124. f
If the amount on line e is.	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	79,281. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**Part IV Supplemental Information** (continued)

**Schedule C Affiliated Group Lobbying Expenditures Part II -A**

Name of Affiliated Group Member  
UPMC LITITZ

Employer ID Number  
82-0844453

Affiliated Group Member Address  
1500 HIGHLANDS AVENUE  
LITITZ, PA 17543

Electing Member  
NO

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	136,772,460. d												
Total exempt purpose expenditures (add lines 1c and 1d).	136,772,460. e												
Lobbying nontaxable amount.													
Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000. f
If the amount on line e is	The lobbying nontaxable amount is												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**Part IV** Supplemental Information *(continued)*

**Schedule C** Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
UPMC CARLISLE

Employer ID Number  
82-0880337

Affiliated Group Member Address  
361 ALEXANDER SPRING ROAD  
CARLISLE, PA 17105

Electing Member  
NO

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	131,998,360. d												
Total exempt purpose expenditures (add lines 1c and 1d).	131,998,360. e												
Lobbying nontaxable amount. Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is	The lobbying nontaxable amount is												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	1,000,000. f												
	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**Part IV Supplemental Information** (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
UPMC MEMORIAL

Employer ID Number  
82-0912090

Affiliated Group Member Address  
325 SOUTH BELMONT STREET  
YORK, PA 17405

Electing Member  
NO

**Limits on Lobbying Expenditures:**

		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	142,683,558.	d
Total exempt purpose expenditures (add lines 1c and 1d).	142,683,558.	e

Lobbying nontaxable amount.

Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over \$500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over \$17,000,000	\$1,000,000

	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

**Part IV Supplemental Information** *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**PINNACLE HEALTH REGIONAL PHYSICIANS**

Employer ID Number  
**82-0947698**

Affiliated Group Member Address  
**P.O. BOX 8700  
HARRISBURG, PA 17105-8700**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	92,105,507. d												
Total exempt purpose expenditures (add lines 1c and 1d).	92,105,507. e												
Lobbying nontaxable amount. Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	1,000,000. f												
	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures**  
Part II -A

Name of Affiliated Group Member  
**HANOVER HEALTHCARE PLUS, INC.**

Employer ID Number  
**22-2658574**

Affiliated Group Member Address  
**300 HIGHLAND AVENUE  
HANOVER, PA 17331**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	407. d												
Total exempt purpose expenditures (add lines 1c and 1d).	407. e												
Lobbying nontaxable amount. Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	81. f
If the amount on line e is	The lobbying nontaxable amount is												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	20. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**Part IV** Supplemental Information *(continued)*

**Schedule C** Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
UPMC HANOVER

Employer ID Number  
23-1360851

Affiliated Group Member Address  
300 HIGHLAND AVENUE  
HANOVER, PA 17331

Electing Member  
NO

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	161,869,542. d												
Total exempt purpose expenditures (add lines 1c and 1d).	161,869,542. e												
Lobbying nontaxable amount.													
Enter the amount from the following table													
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000. f
If the amount on line e is	The lobbying nontaxable amount is												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**  
Open to Public Inspection

Name of the organization

UPMC PINNACLE

Employer identification number  
25-1778658

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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 FASB 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 FASB 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 FASB 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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     |    |
| (ii) Related organizations  |     |    |
- b If "Yes" on line 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				
b Buildings				
c Leasehold improvements		131,437.	39,374.	92,063.
d Equipment		3,356,657.	2,002,427.	1,354,230.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,446,293.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	13,471,479.
(2) NOTE REC. LT - JC BLAIR	6,184,523.
(3) LEASE ASSET	245,136,378.
(4) SECURITY DEPOSITS	4,628.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 264,797,008.	

**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) LEASE LIABILITY	245,134,053.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 245,134,053.	

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 FASB 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.

**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.

**Part XIII** Supplemental Information *(continued)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization

Employer identification number

**UPMC PINNACLE**

**25-1778658**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN -	1	0	CAPTIVE INSURANCE	N/A	0.
<b>3 a Subtotal</b>	1	0			0.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	1	0			0.

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

Schedule F (Form 990) 2019

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3** Enter total number of other organizations or entities

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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



**Part V** Supplemental Information

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

**PART I, LINE 3:**

**INSURANCE PREMIUMS PAID BASED ON CLAIMS EXPERIENCE**

**PART I, LINE 3 AND PART IV, LINE 3:**

**UPMC PINNACLE TERMINATED THEIR CAPTIVE INSURANCE INVESTMENT EFFECTIVE NOVEMBER 30, 2019. THEREFORE THE ENDING INVESTMENT BALANCE AS OF THE END OF THE TAX YEAR WAS ZERO AS REFLECTED ON PART I. THE ENTITY HAS ELECTED TO DISCLOSE THIS INFORMATION IN THE INTEREST OF TRANSPARENCY AS THE ORGANIZATION IS FILING A FORM 5471 AS IS REFLECTED ON PART IV FOR HOLDING THIS FOREIGN INVESTMENT DURING THE TAX YEAR.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**UPMC PINNACLE**

Employer identification number  
**25-1778658**

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALDER HEALTH SERVICES 100 N CAMERSON ST, STE 201 EAST HARRISBURG, PA 17101	23-2485020	501(C)(3)	7,500.	0.			PIONEER SPONSOR
AM LUNG ASSOC OF CENTRAL PA 3001 OLD GETTSBURG ROAD CAMP HILL, PA 17011	13-1632524	501(C)(3)	12,000.	0.			29TH ANNUAL SAPPHIRE GALA SPONSOR
AMERICAN HEART ASSOCIATION 4520 CRUMS MILL ROAD, #100 HARRISBURG, PA 17112	13-5613797	501(C)(3)	21,000.	0.			GR HW, GWTG CAD
AMERICAN RED CROSS 2801 LIBERTY AVE PITTSBURGH, PA 15222	25-0965231	501(C)(3)	15,000.	0.			PARTNERSHIP 2020, ANNUAL BUSINESS LEADERSHIP SPONSOR
ARTHRITIS FOUNDATION 4811 JONESTOWN ROAD, STE 230 HARRISBURG, PA 17109	58-1341679	501(C)(3)	5,000.	0.			JINGLE BELL RUN SPONSORSHIP
BLACK GIRL HEALTH FOUNDATION INC 2362 KERRIA CT BRYANS ROAD, MD 20616	83-2811235	501(C)(3)	5,000.	0.			MINDS MATTER MENTAL HEALTH

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

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

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

50.

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
CARLISLE AREA ECONOMIC DEVELOPMENT CORPORATION - 801 S HANOVER STREET - CARLISLE, PA 17013	23-1702304	501(C)(3)	7,500.	0.			CHEF BUSINESS WOMEN'S FORUM - PRESENTING SPONSOR
CARLISLE FAMILY YMCA 311 S WEST ST CARLISLE, PA 17013	23-1386198	501(C)(3)	5,500.	0.			BUNDLED EVENT SPONSORSHIPS
CENTRAL PA YOUTH BALLETT 5 N ORANE ST, STE 3 CARLISLE, PA 17013	23-1971982	501(C)(3)	5,000.	0.			SPONSORSHIP PLEDGE SUPPORT TO CPPB
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY RD HARRISBURG, PA 17109	23-2202250	501(C)(3)	105,000.	0.			SUSTAINABILITY IN OUR AREA AND TOP TASTE EVENT SPONSOR.
CREDC 3211 NORTH FRONT STREET HARRISBURG, PA 17110	23-6291092	501(C)(3)	10,000.	0.			CREDC CAMPAIGN 2017-2020
CULTURAL ALLIANCE OF YORK CO 14 W MARKET STREET YORK, PA 17401	23-2992925	501(C)(3)	25,000.	0.			CAMPAIGN CONTRIBUTION
DOMESTIC VIOLENCE SRVS OF CUMBERLAND & PERRY COUNTIES - PO BOX 1039 - CARLISLE, PA 17013	25-1629910	501(C)(3)	5,000.	0.			SUNFLOWER GALA PLATINUM
DOWNTOWN CARLISLE ASSOCIATION 53 WEST SOUTH STREET CARLISLE, PA 17013	23-2224862	501(C)(3)	16,000.	0.			CARLISLE EVENT SPONSORSHIPS
DOWNTOWN INC 2 EAST MARKET ST. YORK, PA 17401	23-2411781	501(C)(3)	5,000.	0.			MASQUERADE BALL SPONSOR

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(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
EAST PENNSBORO YOUTH ATHLETIC LEAGUE - 907 WERTZVILLE ROAD - ENOLA, PA 17025	23-2057159	501(C)(3)	7,500.	0.			SUPP LEAGUE AS PA STATE CHAMPS
EAST SHORE YMCA 701 NORTH FRONT ST HARRISBURG, PA 17101	23-1665437	501(C)(3)	7,500.	0.			TITLE SPONSOR HALF MARATHON
EMPLOYMENT SKILLS CENTER 29 SOUTH HANOVER ST. CARLISLE, PA 17013	23-1995705	501(C)(3)	10,000.	0.			CARLISLE DOWNTOWN MILE SPONSOR
GAUDENZIA INC 2930 DERRY ST. HARRISBURG, PA 17111	23-1706895	501(C)(3)	5,000.	0.			WOMEN & CHILDREN'S CONFERENCE
H A C C FOUNDATION ONE HACC DRIVE HARRISBURG, PA 17110	23-2353614	501(C)(3)	10,000.	0.			NURSING PINNING CEREMONY SPONSOR
HAMPDEN TOWNSHIP 230 S SPORTING HILL ROAD MECHANICSBURG, PA 17055	23-6050136	501(C)(3)	5,000.	0.			HAMPDEN TWP 350
HARRISBURG SYMPHONY ORCHESTRA 800 CORPORATE CIRCLE, STE 101 HARRISBURG, PA 17110	23-1355180	501(C)(3)	25,000.	0.			EVENT SPONSORSHIPS
HARRISBURG UNIV OF SCIENCE & TECHNOLOGY - 326 MARKET STREET - HARRISBURG, PA 17102	25-1900793	501(C)(3)	5,000.	0.			GALA SPONSORSHIP
HOMELAND HOMEHEALTH 2300 VARTAN WAY HARRISBURG, PA 17110	23-1365148	501(C)(3)	20,000.	0.			GUITARS GIFTS GRATITUDE SPONSOR

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
HOSPICE OF CENTRAL PA 1320 LINGLETOWN ROAD HARRISBURG, PA 17110	23-2106895	501(C)(3)	7,500.	0.			HCP GULF CLASSIC SPONSORSHIP
JEWISH FAMILY SERVICE OF GREATER HBG INC - 3333 NORTH FRONT STREET - HARRISBURG, PA 17110	23-2894802	501(C)(3)	10,000.	0.			MITCH ALBOM EVENT SPONSOR
JUVENILE DIABETES RESEARCH FOUNDATION - 1104 FERNWOOD AVE, STE 301 - CAMP HILL, PA 17011	23-1907729	501(C)(3)	15,000.	0.			EVENT SPONSORSHIP
KEYSTONE HUMAN SERVICES 4391 STUBBRIDGE DR HARRISBURG, PA 17110	25-1847902	501(C)(3)	5,000.	0.			CORP LEADERSHIP SOCIETY
KIDNEY FOUNDATION OF CENTRAL PA 900 S ARLINGTON AVE, STE 134A HARRISBURG, PA 17109	23-2113424	501(C)(3)	7,000.	0.			EVENT SPONSORSHIPS
LEBANON FAMILY HEALTH SERV 615 CUMBERLAND ST. LEBANON, PA 17042	23-1900450	501(C)(3)	5,000.	0.			LFHS EVENTS SPONSORSHIPS
MILLERSVILLE UNIVERSITY PO BOX 1002 MILLERSVILLE, PA 17551	23-2397926	501(C)(3)	8,500.	0.			ATHLETICS CORPORATE SPONSOR
NED SMITH CENTER FOR NATURE AND ART - 176 WATER COMPANY ROAD - MILLERSBURG, PA 17061	25-1735097	501(C)(3)	10,000.	0.			TED LICK MEMORIAL SPORT DAYS
NEW BIRTH OF FREEDOM COUNCIL BSA ONE BADEN POWELL LANE MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	5,000.	0.			EAGLE SCOUT RECOGNITION DINNER

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
NURSING FOUNDATION OF PENNSYLVANIA 3605 VARTAN WAY, STE 204 HARRISBURG, PA 17110	22-2479246	501(C)(3)	20,000.	0.			GOLD GALA PREMIER SPONSORSHIP
PA CASA ASSOCIATION INC PO BOX 44 BETHLEHEM, PA 18018	83-1780362	501(C)(3)	5,000.	0.			DONATION
PA FAMILY SUPPORT ALLIANCE 2000 LINGLESTOWN ROAD, STE 301 HARRISBURG, PA 17110	25-1358423	501(C)(3)	7,500.	0.			PA BLUE RIBBON PROTECTOR SPONSOR
PINK POWER 10 BENTZEL MILL ROAD YORK, PA 17404	82-2668598	501(C)(3)	5,000.	0.			PINK POWER GIRLS NIGHT OUT
PINNACLE HEALTH FOUNDATION 101 S FRONT ST, STE 4B HARRISBURG, PA 17101	22-2691718	501(C)(3)	7,575.	0.			VIP TICKETS FOR EVENT
PREBYTERIAN SENIOR LIVING ONE TRINITY DR E, STE 201 DILLSBURG, PA 17019	23-1381404	501(C)(3)	5,000.	0.			CHARITY GOLF EVENT SPONSOR
SALVATION ARMY 506 SOUTH 29TH STREET HARRISBURG, PA 17104	13-5562351	501(C)(3)	7,500.	0.			GOLD EVENT BUNDLE
SUSQUEHANNA ART MUSEUM 1401 N THIRD STREET HARRISBURG, PA 17102	25-1601081	501(C)(3)	15,000.	0.			OTHER WORLDS EVENT SPONSORSHIP
THE LATINO CONNECTION 10 N PROGRESS AVE HARRISBURG, PA 17109	47-5501238	501(C)(3)	21,500.	0.			SUMMIT SPONSOR, HEALTHY HARRISBURG INIT.

UPMC PINNACLE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
THE LEUKEMIA AND LYMPHOMA SOCIETY 101 ERFORD RD, STE 201 CAMP HILL, PA 17011	13-5644916	501(C)(3)	5,000.	0.			BANNER DECORATING SPONSORSHIP
THE LONG COMMUNITY 600 EAST ROSEVILLE ROAD LANCASTER, PA 17601	94-3446933	501(C)(3)	5,800.	0.			TWO ROOM SPONSORSHIP
UNITED WAY OF THE CAPITAL REGION 2235 MILLENIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	35,000.	0.			CORPORATE GIFT
WHITE ROSE LEADERSHIP INSTITUTE 144 ROOSEVELT AVE, STE 206 YORK, PA 17401	83-1246505	501(C)(3)	35,000.	0.			GIVE LOCAL YORK
WTF INC 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(C)(3)	5,000.	0.			READY SET GO KINDERGARTEN SPONSOR
YMCA OF YORK AND YORK CO 90 NORTH NEWBERRY ST YORK, PA 17401	23-1352600	501(C)(3)	10,000.	0.			GALA AND GOLF SPONSORSHIPS
YORK COUNTY LITERACY COUNCIL 800 E KING STREET YORK, PA 17403	23-2088132	501(C)(3)	19,800.	0.			FLP PILOT PROGRAM
YWCA YORK 320 E. MARKET ST. YORK, PA 17403	23-1360889	501(C)(3)	6,500.	0.			GIRLS ON THE RUN (YORK) SPONSOR

Schedule I (Form 990)

**UPMC PINNACLE**

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**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.**



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2019**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UPMC PINNACLE**

Employer identification number  
**25-1778658**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed 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?
- b** Any related organization?

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?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

**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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
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 aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHILIP GUARNESCHELLI PRESIDENT & CEO	(i) 855,192. (ii) 0.	153,940. 0.	204,597. 0.	16,600. 0.	19,459. 0.	1,249,788. 0.	0. 0.
(2) WILLIAM H. PUGH EVP & CFO/TREASURER (RETIRED 12/19)	(i) 615,238. (ii) 0.	95,291. 0.	95,358. 0.	16,600. 0.	14,892. 0.	837,379. 0.	0. 0.
(3) WILLIAM BACHINSKY, MD DIRECTOR	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
(4) JAMES RACZEK SENIOR VP, MEDICAL AFFAIRS	(i) 486,371. (ii) 0.	216,119. 77,046.	5,833. 62,317.	16,600. 13,850.	19,442. 9,033.	744,365. 661,629.	0. 0.
(5) CHRISTOPHER P MARKLEY, ESQ. SEC Y/SR VP/GENERAL COUNSEL	(i) 429,675. (ii) 0.	66,291. 0.	71,950. 0.	16,600. 0.	630. 0.	585,146. 0.	0. 0.
(6) MOHAMADSALIM SAIED VP & CHIEF MEDICAL INFO OFFICER	(i) 369,211. (ii) 0.	59,408. 0.	90,661. 0.	13,649. 0.	8,190. 0.	541,119. 0.	0. 0.
(7) DAVID QUIRKE SENIOR VP, INFO SVCS/CIO	(i) 324,560. (ii) 0.	64,829. 0.	86,776. 0.	15,337. 0.	10,951. 0.	502,453. 0.	0. 0.
(8) ANN GORMLEY SENIOR VP HUMAN RESOURCES	(i) 363,471. (ii) 0.	56,076. 0.	57,666. 0.	16,600. 0.	8,448. 0.	502,261. 0.	0. 0.
(9) JOAN SILVER SVP, PATIENT EXPERIENCE	(i) 365,028. (ii) 0.	56,316. 0.	52,172. 0.	16,600. 0.	8,240. 0.	498,356. 0.	0. 0.
(10) ALISON BERNHARDT VP & CFO/TREASURER	(i) 285,672. (ii) 0.	34,269. 0.	34,690. 0.	13,899. 0.	8,008. 0.	376,538. 0.	0. 0.
(11) MICHAEL A YOUNG FORMER PRESIDENT & CEO (RES. 3/17)	(i) 0. (ii) 0.	0. 0.	334,488. 0.	0. 0.	236. 0.	334,724. 0.	0. 0.
(12) THOMAS NICHOLSON, M.D. DIRECTOR	(i) 196,872. (ii) 0.	25,000. 0.	0. 0.	4,040. 0.	6,005. 0.	231,917. 0.	0. 0.
(13) JOHN DELORENZO ASSISTANT SECRETARY	(i) 177,665. (ii) 0.	13,788. 0.	0. 0.	10,751. 0.	18,298. 0.	220,502. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.

**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.

**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. 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 REPAID 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

**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.

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.

**PART I, LINE 7:**

THE COMPENSATION COMMITTEE OF THE BOARD, WITH ASSISTANCE FROM AN INDEPENDENT OUTSIDE ADVISOR, ESTABLISHES A COMPENSATION PHILOSOPHY TO COMPENSATE LEADERS OF THE ORGANIZATION AT THE MARKET MEDIAN WITH AN INCENTIVE OPPORTUNITY TO REACH THE 75TH PERCENTILE OF THE MARKET FOR THEIR POSITION. THE INCENTIVE OPPORTUNITY IS DIVIDED BETWEEN PERSONAL GOALS AND SYSTEM LEVEL GOALS. ALL GOALS ARE MEASURABLE AND ARE DESIGNED TO IMPROVE

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.

QUALITY OF CARE, PATIENT SAFETY, PATIENT EXPERIENCE, AND MANAGEMENT OF RESOURCES. PERFORMANCE IS REWARDED AT THREE LEVELS; THRESHOLD (IMPROVEMENT OVER THE BASELINE), TARGET (SIGNIFICANT IMPROVEMENT OVER THE PRIOR YEAR), AND OPTIMUM (STRETCH).

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

**Transactions With Interested Persons**

OMB No 1545-0047

**2019**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

Name of the organization

UPMC PINNACLE

Employer identification number

25-1778658

**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

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
			MICHAEL A YOUNG	FORMER PSPLIT DO					X	400,000.	1,155,631.	

**Total** ▶ \$ 1,155,631.

**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

SEE PART V FOR CONTINUATIONS

**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
DANIEL PUGH	RELATIVE OF OFFICER	123,005.	DANIEL PUGH		X
DOUG NEIDICH	80% OWNER CAMPUS SQ	412,482.	DOUG NEIDIC		X
MICHAEL HESS	RELATIVE OF OFFICER	66,995.	MICHAEL HES		X

**Part V Supplemental Information.**

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

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: MICHAEL A YOUNG

(B) RELATIONSHIP WITH ORGANIZATION: FORMER PRESIDENT

(C) PURPOSE OF LOAN: SPLIT DOLLAR INSURANCE PREMIUM ARRANGEMENT

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: DANIEL PUGH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF OFFICER WILLIAM PUGH

(D) DESCRIPTION OF TRANSACTION: DANIEL PUGH IS A RELATIVE OF WILLIAM

PUGH AND IS COMPENSATED BY UPMC PINNACLE AS AN EMPLOYEE. BEFORE HIS

RETIREMENT, WILLIAM PUGH DID NOT SUPERVISE DANIEL PUGH NOR DID HE

PARTICIPATE IN DISCUSSIONS ON DANIEL PUGH'S COMPENSATION.

(A) NAME OF PERSON: DOUG NEIDICH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

80% OWNER CAMPUS SQUARE PARTNERS, LP

(D) DESCRIPTION OF TRANSACTION: DOUG NEIDICH IS 80% OWNER OF CAMPUS

SQUARE PARTNERS. UPMC PINNACLE RENTS/LEASES SPACE IN PROPERTIES OWNED BY

CAMPUS SQUARE. ALL TRANSACTIONS ARE NEGOTIATED AT ARM'S LENGTH RATES.

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: MICHAEL HESS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF OFFICER PHILIP GUARNESCHELLI

(D) DESCRIPTION OF TRANSACTION: MICHAEL HESS IS A RELATIVE OF PHILIP GUARNESCHELLI AND IS COMPENSATED BY UPMC PINNACLE AS AN EMPLOYEE. PHILIP GUARNESCHELLI DOES NOT SUPERVISE MICHAEL HESS NOR DOES HE PARTICIPATE IN DISCUSSIONS ON MICHAEL HESS' COMPENSATION.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS

THE EO PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE IRS CALLS "COLLATERAL ASSIGNMENT SPLIT DOLLAR" (CASD). ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, CASD IS NOT AN ACTUAL LOAN. NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS, THE EO RECOVERS ALL OF ITS OUTLAYS PLUS INTEREST.

THE RECOVERY RIGHT IS A KEY ADVANTAGE OF CASD FOR THE EO. RATHER THAN PAYING RETIREMENT BENEFITS TO THE EXECUTIVE THAT WOULD NEVER BE RECOVERED, UNDER CASD THE EO RECOVERS NOT ONLY ITS OUTLAYS, BUT ALSO CONSIDERATION FOR THE TIME VALUE OF MONEY.

CASD WORKS AS FOLLOWS: THE EO DEPOSITS FUNDS INTO A CASH VALUE LIFE INSURANCE POLICY ON THE EXECUTIVE'S LIFE. DURING LIFE, TO THE EXTENT THE EXECUTIVE FULFILLS SERVICE AND VESTING REQUIREMENTS, THE EXECUTIVE CAN BORROW AGAINST VALUES IN THE POLICY TO SUPPLEMENT RETIREMENT INCOME. POLICY PERFORMANCE IS CLOSELY MONITORED. IF POLICY PERFORMANCE



**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

LAGS, THE EXECUTIVE'S BORROWING RIGHTS ARE REDUCED TO PROTECT THE EO'S RECOVERY RIGHTS.

AT THE EXECUTIVE'S DEATH, THE POLICY DEATH PROCEEDS ARE FIRST USED TO REPAY THE EO ITS DEPOSITS PLUS COMPOUNDED INTEREST (AT THE IRS LONG-TERM APPLICABLE FEDERAL RATE). THE EXECUTIVE'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING THE EXECUTIVE DID NOT ACCESS DURING LIFE. ANY REMAINING DEATH PROCEEDS:

-ARE AVAILABLE TO BE PAID TO THE EXECUTIVE'S BENEFICIARY.

-ARE DIVIDED BETWEEN THE EO AND THE EXECUTIVE'S BENEFICIARY.

-WERE AVAILABLE TO BE PAID TO THE EXECUTIVE'S BENEFICIARY. HOWEVER, THE EXECUTIVE DECIDED TO MAKE A GIFT OF THE EXCESS PROCEEDS TO THE EO TO PROVIDE ADDITIONAL FUNDING FOR THE EO'S CHARITABLE ACTIVITIES.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UPMC PINNACLE

Employer identification number  
25-1778658

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY NEEDS. UPMC PINNACLE PROVIDES VARIOUS TRAINING PROGRAMS AND  
TRACKS AND EVALUATES THE IMPACT OF ITS SERVICES AND PROGRAMS ON THE  
OVERALL HEALTH OF THE COMMUNITY.

FORM 990, PART V, LINE 1:

UPMC PINNACLE, THE PARENT COMPANY, IS THE COMMON REPORTING AGENT FOR  
THE GROUP OF RELATED TAX-EXEMPT ORGANIZATIONS AND FILES ALL 1099 FORMS  
FOR THE FOLLOWING: COMMUNITY LIFE TEAM, PINNACLE HEALTH FOUNDATION,  
UPMC PINNACLE HOSPITALS, PINNACLE HEALTH MEDICAL SERVICES, UPMC  
CARLISE, UPMC MEMORIAL, UPMC LITITZ, UPMC HANOVER, AND PINNACLE HEALTH  
REGIONAL PHYSICIANS.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF UPMC PINNACLE SHALL BE UPMC, A FEDERALLY TAX EXEMPT,  
STATE NONPROFIT ENTITY.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER, UPMC, MAY DESIGNATE DIRECTORS CONSTITUTING APPROXIMATELY  
ONE THIRD OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION REQUIRE THE APPROVAL OF  
THE UPMC BOARD AS THE SOLE MEMBER OF UPMC PINNACLE.

Name of the organization

UPMC PINNACLE

Employer identification number

25-1778658

## FORM 990, PART VI, SECTION B, LINE 11B:

THE AUTHORITY AND RESPONSIBILITY FOR REVIEW OF THE FORM 990 FOR UPMC PINNACLE AND ASSOCIATED 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 BEFORE THE RETURNS ARE FILED WITH THE INTERNAL REVENUE SERVICE. IN ADDITION, EACH MEMBER OF THE RESPECTIVE BOARDS OF DIRECTORS WILL BE GIVEN ACCESS TO VIEW HIS OR HER ENTITY'S INDIVIDUAL FORM 990 VIA A SHARED, PASSWORD-PROTECTED WEBSITE.

## FORM 990, PART VI, SECTION B, LINE 12C:

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

Name of the organization

UPMC PINNACLE

Employer identification number

25-1778658

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 THE 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.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE UPMC PINNACLE BOARD OF DIRECTORS HAS THE AUTHORITY TO DEVELOP AND MAINTAIN EXECUTIVE AND PHYSICIAN COMPENSATION TO BE APPROVED BY THE UPMC PINNACLE BOARD. 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

Name of the organization

UPMC PINNACLE

Employer identification number

25-1778658

COMPARABILITY DATA ON TOTAL COMPENSATION. 3. SELECT AND DIRECTLY ENGAGE AND SUPERVISE ANY CONSULTANT HIRED BY PHS 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 BOARD. 5. PROVIDE THE 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.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY METHOD INCOME - INSURANCE SUB FILING FORM 1120-PC (EIN#13-4224033)	-15,329,281.
EQUITY METHOD INCOME - UNITED HEALTH RISK LTD	-12,506,775.
EQUITY METHOD INCOME - PINNACLE HEALTH CARDIOVASCULAR INSTITUTE	
EQUITY METHOD INCOME - PINNACLE HEALTH VENTURES INC.	
TRANSFERS TO AFFILIATES	-363,793,952.

Name of the organization UPMC PINNACLE	Employer identification number 25-1778658
---	--

CAPITAL COMMITMENT FROM UPMC	-142,328,748.
CAPITAL COMMITMENT FROM HANOVER	109,823,206.
JOINT VENTURES EQUITY METHOD INCOME	-35,095,280.
TOTAL TO FORM 990, PART XI, LINE 9	-459,230,830.

## 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.

## 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.

**SCHEDULE R (Form 990)**  
**Related Organizations and Unrelated Partnerships**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 Attach to Form 990.

Department of the Treasury Internal Revenue Service  
 Name of the organization: **UPMC PINNACLE**  
 Employer identification number: **25-1778658**  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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
CONCERT LLC - 82-1737307 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMPROVE PATIENT CARE	PENNSYLVANIA	-89,614.	44,668.	UPMC PINNACLE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
*UPMC SENIOR COMMUNITIES INC. - 25-1574736 600 GRANT STREET PITTSBURGH, PA 15219	SR LIVING	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC		X
*PITTSBURGH LIFETIME CARE COMMUNITY - 25-1335247, 600 GRANT STREET, PITTSBURGH, PA 15219	CCRC	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
*CANTERBURY PLACE - 25-0965334 600 GRANT STREET PITTSBURGH, PA 15219	SR LIVING	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
*SENECA PLACE - 72-1562844 600 GRANT STREET PITTSBURGH, PA 15219	SR LIVING	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X

**Part II** Continuation of 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 organization?	
						Yes	No
*SHADYSIDE HOSPITAL SUPPORTING FOUNDATION - 26-0303394, 500 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC		X
*UPMC LEE - 25-0613830 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
*PITTSBURGH CARE PARTNERSHIP INC. - 25-1753852, 600 GRANT STREET, PITTSBURGH, PA 15219	SR CARE MGMT	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC		X
*UPMC CENTER FOR HIGH VALUE HEALTHCARE - 45-2178782, 600 GRANT STREET, PITTSBURGH, PA 15219	RESEARCH	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC		X
*SHADYSIDE HOSPITAL FOUNDATION - 25-1290546 532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	UPMC PRESBY		X
*PASSAVANT HOSPITAL FOUNDATION - 25-1407815 9100 BABCOCK BLVD PITTSBURGH, PA 15237	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC PASS		X
*NORTHWEST HOSPITAL FOUNDATION - 25-1483624 100 FARFIELD DRIVE SENECA, PA 16346	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	UPMC NORTHWE		X
*ST. MARGARET FOUNDATION - 25-1520340 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC ST MARG		X
*CHILDREN'S HOSPITAL OF PITTSBURGH FND - 25-1865744, 600 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC CHP		X
*MAGEE-WOMEN RES INST AND FOUNDATION - 25-1462312, 600 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X
*GREAT LAKES PHYSICIAN PRACTICE P.C. - 46-4186362, 600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219	PHYSICIAN SRV	NEW YORK	501(C)(3)	LINE 3	REGNL HEALTH		X
*HAMOT HEALTH FOUNDATION - 25-1400999 302 FRENCH STREET ERIE, PA 16507	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC HAMOT		X



## Part II Continuation of 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 organization?	
						Yes	No
*UPMC/JAMBSON CANCER CENTER - 20-1459415 600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219	ONCOLOGY SVC	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC JAMBSON		X
*JAMBSON CARE CENTER INC. - 23-2871396 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SR SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
*UPMC SUSQUEHANNA - 23-2751183 700 HIGH STREET WILLIAMSPORT, PA 17701	MGMT SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
*UPMC MUNCY - 24-0806023 215 EAST WATER STREET MUNCY, PA 17756	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*DIVINE PROVIDENCE HOSPITAL OF THE SISTE - 24-0799343, 1100 GRAMPIAN BOULEVARD, WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*SUSQUEHANNA PHYSICIAN SERVICES - 23-2449454 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHYSICIAN SRV	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*SUSQUEHANNA HEALTH SYSTEM INNOVATION CT - 47-1600873, 700 HIGH STREET, WILLIAMSPORT, PA 17701	SUPPORT SRV	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		X
*SUSQUEHANNA HEALTH FOUNDATION - 23-2743470 1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		X
*UPMC WILLIAMSPORT - 24-0795508 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*LAUREL REALTY INC. - 23-1403678 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	REAL ESTATE	PENNSYLVANIA	501(C)(3)	N/A	UPMC SUSQUEH		X
*LAUREL MANAGEMENT SERVICES INC. - 25-1644910, 32-36 CENTRAL AVENUE, WELLSBORO, PA 16901	MANAGEMENT SV	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
*LAUREL HEALTH SYSTEM - 24-0795488 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	SUPPORT SRV	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X

**Part II** Continuation of 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 organization?	
						Yes	No
*UPMC WELLSBORO - 23-2176963 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*THE GREEN HOME - 24-0804365 37 CENTRAL AVENUE WELLSBORO, PA 16901	SKILLED NURSI	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SUSQUEH		X
*TIOGA HEALTH CARE PROVIDERS - 25-1765538 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	HEALTHCARE	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
*WILLIAMSPORT AREA AMBULANCE SERVICE COO - 23-2416166, 700 HIGH STREET, WILLIAMSPORT, PA 17701	AMBULANCE SVC	PENNSYLVANIA	501(C)(3)	LINE 10	WILLIAM HOSP		X
*UPMC LOCK HAVEN - 82-1600494 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*UPMC SUNBURY - 82-1592230 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*UPMC CHAUTAUQUA AT WCA - 16-0743226 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	UPMC CHAUTAU		X
*W.C.A. GROUP INC. - 22-2392582 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOLDING CO	NEW YORK	501(C)(3)	LINE 12B, II	CHAUT AT WCA		X
*STARFLIGHT INC. - 16-1557878 135 ALLEN STREET JAMESTOWN, NY 14701	AIR AMBULANCE	NEW YORK	501(C)(3)	LINE 7	CHAUT AT WCA		X
*SOUTH CENTRAL ALPHA HOUSING & HEALTH - 25-1701701, 3410 W PITTSBURG ROAD, NEW CASTLE, PA 16101	SNF & AL	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
*SOUTH WESTERN ALPHA HOUSING & HEALTH - 25-1701700, 745 GREENVILLE ROAD, MERCER, PA 16137	SNF & IL	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
*KANE COMMUNITY HOSPITAL FOUNDATION - 26-3906925, 4372 ROUTE 6, KANE, PA 16735	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X

**Part II** Continuation of 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 organization?	
						Yes	No
*JUNIOR GUILD OF THE JAMESON MEMORIAL HOSPITAL - 25-6005313, 1211 WILMINGTON AVENUE, NEW CASTLE, PA 16105	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	N/A		X
*LAUREL HEALTH FOUNDATION - 25-1810488 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X
*W.C.A. FOUNDATION INC. - 22-2393584 300 FOOTE AVENUE, P.O. BOX 840 JAMESTOWN, NY 14702	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X
*VENANGO V.N.A. FOUNDATION - 25-1472179 491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	N/A		X
UPMC CARLISLE - 82-0880337 361 ALEXANDER SPRING ROAD CARLISLE, PA 17105	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
UPMC LANCASTER - 82-0896436 250 COLLEGE AVENUE LANCASTER, PA 17603	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
UPMC LITITZ - 82-0844453 1500 HIGHLANDS AVENUE LITITZ, PA 17543	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
UPMC MEMORIAL - 82-0912090 325 SOUTH BELMONT STREET YORK, PA 17405	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
PINNACLE HEALTH REGIONAL PHYSICIANS - 82-0947698, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SRV	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
PINNACLE HEALTH FOUNDATION - 22-2691718 409 SOUTH SECOND STREET HARRISBURG, PA 17104	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC PINNACL		X
COMMUNITY LIFE TEAM, INC. - 23-1890444 409 SOUTH SECOND STREET HARRISBURG, PA 17104	MED TRANSPORT	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC PINNACL		X
HANOVER HEALTHCARE PLUS, INC. - 22-2658574 300 HIGHLAND AVENUE HANOVER, PA 17331	SUPPORTING OR	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC PINNACL		X

**Part II** Continuation of 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 organization?	
						Yes	No
UPMC HANOVER - 23-1360851 300 HIGHLAND AVENUE HANOVER, PA 17331	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	HANNOVER HEA		X
UPMC PINNACLE HOSPITALS - 25-1778644 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
PINNACLE HEALTH MEDICAL SERVICES - 25-1709054, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SRV	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
*CHARLES E. COLE MEMORIAL HOSPITAL - 24-0802108, 1001 EAST SECOND STREET, COUDERSPORT, PA 16915	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	DPMC		X
*COLE FOUNDATION, INC. - 45-5417308 1001 EAST SECOND STREET COUDERSPORT, PA 16915	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	C COLE MEM H		X
*HAMOT COLE VENTURES - 27-3172100 1001 EAST SECOND STREET COUDERSPORT, PA 16915	CLINIC SITES	PENNSYLVANIA	501(C)(3)	LINE 12A, I	C COLE MEM H		X
*HENDORN INC. - 23-1972659 1001 EAST SECOND STREET COUDERSPORT, PA 16915	RES. CARE	PENNSYLVANIA	501(C)(3)	LINE 12A, I	C COLE MEM H		X
*ASBURY HEIGHTS OF UPMC - 25-1555687 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING OR	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SR COMM		X
*ASBURY HEALTH CENTER - 25-0969472 600 GRANT STREET PITTSBURGH, PA 15219	CCRC	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGH		X
*ASBURY VILLAS - 25-1819952 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGH		X
*ASBURY PLACE - 25-1729266 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGH		X
*WESLEY HILLS - 25-1507472 600 GRANT STREET PITTSBURGH, PA 15219	INDEP LIVING	PENNSYLVANIA	501(C)(3)	N/A	ASBURY HEIGH		X

**Part II** Continuation of 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 organization?	
						Yes	No
*ASBURY FOUNDATION - 25-1555688 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ASBURY HEIGH		X
*REGIONAL CANCER CENTER FOUNDATION - 25-1631855, 2500 WEST 12TH STREET, ERIE, PA 16505	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	REGIONAL CAN		X
*UPMC SOMERSET - 25-0965570 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
*TWIN LAKES CENTER, INC. - 23-2910318 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	DRUG TREATMEN	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SOMERSE		X
*SOMERSET COMMUNITY HOSPITAL FOUNDATION - 25-1441863, 225 SOUTH CENTER AVENUE, SOMERSET, PA 15501	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-PI	UPMC SOMERSE		X
*SOMERSET HEALTH SERVICES, INC. - 25-1441920 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	PHYSICIAN SRV	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SOMERSE		X
*UPMC WESTERN MARYLAND CORPORATION - 52-0591531, PO BOX 539, CUMBERLAND, MD 21501	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	UPMC		X
*WESTERN MARYLAND HEALTH SYSTEM FOUNDATION - 35-2289841, PO BOX 539, CUMBERLAND, MD 21501	FOUNDATION	MARYLAND	501(C)(3)	LINE 12C, III-PI	UPMC WESTERN		X
UPMC - 25-1423657 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12C, III-PI	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
*SENECA HILLS ASSISTED LIVING L.P. - 23-2873106, 600 GRANT STREET, PITTSBURGH, PA 15219	ASSISTED LIVING	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*ST. MARGARET MEDICAL ARTS ASSOCIATES - 25-1786655, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*CORE NETWORK LLC - 25-1786209, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*LIFE HOME CARE LP - 25-1847839, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
*H.C. PHARMACY CENTRAL INC. - 25-1364192 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY CO-O	PA	N/A	C CORP	N/A	N/A	N/A		X
*CHILDREN'S COMMUNITY CARE - 25-1781887 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC PHYSICIAN SERVICES HOLDING COMPANY - 25-1877017, 600 GRANT STREET, PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*HEMATOLOGY ONCOLOGY ASSOCIATION INC. - 42-1648357, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*ONCOLOGY HEMATOLOGY ASSOCIATION INC. - 25-1762980, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X

**Part III** Continuation of 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) 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	
*SHADYSIDE MEDICAL CENTER ASSOCIATION - 25-1608318, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*CHARTWELL PA LP - 25-1729714 600 GRANT STREET PITTSBURGH, PA 15219	HOMEHEALTH	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*LIFE CARE HOME SRV OF NW PA - 25-1536879, 1647 SASSAFRAS STREET, ERIE, PA 16501	HOME HEALTH S	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*HAMOT-KCH REAL ESTATE VENTURE - 26-3691782, 300 STATE STREET, ERIE, PA 16507	MEDICAL OFFIC	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*HAMOT SURGERY CENTER LLC - 25-1863661, 200 STATE STREET, ERIE, PA 16507	AMBULATORY SU	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*EPN-HAMOT URGENT CARE LLC - 27-2147949, 600 GRANT STREET, PITTSBURGH, PA 15219	URGENT CARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*LAWRENCE COUNTY MRI & DIAGNOSTIC IMAGING - 27-0219891, 2526 WILMINGTON AVE, NEW CASTLE, PA 16105	IMAGING CENTE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
*COMMUNITY BASKET LLC - 20-1195739, 1205 GRAMPIAN BOULEVARD, WILLIAMSPORT, PA 17701	REAL ESTATE R	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HANOVER SURGICENTER REAL ESTATE LP - 35-2342993, 300 HIGHLAND AVE, HANOVER, PA 17331	INACTIVE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Part III.** Continuation of 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) 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	
MEDCARE SUSQUEHANNA VALLEY LLC - 82-1673688, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	DME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*OMICELO RE I, LP - 47-5603393, 2525 LIBERTY AVENUE, PITTSBURGH, PA 15222	REAL ESTATE D	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*UPMC LEADER SURGERY CENTER LLC - 23-3035083, 1703 INNOVATION DRIVE, YORK, PA 17408	SURGERY CENT	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WEST SHORE SURGERY CENTER, LTD. - 25-1821415, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	SURGICAL CARE - MEDICAL SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUSQUEHANNA VALLEY SURGICAL CENTER - 25-1847818, 4310 LONDONDERRY ROAD SUITE 1, HARRISBURG, PA 17109	SURGICAL CARE - MEDICAL SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A



**Part IV** Continuation of 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
*TRI-STATE NEUROSURGICAL ASSOCIATES - UPM - 25-1458655, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*RENAISSANCE FAMILY PRACTICE - UPMC INC. - 26-2942406, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HOLDING COMPANY INC. - 25-1777713 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC COVERAGE PRODUCTS INC. - 25-1777710 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*FREEDOM INSURANCE COMPANY - 03-0308944 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A		X
*TRI-CENTURY INSURANCE CO - 25-1500739 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC DNA INC. - 25-1883237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH BENEFITS INC. - 25-1844144 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH NETWORK INC. - 72-1527566 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH PLAN INC. - 23-2813536 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC BENEFIT MANAGEMENT SERVICES INC. - 25-1769564, 600 GRANT STREET, PITTSBURGH, PA 15219	WORKERS' COMP	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC DIVERSIFIED SERVICES INC. - 25-1778454 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of 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
*MONROEVILLE SPECIALTY CLINIC - 25-1666087 600 GRANT STREET PITTSBURGH, PA 15219	AMB SURG	PA	N/A	C CORP	N/A	N/A	N/A		X
*MEDICAL ARCHIVAL SYSTEMS INC. - 23-2912501 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*RX PARTNERS INC. - 25-1801966 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
*BIOTRONICS INC. - 25-1843500 600 GRANT STREET PITTSBURGH, PA 15219	EQUIP MAINTEN	PA	N/A	C CORP	N/A	N/A	N/A		X
*MEDICAL CENTER PROPERTIES INC. - 25-1796940 600 GRANT STREET PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
*ASKESIS DEVELOPMENT GROUP INC. - 54-1625585 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*BAYFRONT REGIONAL DEVELOPMENT CORP - 25-1401388, 300 STATE STREET, ERIE, PA 16507	RE HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*BAYSIDE DEVELOPMENT CORP - 25-1401386 300 STATE STREET ERIE, PA 16507	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC WORK ALLIANCE INC. - 45-2825053 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH COVERAGE INC. - 46-2824537 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH OPTIONS INC. - 46-2824626 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC COMPLETE CARE INC. - 46-3605753 5215 CENTRE AVENUE PITTSBURGH, PA 15232	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of 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
*AMERICAN HOME HEALTH SERVICES - 31-1521422 868 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH C	OH	N/A	C CORP	N/A	N/A	N/A		X
*HEALTH FIDELITY INC. - 45-2538963 210 S. B STREET SAN MATEO, CA 94401	TECHNOLOGY SV	CA	N/A	C CORP	N/A	N/A	N/A		X
*PLUENCE HEALTH INC. - 47-2684174 6425 PENN AVENUE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X
*CURAVI HEALTH INC. - 81-1217377 6425 PENN AVENUE PITTSBURGH, PA 15206	HEALTHCARE	DE	N/A	C CORP	N/A	N/A	N/A		X
*PENSIAMO INC. - 81-2069236 600 GRANT STREET, 59TH FL PITTSBURGH, PA 15219	SUPPLY CHAIN	DE	N/A	C CORP	N/A	N/A	N/A		X
*ALTOONA FAMILY INC. - 25-1444935 620 HOWARD AVE ALTOONA, PA 16601	MGMT SVCS	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON HOLDINGS INC. - 25-1794386 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON ONE INC. - 25-1468889 620 HOWARD AVE ALTOONA, PA 16601	RENTAL	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON TWO INC. - 25-1555689 HOWARD AVE & 7TH ST ALTOONA, PA 16601	DME	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON FOUR INC. - 25-1793736 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	DE	N/A	C CORP	N/A	N/A	N/A		X
*UPMC ALTOONA REGIONAL HEALTH SERVICES - 25-1219302, 1414 9TH AVENUE, ALTOONA, PA 16602	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON ANESTHESIA ASSOCIATES INC. - 25-1897765, 620 HOWARD AVE, ALTOONA, PA 16601	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of 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 12(b)(13) controlled entity?	
								Yes	No
*MEDCPU INC. - 38-3805381 100 WALL STREET, SUITE 2202 NEW YORK, NY 10005	SOFTWARE DEVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*UPMC EXCESS PL TRUST - 82-6254351 600 GRANT STREET PITTSBURGH, PA 15219	TRUST	PA	N/A	TRUST	N/A	N/A	N/A		X
*RXANTE INC. - 45-4040219 511 CONGRESS STREET #803 PORTLAND, ME 04101	MEDICATION MG	DE	N/A	C CORP	N/A	N/A	N/A		X
*J. HEALTH VENTURES INC. - 25-1607893 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
*SUSQUEHANNA VENTURES INC. - 23-2470623 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
*TYOGA CARENET - 25-1810967 114 EAST AVENUE WELLSBORO, PA 16901	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
*W.C.A. SERVICE CORPORATION INC. - 16-1151438, 207 FOOTE AVENUE, JAMESTOWN, NY 14701	SUPPORT	NY	N/A	C CORP	N/A	N/A	N/A		X
*ITTCCO I INC. - 82-2590699 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*ITTCCO II INC. - 82-2597388 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH CARDIOVASCULAR INSTITUT - 32-0321362, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SRV	PA	UPMC PINNACLE	C CORP	-26,664,431.	9,620,190.	100*		X
HANOVER HEALTH CORPORATION - 90-0498067 300 HIGHLAND AVENUE HANOVER, PA 17331	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
HANOVER APOTHECARY INC. - 03-0594526 310 STOCK STREET SUITE 1 HANOVER, PA 17331	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of 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 CENTRAL PA RECIPROCAL RISK RETEN - 13-4224033, 76 SAINT PAUL STREET SUITE 500, BURLINGTON, VT 05401	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH VENTURES INC. - 61-1677624 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOLDING CO	PA	UPMC PINNACLE HEALTH VENTURES INC.	C CORP	-478,216.	9,889,859.	100%		X
PINNACLE HEALTH IMAGING INC. - 23-1718571 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMAGING SVC	PA		C CORP	-2,468,995.	3,470,233.	100%		X
*COLE CARE INC. - 25-1497347 1001 EAST 2ND STREET COUDERSPORT, PA 16915	DME	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC ITALY HEALTH SERVICES S.R.L VIA DISCESA DEI GIUDICI, 4 PALERMO, ITALY 90133	HEALTH SVC	ITALY	N/A	C CORP	N/A	N/A	N/A		X
*UPMC INVESTMENTS LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	HOLDING CO	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*UPMC PROPERTY LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*UPMC PROPERTY II LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*EURO CARE INFRASTRUCTURE LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	PROPERTY MGMT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*EURO CARE PROPERTY MANAGEMENT LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	PROPERTY MGMT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*EURO CARE HEALTHCARE LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	HOSPITAL	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*WATERFORD ONCOLOGY ASSOCIATES LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	ONCOLOGY SVC	IRELAND	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of 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 CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, IRELAND DUBLIN 18	CANCER TREATM	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*PANTHER REINSURANCE COMPANY LTD. - 98-1402742, P.O. BOX 1109, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
*FORBES REINSURANCE COMPANY LTD. - 98-1400710, P.O. BOX 1109, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
*CATHEDRAL (RE) INSURANCE CO - 98-1400837 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
*UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, IRELAND DUBLIN 18	HEALTHCARE SU	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH, CANADA 15219	SOFTWARE	CANADA	N/A	C CORP	N/A	N/A	N/A		X
*SUSQUEHANNA HEALTH SYSTEM INSURANCE NET P.O. BOX 1159 CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
*UPMC UNITED KINGDOM LTD. - 98-0571026 C/O NAIR&CO 11TH FLOOR WHITEFRIARS LEWINS MEAD, UNITED KINGDOM BS1 2NT	SOFTWARE LICE	UNITED KINGDOM	N/A	C CORP	N/A	N/A	N/A		X
*BLUESPHERE BIO - 82-4979766 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	IMMUNOTHERAPY	DE	N/A	C CORP	N/A	N/A	N/A		X
*INFECTIOUS DISEASE CONNECT, INC. - 83-3311071, 6425 PENN AVENUE STE 200, PITTSBURGH, PA 15206	TELEMEDICINE	DE	N/A	C CORP	N/A	N/A	N/A		X
*HUMONIC, INC. - 83-4005420 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	BIOPHARM	DE	N/A	C CORP	N/A	N/A	N/A		X
*TMS, INC. - 82-5443222 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	IMMUNOTHERAPY	DE	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of 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 HILLMAN CANCER CENTER - PINNACLE - 83-3640945, 101 ERFORD ROAD, CAMP HILL, PA 17701	CANCER TREATM	PA	N/A	C CORP	N/A	N/A	N/A		X
*SHANGHAI UPMC CO., LTD 288 SHIMEN 1ST ROAD JING'AN DISTRICT SHANGHAI, CHINA 200041	HEALTHCARE MGMT	CHINA	N/A	C CORP	N/A	N/A	N/A		X
*SALVADOR MUNDI INTERNATIONAL HOSPITAL ROMA VIALE DELLE MURA GIANCOLENSI 67/77, ITALY CAP 00152	HOSPITAL	ITALY	N/A	C CORP	N/A	N/A	N/A		X
*SOMERSET ANESTHESIA, INC. - 45-5135437 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*SOMERSET MANAGEMENT SERVICES, INC. - 25-1512960, 600 GRANT STREET, PITTSBURGH, PA 15219	MOB OWNERSHIP	PA	N/A	C CORP	N/A	N/A	N/A		X
*GENERIAN PHARMACEUTICALS, INC. - 83-3340453 2425 SIDNEY STREET PITTSBURGH, PA 15203	PHARMACY	DE	N/A	C CORP	N/A	N/A	N/A		X
*WORK PARTNERS NATIONAL INC - 84-3141950 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*ASTRATA INC - 84-4804493 6425 PENN AVENUE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X
*VEGAVECT - 84-4280784 6425 PENN AVENUE PITTSBURGH, PA 15206	GENE THERAPY	DE	N/A	C CORP	N/A	N/A	N/A		X
*NOVIMAB - 84-1494905 6425 PENN AVENUE PITTSBURGH, PA 15206	CLINICAL RESEARCH	DE	N/A	C CORP	N/A	N/A	N/A		X
*HAYSTACK CONSOLIDATED SERVICES, INC. - 52-1335895, 12500 WILLOWBROOK ROAD, CUMBERLAND, MD 21502	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
*WESTERN MARYLAND INSURANCE COMPANY LTD P.O. BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of 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
*WILLOWBROOK HEALTHCARE CONDO - 37-1538510									
12401 WILLOWBROOK ROAD									
CUMBERLAND, MD 21502	REAL ESTATE	DE	N/A	C CORP	N/A	N/A	N/A		X
UNITED HEALTH RISK LTD.									
P.O. BOX 2450	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		X
HAMILTON, BERMUDA									



**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.

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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.

	Yes		Method of determining amount involved
	1a	No	
(1) COMMUNITY LIFE TEAM		X	2,412,841. COST
(2) PINNACLE HEALTH VENTURES		X	9,096,873. COST
(3) PINNACLE HEALTH REGIONAL PHYSICIANS		X	69,628,571. COST
(4) UPMC PINNACLE LANCASTER		X	7,687,890. COST
(5) UPMC LITITZ		X	72,885,301. COST
(6) UPMC MEMORIAL		X	163,615,373. COST

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PINNACLE HEALTH CARDIOVASCULAR INSTITUTE	R	47,908,005. COST	
(8) PINNACLE HEALTH MEDICAL SERVICES	R	222,369,555. COST	
(9) UPMC PINNACLE HOSPITALS	R	803,059,192. COST	
(10) UPMC CARLISLE	R	80,630,852. COST	
(11) UPMC HANOVER	R	103,170,287. COST	
(12) HANOVER HEALTHCARE PLUB	R	114,703,377. COST	
(13) PINNACLE HEALTH FOUNDATION	R	2,263,785. COST	
(14) UPMC HILLMAN - PINNACLE	R	1,704,126. COST	
(15) HANOV R APOTHECARY	R	1,013,461. COST	
(16) HANOVER HEALTH CORP	R	3,073,690. COST	
(17) HANOV R FOUNDATION	R	6,806. COST	
(18) PINNACLE HEALTH VENTURES	S	230,817. COST	
(19) UPMC PINNACLE HOSPITALS	S	1406308783. COST	
(20) UPMC LITITZ	S	137,640. COST	
(21) HANOVEER HEALTHCARE PLUS	S	862,573. COST	
(22)			
(23)			
(24)			

**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 sec 501(c)(3) orgs?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**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.

**PART V, LINE 2**

UPMC PINNACLE CANNOT SEPARATELY STATE AMOUNTS FOR EACH TRANSACTION IDENTIFIED WITH A RELATED ORGANIZATION. ITS ACCOUNTING SYSTEM NETS ALL TRANSACTIONS INTO A SINGLE AMOUNT, WHICH IS REPORTED AS A GIFT, GRANT AND/OR CAPITAL CONTRIBUTION TO OR FROM RELATED ORGANIZATIONS.