

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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)

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.

2019 Open to Public Inspection

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

Form 990 header section including B (Check if applicable), C (Name of organization: UPMC LITITZ), D (Employer identification number: 82-0844453), E (Telephone number: 717-231-8245), G (Gross receipts: 115,028,799), H(a) (Is this a group return?), H(b) (Are all subordinates included?), J (Website: WWW.UPMCPINNACLE.COM), K (Form of organization: Corporation), L (Year of formation: 2017), M (State of legal domicile: PA)

SCANNED MAY 04 2022

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement (INPATIENT AND OUTPATIENT HEALTHCARE...), 2-7. Activities & Governance, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

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.

Signature of officer: ALISON BERNHARDT, CHIEF FINANCIAL OFFICER. Date: 5/11/21

Preparer information: KERRI N. BOGDA, CPA, BAKER TILLY US, LLP, 1570 FRUITVILLE PIKE, SUITE 400, LANCASTER, PA 17601. Date: 5.10.2021. PTIN: P00760402. Firm's EIN: 39-0859910. Phone no: 717.740.4863

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

Handwritten marks: # 684 2

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 117,290,899. including grants of \$ 2,964.) (Revenue \$ 106,909,069.)

UPMC LITITZ IS AN ACUTE CARE HOSPITAL WITH 148 LICENSED BEDS OFFERING A WIDE RANGE OF SERVICES INCLUDING CARDIAC CARE, A CERTIFIED PRIMARY STROKE CENTER, EMERGENCY CARE, IMAGING, ONCOLOGY CARE, OBSTETRICS, ORTHOPEDICS, PLASTIC AND RECONSTRUCTIVE SURGERY, AND GENERAL SURGERY.

WE PRIDE OURSELVES ON PROVIDING THE HIGHEST QUALITY CARE IN ALL SERVICE AREAS. OUR INTENSE FOCUS ON CUSTOMER SERVICE AND PATIENT SAFETY HAS CREATED A UNIQUE HEALING ENVIRONMENT. WE ARE AN ACCREDITED STROKE CENTER AND AN ACCREDITED CHEST PAIN AND HEART ATTACK CENTER.

WE SERVE THE GREATER LANCASTER COUNTY AREA. IN KEEPING WITH OUR MISSION OF CARING FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, UPMC

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 117,290,899.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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 772		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: 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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country 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	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
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	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: 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
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	20		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	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	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

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 W. GUARNESCHELLI PRESIDENT AND CEO	1.00 39.00	X		X				0.	1,213,729.	36,059.
(2) WILLIAM H. PUGH EVP & CFO/TREASURER (RET. 12/19)	1.00 39.00			X				0.	805,887.	31,492.
(3) WILLIAM BACHINSKY M.D. DIRECTOR	1.00 39.00	X						0.	708,323.	36,042.
(4) CHRISTOPHER P. MARKLEY, ESQ SEC'Y/SR VP/GENERAL COUNSEL	1.00 39.00			X				0.	567,916.	17,230.
(5) MICHAEL BROOKS TURKEL SVP & PRESIDENT, LANC DIV	40.00 0.00				X			420,663.	0.	22,862.
(6) ALISON BERNHARDT VP & CFO/TREASURER	1.00 39.00			X				0.	354,631.	21,907.
(7) MICHAEL A. YOUNG FORMER PRESIDENT/CEO (RES. 3/17)	0.00 0.00					X		0.	334,488.	236.
(8) DEBORAH WILLWERTH PRESIDENT UPMC LITITZ	40.00 0.00				X			215,531.	0.	19,147.
(9) THOMAS NICHOLSON, M.D. DIRECTOR	1.00 39.00	X						0.	221,872.	10,045.
(10) JOHN DELORENZO ASSISTANT SECRETARY	1.00 39.00			X				0.	191,453.	29,049.
(11) LAURA COPPULA PHARMACIST	40.00 0.00				X			150,834.	0.	28,596.
(12) BRIANNA DOHM PHARMACIST SUPERVISOR	40.00 0.00				X			138,323.	0.	25,438.
(13) DAVID BENNER CLINICAL STAFF PHARMACIST	40.00 0.00				X			142,123.	0.	14,767.
(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) MERON YEMANE DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) MICHAEL MURCHIE DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) PAUL SPEARS, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Subtotal								1,067,474.	4,529,549.	292,870.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,067,474.	4,529,549.	292,870.

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 **16**

	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
COMMUNITY ANESTHESIA ASSOCIATES 1575 HIGHLANDS DR #200B, LITITZ, PA 17543	CONTRACT HEALTH SVCS.	2,286,126.
PEDIATRIX MEDICAL GROUP OF PA 111 S FRONT ST., HARRISBURG, PA 17101	CONTRACT HEALTH SVCS.	414,746.
ARGIRES MAROTTI NEUROSURGICAL ASSOCIATES 160 NORTH POINTE BLVD, LANCASTER, PA 17601	CONTRACT HEALTH SVCS.	268,010.
QUEST DIAGNOSTICS PO BOX 740709, ATLANTA, GA 30374	CONTRACT HEALTH SVCS.	236,040.
LANCASTER UROLOGY 2110 HARRISBURG PIKE, LANCASTER, PA 17601	CONTRACT HEALTH SVCS.	164,400.

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 **11**

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) RICHARD HAMILTON DIRECTOR	1.00 1.00	X						0.	0.	0.
(28) ROBERT MONTLER DIRECTOR	1.00 1.00	X						0.	0.	0.
(29) RONALD KRATZ, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
(30) YVONNE HOLLINS 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,664,671.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		6,664,671.			
Program Service Revenue	2 a PATIENT REVENUE, NET	Business Code	98,987,806.	98,922,607.	65,199.	
	b MEDICAL SERVICES	621500	7,690,342.	7,690,342.		
	c QUALITY INCENTIVE INCOME	900099	158,612.	158,612.		
	d MEDICAL EDUCATION	900099	102,495.	102,495.		
	e WOMANCARE	621990	440.	440.		
	f All other program service revenue					
	g Total. Add lines 2a-2f		106,939,695.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,063.		5,063.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	6a	1,364,908.		
		(ii) Personal	6b	1,555,183.		
			6c	-190,275.		
	d Net rental income or (loss)		-190,275.		-190,275.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7a		19.	
		(ii) Other	7b		497.	
			7c		-478.	
	d Net gain or (loss)		-478.		-478.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
	b Less direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	9a				
b Less direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a	19,791.				
b Less cost of goods sold	10b	5,279.				
c Net income or (loss) from sales of inventory		14,512.			14,512.	
Miscellaneous Revenue	11 a MEDICAL STAFF SERVICES	Business Code	25,900.		25,900.	
	b MEDICAL STAFF APP. FEES	900099	8,550.		8,550.	
	c MISC. INCOME	900099	123.		123.	
	d All other revenue	900099	79.		79.	
	e Total. Add lines 11a-11d		34,652.			
	12 Total revenue. See instructions		113,467,840.	106,874,496.	65,199.	-136,526.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,964.	2,964.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	52,358,866.	47,897,891.	4,460,975.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,447,381.	1,324,064.	123,317.	
9 Other employee benefits	4,775,908.	4,369,001.	406,907.	
10 Payroll taxes	2,445,719.	2,237,344.	208,375.	
11 Fees for services (nonemployees)				
a Management	12,044,033.		12,044,033.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,384,170.	3,347,988.	1,036,182.	
12 Advertising and promotion	3,962.	412.	3,550.	
13 Office expenses	1,197,635.	669,433.	528,202.	
14 Information technology	2,977,124.	2,446,005.	531,119.	
15 Royalties				
16 Occupancy	5,291,558.	4,239,149.	1,052,409.	
17 Travel	63,173.	19,489.	43,684.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,451.	32,845.	15,606.	
20 Interest	4,608.		4,608.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,541,148.	5,090,099.	451,049.	
23 Insurance				
24 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.)				
a PHYSICIAN LOSS TRANSFER	20,842,525.	20,842,525.		
b MEDICAL SUPPLIES	17,625,415.	17,625,415.		
c BAD DEBT	3,172,499.	3,172,499.		
d PHARMACY	2,426,833.	2,426,833.		
e All other expenses	1,933,354.	1,546,943.	386,411.	
25 Total functional expenses. Add lines 1 through 24e	138,587,326.	117,290,899.	21,296,427.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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	975.	1	725.
	2 Savings and temporary cash investments	1,452,215.	2	10,988,023.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	15,303,043.	4	12,401,741.
	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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,178,475.	8	706,562.
	9 Prepaid expenses and deferred charges	1,160,403.	9	960,742.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 73,695,880.		
	b Less accumulated depreciation	10b 15,831,470.	62,275,020.	10c 57,864,410.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	494,168.	15	5,090.
16 Total assets. Add lines 1 through 15 (must equal line 33)	81,864,299.	16	82,927,293.	
Liabilities	17 Accounts payable and accrued expenses	8,291,106.	17	12,974,251.
	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	80,768.	23	47,756.
	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		25	
	26 Total liabilities. Add lines 17 through 25	8,371,874.	26	13,022,007.
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	73,492,425.	27	69,905,286.
	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 Total net assets or fund balances	73,492,425.	32	69,905,286.	
33 Total liabilities and net assets/fund balances	81,864,299.	33	82,927,293.	

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	113,467,840.
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,587,326.
3	Revenue less expenses Subtract line 2 from line 1	3	-25,119,486.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73,492,425.
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	21,532,346.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,905,285.

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		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **UPMC LITITZ** Employer identification number **82-0844453**

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
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

UPMC LITITZ

Employer identification number

82-0844453

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 conservation contribution in the form of a conservation easement on the last day 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,400,000.		2,400,000.
b Buildings		45,819,509.	3,679,285.	42,140,224.
c Leasehold improvements		796,526.	273,750.	522,776.
d Equipment		24,308,414.	11,875,161.	12,433,253.
e Other		371,431.	3,274.	368,157.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				57,864,410.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2019

Open to Public
Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UPMC LITITZ** Employer identification number **82-0844453**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			662,793.		662,793.	.48%
b Medicaid (from Worksheet 3, column a)			9789808.	4284917.	5504891.	3.97%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			10452601.	4284917.	6167684.	4.45%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			2118398.	485,854.	1632544.	1.18%
g Subsidized health services (from Worksheet 6)			7472245.		7472245.	5.39%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		120,895	101,983.		101,983.	.07%
j Total. Other Benefits		120,895	9692626.	485,854.	9206772.	6.64%
k Total. Add lines 7d and 7j		120,895	20145227.	4770771.	15374456.	11.09%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	2	25,600	664,363.		664,363.	.48%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	25,600	664,363.		664,363.	.48%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

	Yes	No
1	X	
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5 This is the surplus (or shortfall)
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group UPMC LITITZ

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UPMC LITITZ

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	<input checked="" type="checkbox"/>	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	<input checked="" type="checkbox"/>	
15 Explained the method for applying for financial assistance?	<input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	<input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.UPMCPINNACLE.COM</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.UPMCPINNACLE.COM</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.UPMCPINNACLE.COM</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group UPMC LITITZ

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d Actions that require a legal or judicial process
- e Other similar actions (describe in Section C)
- f None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d Actions that require a legal or judicial process
- e Other similar actions (describe in Section C)

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

- a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c Processed incomplete and complete FAP applications (if not, describe in Section C)
- d Made presumptive eligibility determinations (if not, describe in Section C)
- e Other (describe in Section C)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

	Yes	No
17	X	
18		
19		X
20		
21	X	

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group UPMC LITITZ

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		X
24		X

Part V Facility Information *(continued)*

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

UPMC LITITZ:

PART V, SECTION B, LINE 5: THIS NEEDS ASSESSMENT USED TWO MECHANISMS TO GATHER COMMUNITY INPUT ABOUT HEALTH NEEDS. PENN MEDICINE LANCASTER GENERAL HEALTH CONDUCTED A SURVEY OF COMMUNITY MEMBERS AT SELECTED COMMUNITY EVENTS DURING SUMMER 2018 TO GATHER INPUT ABOUT PERCEIVED COMMUNITY HEALTH NEEDS AND BARRIERS TO GOOD HEALTH. PENN MEDICINE LANCASTER GENERAL HEALTH COLLECTED A TOTAL OF 258 SURVEY RESPONSES FROM MEMBERS OF THE COALITION TO END HOMELESSNESS AND LIGHTEN UP LANCASTER COUNTY COALITION, STAFF FROM COMMUNITY ACTION PARTNERSHIP AND HEALTHY BEGINNINGS PLUS, THE LANCASTER COUNTY OFFICE OF AGING, AND COMMUNITY MEMBERS WHO TOOK THE SURVEY ONLINE OR AT LANCASTER COUNTY'S PRIDE DAY CELEBRATION. THE GOAL OF THE SURVEY WAS TO SAMPLE FROM SELECTED LOCATIONS, ORGANIZATIONS, AND COALITIONS TO GATHER FEEDBACK FROM TRADITIONALLY MARGINALIZED COMMUNITIES, INCLUDING PEOPLE OF COLOR, PEOPLE OF HISPANIC/LATINO ETHNICITY, AND INDIVIDUALS WHO IDENTIFY AS GAY, LESBIAN, BISEXUAL, AND/OR TRANSGENDER.

IN ADDITION TO THE COMMUNITY SURVEY, PENN MEDICINE LANCASTER GENERAL HEALTH, WELLSPAN HEALTH, AND UPMC LITITZ JOINTLY HOSTED A COMMUNITY STAKEHOLDER FORUM ON DECEMBER 17, 2018. THE THREE PRIMARY GOALS OF THE FORUM WERE TO: (1) EXPLAIN THE CHNA PROCESS AND THE ROLE OF COMMUNITY STAKEHOLDERS; (2) PRESENT THE ANALYTIC FRAMEWORK AND PRELIMINARY COMMUNITY HEALTH DATA INCLUDED IN THIS SUMMARY; AND (3) GATHER INPUT FROM COMMUNITY STAKEHOLDERS, PARTICULARLY THOSE WITH PUBLIC HEALTH EXPERTISE AND INDIVIDUALS AND ORGANIZATIONS SERVING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN LANCASTER COUNTY, ABOUT COMMUNITY HEALTH NEEDS AND COMMUNITY RESOURCES.

Part V Facility Information *(continued)*

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

UPMC LITITZ:

PART V, SECTION B, LINE 6A: PENN MEDICINE LANCASTER GENERAL HOSPITAL,
WELLSPAN EPHRATA COMMUNITY HOSPITAL

UPMC LITITZ:

PART V, SECTION B, LINE 7D: COMMUNITY EVENTS

UPMC LITITZ:

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

UPMC LITITZ:

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 20E: ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS.

Multiple horizontal lines for providing supplemental information.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

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

PART I, LINE 7G:

LOSSES ATTRIBUTED TO PRIMARY CARE AND CLINICS ARE INCLUDED AS SUBSIDIZED
HEALTH SERVICES.

PART III, LINE 2:

Part VI Supplemental Information (Continuation)

THE PERCENTAGE OF TOTAL PATIENT CARE EXPENSES TO GROSS REVENUE WAS CALCULATED. THIS PERCENTAGE WAS APPLIED TO THE GROSS BAD DEBTS TO ESTIMATE THE NEW BAD DEBTS EXPENSE.

PART III, LINE 3:

FOR THE PORTION OF BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE HOSPITAL DETERMINED THE ZIP CODES THAT PRIMARILY INCLUDE PUBLIC HOUSING, LOW INCOME, AND/OR POVERTY. BAD DEBT WRITE-OFFS FOR THE FISCAL YEAR ARE REVIEWED TO DETERMINE THE ACCOUNTS WHERE THE PATIENT ADDRESS WAS LOCATED IN THOSE ZIP CODES. AN OVERALL COST-TO-CHARGE RATIO WAS THEN APPLIED TO THIS AMOUNT TO ARRIVE AT AN EXPENSE FIGURE. THIS METHOD CONTINUES TO BE HONED AS WE FURTHER DEVELOP OUR PRESUMPTIVE CHARITY CARE AND FINANCIAL AID APPROACH.

PART III, LINE 4:

THE FINANCIAL STATEMENTS DO NOT HAVE A SPECIFIC NOTE ON BAD DEBT EXPENSE; RATHER THE FINANCIAL STATEMENTS EVALUATE BAD DEBTS IN ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE FOOTNOTE RELATED TO THE ALLOWANCE IS SUMMARIZED AS FOLLOWS: ACCOUNTS RECEIVABLE ARE RECORDED AT THEIR ESTIMATED NET REALIZABLE VALUE. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS ESTIMATED BASED UPON HISTORICAL COLLECTION RATES.

THE BAD DEBT EXPENSE ON PART III, LINE 2 WAS CALCULATED BY TAKING THE AMOUNT WRITTEN OFF TO BAD DEBT FOR EACH ACCOUNT AND CONVERTING IT TO CHARGES BY APPROPRIATELY ADJUSTING THE AMOUNT BY THE PAYOR REIMBURSEMENT PERCENTAGE FOR THAT ACCOUNT. THEN, THE COST-TO-CHARGE RATIO METHODOGY FOR EACH SPECIFIC ACCOUNT, UTILIZING THE COSTS FROM THE HOSPITAL COST

Part VI Supplemental Information (Continuation)

ACCOUNTING SYSTEM (DESCRIBED IN DETAIL ABOVE), WAS APPLIED TO THIS
CALCULATED PORTION OF THE TOTAL CHARGES.

PART III, LINE 8:

THE MEDICARE COSTS WERE DETERMINED BASED ON THE HOSPITAL'S COST-TO-CHARGE
RATIO FOR THE SERVICES RENDERED.

PART III, LINE 9B:

PATIENTS ARE NOTIFIED OF OUR CHARITY CARE POLICY IN A VARIETY OF WAYS.
THERE ARE POSTERS INFORMING PATIENTS OF OUR CHARITY CARE POLICY AND A
PLAIN LANGUAGE VERSION OF THE POLICY HANDED OUT TO THE UNINSURED AT ALL
THE REGISTRATION SITES. ALL OF OUR PATIENT ACCOUNT STATEMENTS CONTAIN
LANGUAGE THAT INDICATES THERE IS FINANCIAL AID AVAILABLE FOR QUALIFYING
INDIVIDUALS. IN ADDITION, THE POLICY AND APPLICATION ARE POSTED ON THE
HOSPITAL WEBSITE IN BOTH ENGLISH AND SPANISH. PATIENTS WHO APPLY FOR
FINANCIAL ASSISTANCE AND PROVIDE ALL THE NECESSARY DOCUMENTATION
REQUIREMENTS ARE NOTIFIED WITHIN THIRTY DAYS OF THE HOSPITAL'S DECISION.
WHEN THE APPROVAL IS DETERMINED, THE APPROPRIATE DISCOUNT IS POSTED TO THE
PATIENT ACCOUNT IMMEDIATELY. THE FINANCIAL ASSISTANCE DISCOUNT WILL BE
APPLIED TO SERVICE FOR THE PREVIOUS TWELVE MONTHS AND SUBSEQUENT SIX
MONTHS. THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE
COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY
FOR CHARITY CARE. NO ADDITIONAL COLLECTION EFFORTS ARE MADE. APPLICANTS
APPROVED FOR ONLY PARTIAL DISCOUNT WILL BE REQUIRED TO MAKE REASONABLE
PAYMENT ARRANGEMENTS ON THEIR BALANCE IN ACCORDANCE WITH THE HOSPITAL'S
CREDIT AND COLLECTION POLICY. THIS POLICY DOES PERMIT THE USE OF BOTH
INTERNAL COLLECTION STAFF AND EXTERNAL COLLECTION AGENCIES WHO WILL ENGAGE
IN STANDARD ACCEPTABLE BUSINESS PRACTICES WHICH INCLUDE PHONE CALLS,

Part VI Supplemental Information (Continuation)

MAILING AND THE REPORTING OF UNPAID DEBT TO THE CREDIT REPORTING AGENCIES;
BUT UNDER NO CIRCUMSTANCES WILL THE HOSPITALS OR ITS CONTRACTED COLLECTION
AGENCY ADOPT "EXTRAORDINARY COLLECTION ACTIONS" THAT ENTAIL ANY LEGAL
COURSE OF ACTION OR JUDICIAL PROCESSES SUCH AS LAWSUITS OR LIENS.

PART VI, LINE 2:

TO IMPROVE THE HEALTH OF THE RESIDENTS OF THE COMMUNITIES IT SERVES UPMC
LITITZ PROVIDES EXTENSIVE HEALTH EDUCATION AND WELLNESS OPPORTUNITIES FOR
MEMBERS OF THE COMMUNITY BY PROVIDING DIABETES EDUCATION, OPIOID ADDICTION
EDUCATION, AND JOINT AND SPINE CARE EDUCATION. TO PROMOTE SENIOR HEALTH,
COMMUNITY SEMINARS ARE CONDUCTED ON THE FLU, DEMENTIA, VASCULAR HEALTH,
HEARING LOSS, BALANCE AND STABILITY AND FREE HEALTH SCREENINGS. UPMC
LITITZ PROVIDES HEALTH EDUCATION SUPPORT TO THE AMERICAN HEART
ASSOCIATION, THE LONG HOME, AMERICAN CANCER SOCIETY, THE ALZHEIMER'S
ASSOCIATION, BRIGHT SIDE OPPORTUNITIES CENTER, LANCASTER SCHOOL DISTRICT
AND THE YWCA OF LANCASTER.

UPMC LITITZ PARTICIPATED IN A COMMUNITY HEALTH NEEDS ASSESSMENT IN
PARTNERSHIP WITH PENN MEDICINE LANCASTER GENERAL HEALTH AND WELLSPAN
HEALTH. THE HEALTH CARE ORGANIZATIONS PROVIDED LEADERSHIP AND OVERSIGHT IN
CONDUCTING A COUNTY WIDE ASSESSMENT. THIS COMMUNITY HEALTH NEEDS
ASSESSMENT RELIED ON COUNTY-LEVEL DATA AND INPUT FROM INDIVIDUALS AND
ORGANIZATIONS TO IDENTIFY THE MOST PRESSING COMMUNITY HEALTH NEEDS.
INFORMATION WAS RECEIVED BY THE COMMUNITY ABOUT HEALTH NEEDS. A SURVEY WAS
CONDUCTED AT COMMUNITY EVENTS IN THE SUMMER OF 2018; 258 SURVEYS WERE
RECEIVED FROM MEMBERS OF THE COALITION TO END HOMELESSNES AND LIGHTEN UP
LANCASTER COUNTY COALITION, STAFF FROM COMMUNITY ACTION PARTNERSHIP AND
HEALTHY BEGINNINGS PLUS, THE LANCASTER COUNTY OFFICE OF AGING, AND

Part VI Supplemental Information (Continuation)

COMMUNITY MEMBERS WHO TOOK THE SURVEY ONLINE OR AT LANCASTER COUNTY'S PRIDE DAY CELEBRATION. THE GOAL OF THE SURVEY WAS TO SAMPLE FROM SELECTED LOCATIONS, ORGANIZATIONS, AND COALITIONS TO GATHER FEEDBACK FROM TRADITIONALLY MARGINALIZED COMMUNITIES, INCLUDING PEOPLE OF COLOR, PEOPLE OF HISPANIC/LANTINO ETHNICITY, AND INDIVIDUALS WHO IDENTIY AS GAY, LESBIAN, BISEXUAL AND/OR TRANSGENDER. IN ADDITION TO THE COMMUNITY SURVEY, UPMC PINNACLE LITITZ, PENN MEDICINE LANCASTER GENERAL HEALTH AND WELLSPAN JOINTLY HOSTED A COMMUNITY FORUM ON DECEMBER 17, 2018.

THE THREE PRIMARY GOALS OF THE FORUM WERE TO:

1. EXPLAIN THE CHNA PROCESS AND THE ROLE OF THE COMMUNITY STAKEHOLDERS
2. PRESENT THE ANALYTICS FRAMEWORK AND PRELIMINARY COMMUNITY HEALTH DATA
3. GATHER INPUT FROM COMMUNITY STAKEHOLDERS, PARTICULARLY THOSE WITH PUBLIC HEALTH EXPERTISE AND INDIVIDUALS AND ORGANIZATIONS SERVING MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS IN LANCASTER COUNTY, ABOUT THE COMMUNITY HEALTH NEEDS AND COMMUNITY RESOURCES.

BASED ON THE SCOPE, SEVERITY, AND COMMUNITY PERCEPTIONS OF SEVERITY AND POTENTIAL IMPACT, LANCASTER COUNTY'S MOST SIGNIFICANT NEEDS FOCUS ON TWO SOCIAL DETERMINANTS:

BEHAVIORAL HEALTH PRIORITIES: ESTABLISHING AND MAINTAINING THE BASIC CONDITIONS THAT SUPPORT HEALTH, INCLUDING ACCESS TO CARE, FAMILY-SUSTAINING INCOMES, ACCESSIBLE TRANSPORTATION, AFFORDABLE AND QUALITY HOUSING, VIOLENCE REDUCTION, AND REDUCTION IN EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCES.

ADVOCATING FOR IMPROVEMENTS IN THE COUNTY'S PHYSICAL ENVIRONMENT:

EMPHASIZING IMPROVED AIR AND WATER QUALITY; SUPPORTING IMPROVED MENTAL

Part VI Supplemental Information (Continuation)

HEALTH INCLUDING REDUCING AND TREATING SUBSTANCE USE AND SUPPORTING ACTIVE LIVING, HEALTH EATING, AND LESS OBESITY.

THESE PRIORITIES WERE ADOPTED BY THE UPMC LITITZ BOARD OF DIRECTORS AND AN INFRASTRUCTURE HAS BEEN ESTABLISHED TO DEVELOP AN IMPLEMENTATION PLAN AROUND THESE PRIORITIES IN 2019.

THE IMPLEMENTATION PLAN IN LITITZ WILL FOCUS ON THE FOLLOWING ACTIONS TO FURTHER THE PRIORITIES LISTED ABOVE:

1. ASSESSING THE VIABILITY OF CREATING PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS TO ADDRESS FAMILY-SUSTAINING INCOMES BY CREATING A PIPELINE FOR A HEALTH CARE WORKFORCE DEVELOPMENT INITIATIVE.

2. ASSESSING CURRENT MENTAL HEALTH SERVICES AND THE GAPS IN THOSE SERVICES.

3. INCREASING LOCAL UNDERSTANDING OF WHAT IS AVAILABLE IN THE COMMUNITY.

- UPMC LITITZ CONDUCTED INTITIAL MEETINGS WITH THE PLAIN COMMUNITY-THE BI-ANNUAL DEACON'S MEETING WITH DEACONS FROM ACROSS THE REGION TO MAKE LEADERS AWARE OF THE NEW SERVICES OFFERED BY UPMC LITITZ, AND TO DISCUSS DISCOUNTS FOR THEIR COMMUNITY AND TO INCREASE PARTNERSHIPS BETWEEN THE MIDWIVES THAT WERE ALREADY KNOWN AND TRUSTED IN THE PLAIN COMMUNITY AND UPMC LITITZ. OVER 60 INDIVIDUALS PARTICIPATED IN THE MEETING.

- WE PROVIDED ONGOING COMMUNICATION REGARDING SERVICES AND OUTREACH AS WELL AS COVID UPDATES VIA OUR UPMC INTERNET.

- UPMC LITITZ IS WORKING WITH PATIENTS-R-WAITING, A NONPROFIT

Part VI Supplemental Information (Continuation)

ORGANIZATION WHOSE MISSION IS TO ELIMINATE HEALTH DISPARITIES BY INCREASING AN INITIATIVE DEDICATED TO INCREASING DIVERSITY IN MEDICINE. UPMC LITITZ HOSTED 22 ACADEMIC MEDICAL STUDENTS AND INTRODUCED THEM TO ROBOT SURGERY AND PULMONARY CRITICAL CARE.

- ASSESSING NUTRITIONAL SERVICES SUCH AS FOOD DESERTS. UPMC LITITZ WILL ASSESS CURRENT HEALTHY LIVING ACTIVITIES OFFERED BY COMMUNITY PARTNERS AND IDENTIFY FOOD INSECURITIES DUE TO LACK OF RESOURCES AND TRANSPORTATION.

THE FAMILY MEDICINE RESIDENCY PROGRAM AND INTERNAL MEDICINE RESIDENCY PROGRAM AT UPMC LITITZ DELIVERED SIGNIFICANT BENEFITS TO THE COMMUNITY BY PROVIDING OVER 6,000 VISITS IN FY 2019/20. THE RESIDENTS SERVE AN URBAN POPULATION AT TWO SITES. THE DEMOGRAPHICS ARE AS FOLLOWS: 9% BLACK, 26% HISPANIC, 58% WHITE, 4% ASIAN. THE UNEMPLOYMENT RATE IS AT 6.5% AND 16% LIVE BELOW THE POVERTY LEVEL. THE MAJORITY OF THE PATIENTS RECIEVE MEDICAL ASSISTANCE.

THE RESIDENCY PROGRAM ALSO PROVIDES SERVICES AT THE SPANISH AMERICAN CIVIC ASSOCIATION. THE DEMOGRAPHICS ARE AS FOLLOWS: 9.7% BLACK, 27% HISPANIC, 53.8% WHITE, 2.6% ASIAN. THE UNEMPLOYMENT RATE IS 7.3% AND 20.5% LIVE BELOW THE POVERTY LEVEL.

ALSO INTERGRATED INTO THE RESIDENCY PROGRAM IS BEHAVIORAL HEALTH AND ADDICTION MEDICINE. TO PROMOTE LOWER RATES OF ADDICTION IN THE COMMUNITY, UPMC LITITZ OFFERS A MEDICALLY ASSISTED TREATMENT PROGRAM THAT PROVIDES BUPRENORPHINE INJECTIONS. THERE ARE 100-120 PATIENT ENCOUNTERS PER MONTH IN THIS PROGRAM. IN ADDITION TO THEIR OUTPATIENT CLINIC, THE UPMC RESIDENCY PROGRAM OFFERS A SECOND SITE 1/2 DAY A WEEK AT THE SPANISH AMERICAN CIVIC ASSOCIATION. THE PROGRAM PRESENTLY HAS 61 ACTIVE PATIENTS

Part VI Supplemental Information (Continuation)

AND PROVIDES A MUCH NEEDED SERVICE TO THE COMMUNITY, ESPECIALLY SINCE NONE OF THESE PATIENTS ARE COMMERCIALY INSURED AND WOULD FACE LARGE BARRIERS IN RECEIVING MEDICATION ASSISTED TREATMENT ELSEWHERE.

PART VI, LINE 3:

PATIENTS ARE INFORMED OF AVAILABLE ASSISTANCE IN NUMEROUS WAYS. SIGNAGE IS POSTED AND LITERATURE IS HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES INDICATING TO THE PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALL UNINSURED PATIENTS WHO ARE SCHEDULED FOR HIGH DOLLAR TESTS AND SURGERIES ARE CONTACTED BY ONE OF THE HOSPITAL'S FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE OPTIONS AVAILABLE TO THEM. THE FINANCIAL ASSISTANCE POLICY IS ALSO DISCLOSED ON THE HOSPITAL WEBSITE, ALONG WITH THE APPLICATION, IN BOTH ENGLISH AND SPANISH. IN ADDITION, ALL INPATIENTS WHO ARE RESIDENTS OF PENNSYLVANIA ARE PROVIDED PERSONAL ASSISTANCE IN THE COMPLETION OF THE MEDICAL ASSISTANCE APPLICATION. AS PART OF THE DISCHARGE PROCESS IN THE EMERGENCY DEPARTMENT, ALL UNINSURED PATIENTS ARE SCREENED FOR CHARITY CARE ELIGIBILITY UNDER THE HOSPITAL POLICY, AND IF APPROPRIATE PROVIDED ASSISTANCE IN APPLYING FOR MEDICAID OR OBTAINING INSURANCE THROUGH HEALTHCARE.GOV. LASTLY, INFORMATION ABOUT FINANCIAL ASSISTANCE IS INCLUDED ON THE PATIENT BILLING STATEMENTS. PROGRAMS DISCUSSED INCLUDE THE PENNSYLVANIA STATE MEDICAID PROGRAM (MEDICAL ASSISTANCE), HOSPITAL CHARITY CARE PROGRAM, AND FUNDS AVAILABLE THROUGH HOSPITAL ENDOWMENT FUNDS.

IN INSTANCES WHEN AN UNINSURED PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY CARE/FINANCIAL ASSISTANCE DISCOUNT, BUT LACKS DOCUMENTATION TO SUPPORT IT, CONSIDERATION WILL BE GIVEN BASED ON CIRCUMSTANCES PRESENTED OR CREDIT

Part VI Supplemental Information (Continuation)

AGENCY INCOME DATA FOR PRESUMPTIVE CHARITY CARE/FINANCIAL ASSISTANCE. THIS WILL INCLUDE, BUT IS NOT LIMITED TO; HOMELESSNESS, NO INCOME, PARTICIPATION IN WOMEN INFANTS AND CHILDREN PROGRAMS (WIC), FOOD STAMP ELIGIBILITY AND OTHER STATE OR LOCAL ASSISTANCE THAT ARE UNFUNDED (E.G. MEDICAID SPEND-DOWN), INFORMATION FROM FAMILY OR FRIENDS, LOW INCOME HOUSING PROVIDED AS A VALID ADDRESS, PATIENT DECEASED WITH NO KNOWN ESTATE, ELIGIBLE FOR STATE FUNDED PRESCRIPTION PROGRAM, AND CREDIT BUREAU SOFT CREDIT CHECKS THAT ARE ONLY SEEN BY THE PATIENT/ GUARANTOR.

PART VI, LINE 4:

UPMC LITITZ IS LOCATED IN LANCASTER COUNTY. KEY FINDINGS FROM THE CHNA INDICATE SOCIAL DETERMINANTS INDICATORS REVEAL NOTABLE CONCERNS ABOUT THE COUNTY'S ECONOMIC STABILITY AND COMMUNITY AND SOCIAL CONDITIONS INCLUDING RATES OF EDUCATIONAL ATTAINMENT. THE MAJOR SOCIAL DETERMINANTS ISSUES FACING THE COUNTY INCLUDE:

- LARGE NUMBERS OF RENTERS STRUGGLING WITH HOUSING AFFORDABILITY
- HIGH RATES OF POVERTY FOR MINORITIES: IN 2016 28.3% OF LATINOS AND 28.8% OF BLACKS COMPARED TO 8% FOR WHITES
- LARGE INCOME DISPARITIES BETWEEN WHITES AND NON-WHITES
- HOURLY WAGE RATES THAT ARE DECREASING FOR PERSONS ON THE LOWER HALF OF THE EARNINGS SCALE
- LOW RATES OF POST-SECONDARY EDUCATIONAL ATTAINMENT
- AN AGING POPULATION
- POOR AIR QUALITY; LANCASTER IS RANKED 13TH NATIONALLY FOR PEOPLE AT RISK BY SHORT-TERM PARTICLE POLLUTION AND IS RANKED 8TH NATIONALLY FOR PEOPLE AT RISK BY YEAR-ROUND PARTICLE POLLUTION
- A POLLUTED PHYSICAL ENVIRONMENT; INDICATORS OF AIR AND WATER QUALITY

Part VI Supplemental Information (Continuation)

PLACE LANCASTER'S PHYSICAL ENVIRONMENT 64TH OUT OF THE STATE'S 67
COUNTIES.

PART VI, LINE 5:

THE ORGANIZATION DEVELOPED AN IMPLEMENTATION PLAN BASED ON THE CHNA
PERFORMED IN 2018 WHICH WAS APPROVED BY THE BOARD IN MAY 2019.
IMPLEMENTATION AS OUTLINED IN LINE 2 HAS BEGUN.

PART VI, LINE 6:

UPMC LITITZ IS PART OF UPMC PINNACLE, A FULLY INTEGRATED, AFFILIATED
HEALTH CARE SYSTEM. THE SYSTEM IS COMPRISED OF ELEVEN WHOLLY OWNED
ENTITIES AS WELL AS A VARIETY OF AFFILIATED JOINT VENTURES. THE
ORGANIZATION'S MISSION IS TO MAINTAIN AND IMPROVE THE HEALTH AND QUALITY
OF LIFE FOR EVERYONE IN CENTRAL PENNSYLVANIA. UPMC PINNACLE IS ENGAGED IN
AND CONDUCTS CHARITABLE, EDUCATIONAL, AND SCIENTIFIC ACTIVITIES THROUGH
THE SUPPORT AND BENEFIT OF PINNACLE HEALTH FOUNDATION, AND PROVIDES
MANAGEMENT AND CONSULTATIVE SERVICES TO AFFILIATED ENTITIES. UPMC PINNACLE
MEDICAL SERVICES AND REGIONAL PHYSICIANS ARE PRIMARILY ENGAGED IN THE
PROVISION OF PHYSICIAN SERVICES TO SUPPORT AND ENHANCE THE SERVICES WITHIN
UPMC PINNACLE. THE UPMC PINNACLE CARDIOVASCULAR INSTITUTE IS ENGAGED IN
PROVIDING COMPREHENSIVE CARDIAC CARE, INCLUDING TECHNOLOGICAL ADVANCES IN
ORDER TO PROVIDE THE BEST CLINICAL OUTCOMES TO THE COMMUNITY. COMMUNITY
LIFE TEAM IS ENGAGED IN PROVIDING COMMUNITY BASED, EFFICIENT AND COST
EFFECTIVE MEDICAL TRANSPORT SERVICES, PRE-HOSPITAL EMERGENCY MEDICAL
SERVICES FOR THE RESIDENTS AND COMMUNITIES OF THE CENTRAL PENNSYLVANIA
YORK REGIONS.

PINNACLE HEALTH VENTURES, INC. WAS FORMED IN 2012 TO CONSOLIDATE VARIOUS

Part VI Supplemental Information (Continuation)

ENTITIES THAT FUNCTION IN SUPPORT OF THE UPMC PINNACLE NETWORK. CURRENTLY INCLUDED IN VENTURES ARE PINNACLE HEALTH IMAGING, MEDCARE SUSQUEHANNA VALLEY, PINNACLE HEALTH ALLBETTERCARE, AND MEDICAL ARTS BUILDING. UNITED CENTRAL PENNSYLVANIA RECIPROCAL RISK RETENTION GROUP IS A WHOLLY OWNED, FOR PROFIT, VERMONT CAPTIVE INSURANCE COMPANY OPERATING FOR THE BENEFIT OF UPMC PINNACLE.

ADDITIONAL HOSPITALS PROVIDING SERVICES AND SUPPORT IN THE UPMC PINNACLE SYSTEM INCLUDE UPMC PINNACLE HOSPITALS, UPMC MEMORIAL, UPMC LITITZ, AND UPMC CARLISLE.

UPMC PINNACLE AND ITS AFFILIATES ARE ACTIVELY INVOLVED IN THE CENTRAL PENNSYLVANIA REGION THROUGH VARIOUS CHARITY AND COMMUNITY BENEFIT ACTIVITIES. THE SYSTEM PROVIDED \$47 MILLION OF CHARITY CARE RECORDED AT CHARGES WITH UPMC LITITZ PROVIDING \$3.8 MILLION.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

PA

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UPMC LITITZ

Employer identification number

82-0844453

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- 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 W. GUARNESCHELLI PRESIDENT AND CEO	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(2) WILLIAM H. FUGH EVP & CFO/TREASURER (RET. 12/19)	(i) 855,192.	(ii) 153,940.	(iii) 204,597.	16,600.	19,459.	1,249,788.	0.
(3) WILLIAM BACHINSKY M.D. DIRECTOR	(i) 615,238.	(ii) 95,291.	(iii) 95,358.	16,600.	14,892.	837,379.	0.
(4) CHRISTOPHER P. MARKLEY, ESQ SEC'Y/SR VP/GENERAL COUNSEL	(i) 486,371.	(ii) 216,119.	(iii) 5,833.	16,600.	19,442.	744,365.	0.
(5) MICHAEL BROOKS TURKEL SVP & PRESIDENT, LANC DIV	(i) 429,675.	(ii) 66,291.	(iii) 71,950.	16,600.	630.	585,146.	0.
(6) ALISON BERNHARDT VP & CFO/TREASURER	(i) 376,555.	(ii) 0.	(iii) 44,108.	12,426.	10,436.	443,525.	0.
(7) MICHAEL A. YOUNG FORMER PRESIDENT/CEO (RES. 3/17)	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(8) DEBORAH WILLWERTH PRESIDENT UPMC LITITZ	(i) 285,672.	(ii) 34,269.	(iii) 34,690.	13,899.	8,008.	376,538.	0.
(9) THOMAS NICHOLSON, M.D. DIRECTOR	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(10) JOHN DELORENZO ASSISTANT SECRETARY	(i) 196,872.	(ii) 25,000.	(iii) 0.	4,040.	6,005.	231,917.	0.
(11) LAURA COPPULA PHARMACIST	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(12) BRIANNA DOHM PHARMACIST SUPERVISOR	(i) 177,665.	(ii) 13,788.	(iii) 0.	10,751.	18,298.	220,502.	0.
(13) DAVID BENNER CLINICAL STAFF PHARMACIST	(i) 150,834.	(ii) 0.	(iii) 0.	9,417.	19,179.	179,430.	0.
	(i) 134,845.	(ii) 3,478.	(iii) 0.	6,682.	18,756.	163,761.	0.
	(i) 142,123.	(ii) 0.	(iii) 0.	7,178.	7,589.	156,890.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 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, LINE 3:

UPMC LITITZ RELIES ON UPMC PINNACLE, A RELATED ORGANIZATION, TO ESTABLISH

THE COMPENSATION FOR THE ORGANIZATION'S CEO. METHODS USED TO ESTABLISH

COMPENSATION BY THE RELATED ORGANIZATION INCLUDE:

- COMPENSATION COMMITTEE

- INDEPENDENT COMPENSATION CONSULTANT

- COMPENSATION SURVEY OR STUDY

- APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD

PART I, LINES 4A-B:

MICHAEL YOUNG, THE FORMER CEO, RECEIVED A SEVERANCE PAYMENT OF \$334,488

DURING THE 2019 CALENDAR YEAR.

UPMC PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO ITS FORMER CHIEF

EXECUTIVE OFFICER (THE "FORMER CEO") THROUGH AN ALTERNATIVE FUNDING

ARRANGEMENT THE IRS CALLS "LOAN-REGIME SPLIT-DOLLAR" ("LRSD"). ALTHOUGH THE

IRS REQUIRES LRSD TO COMPLY WITH THE TAX PRINCIPLES OF A LOAN FOR FEDERAL

INCOME TAX PURPOSES (IRC 7872), LRSD IS NOT AN ACTUAL LOAN AS NO FUNDS ARE

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.

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 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

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

APPLICABLE FEDERAL RATE). THE FORMER CEO'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING NOT ACCESSED DURING LIFE.

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

UPMC LITITZ

Employer identification number
82-0844453

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

LITITZ HOSPITAL IS A FORCE FOR STABILITY, STRENGTH, AND RELIABILITY FOR
THOSE WE SERVE. IN ADDITION TO FINANCIAL SUPPORT, OUTREACH TO THE
COMMUNITY IS CRUCIAL TO ACHIEVING OUR MISSION. THROUGH VOLUNTEERISM AND
ENGAGEMENT, WE STRIVE TO BE A FORCE FOR HEALTH AND WELL-BEING. WE HELP
THE UNDERSERVED, MENTOR STUDENTS, LEND EXPERTISE TO COMMUNITY
ORGANIZATIONS, AND EDUCATE THE COMMUNITY ON DISEASE PREVENTION AND
MANAGEMENT.

COMMUNITY HEALTH IMPROVEMENT SERVICES

TAKING HEALTH CARE BEYOND THE DOORS OF ITS HOSPITALS, CLINICS, AND
OFFICES, AND BRINGING IT INTO THE REGION'S TOWNS, SCHOOLS AND
WORKPLACES, UPMC LITITZ IS HELPING TO CREATE HEALTHIER COMMUNITIES IN
LANCASTER COUNTY. THROUGH ITS CHARITABLE GIVING AND COMMUNITY
INITIATIVES, UPMC LITITZ IS MAKING A DIFFERENCE IN THE HEALTH AND
WELL-BEING OF ITS NEIGHBORS. FROM PUBLIC HEALTH AND WELLNESS
INITIATIVES TO SCHOOL HEALTH SCREENINGS, INSURANCE ENROLLMENT HELP,
HOME-VISIT PROGRAMS, CHARITY CARE, AND FREE HEALTH CLASSES, UPMC LITITZ
PROVIDES BENEFITS TO THE COMMUNITY. UPMC LITITZ OFFERS A VARIETY OF
FREE COMMUNITY PROGRAMS THAT ARE MAKING A DIFFERENCE IN THE LIVES OF
CENTRAL PENNSYLVANIANS EVERY DAY, INCLUDING:

1) HEALTH EDUCATION SEMINARS WERE HELD IN PERSON THROUGH EARLY MARCH,
AND THEN VIRTUALLY FOR THE REST OF THE YEAR. THESE SEMINARS INCLUDED:

- BIENNIAL DEACON'S MEETING

Name of the organization

UPMC LITITZ

Employer identification number

82-0844453

- INTRODUCTION TO THE EIGHT DIMENSIONS OF WELLNESS
- HEART MONTH! COULD I HAVE PERIPHERAL ARTERY DISEASE (PAD)?
- HEART MONTH! COULD I HAVE ATRIAL FIBRILLATION (AFIB)?
- OH MY ACHING BACK!
- THE EIGHT DIMENSIONS OF WELLNESS: THE SPIRITUAL DIMENSION: "WHAT'S MOST IMPORTANT TO YOU AS YOU AGE?"
- AM I FORGETTING SOMETHING?
- CHRONIC SHOULDER PAIN CAUSES AND SOLUTIONS
- BREAKTHROUGH HEART TREATMENTS
- TREATMENT OPTIONS FOR CHRONIC HIP AND KNEE PAIN
- KEEP THE BEAT: WHAT IS NEW WITH ATRIAL FIBRILLATION DIAGNOSIS AND TREATMENT
- FEMALE URINARY INCONTINENCE AND VAGINAL PROLAPSE
- GENETIC RISK FACTORS FOR BREAST CANCER
- BREAST CANCER AWARENESS "THE BEST BREAST IS A CHECKED BREAST"
- IS SPINE PAIN HOLDING YOU BACK?
- NONMEDICATION OPTIONS TO DEAL WITH ANXIETY, STRESS, AND DEPRESSION
- COLON HEALTH, MYTHS AND FACTS
- DIABETES EMPOWER YOURSELF AND KNOW YOUR NUMBERS
- SHOULD I WORRY ABOUT MY VARICOSE VEINS?
- FEMALE-TO-MALE CHEST MASCULINIZATION (TOP SURGERY)
- IMAGINE LIFE WITHOUT REFLUX
- COMMON AIRWAY DISEASES: COPD AND EMPHYSEMA
- FATTY LIVER DISEASE
- CHRONIC KIDNEY DISEASE, NUTRITION, AND TRANSPLANT OPTIONS

2) WELLNESS PROGRAMS WERE PROVIDED, SOME VIRTUALLY, INCLUDING:

Name of the organization

UPMC LITITZ

Employer identification number

82-0844453

- INFANT DEVELOPMENT SCREENINGS
- PREGNANCY AND BIRTHING CLASSES
- DRIVE THROUGH FLU SHOT CLINICS
- SYMPTOMATIC AND NON-SYMPTOMATIC (PRE-SURGICAL) COVID TESTING SITES
- VIDEO VISITS WITH PCPS AND SPECIALISTS, IN LIEU OF IN-PERSON OFFICE VISITS
- NEW VIRTUAL PRIMARY CARE PROGRAM

FORM 990, PART V, LINE 1:

UPMC PINNACLE, THE PARENT ENTITY OF A GROUP OF TAX-EXEMPT ORGANIZATIONS, IS THE COMMON REPORTING AGENT FOR THE GROUP AND FILES ALL 1099 FORMS FOR UPMC PINNACLE LITITZ.

FORM 990, PART VI, SECTION A, LINE 4:

THE FILING ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION TO CHANGE ITS NAME TO UPMC LITITZ.

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

THE SOLE MEMBER OF THE CORPORATION IS UPMC PINNACLE, A FEDERALLY TAX EXEMPT, STATE NONPROFIT ENTITY (EIN 25-1778658).

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

AS SOLE MEMBER OF THE ORGANIZATION, UPMC PINNACLE SHALL ELECT THE BOARD OF DIRECTORS.

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

CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION REQUIRE THE APPROVAL OF

Name of the organization

UPMC LITITZ

Employer identification number

82-0844453

BOTH THE UPMC PINNACLE BOARD AND THE UPMC BOARD, AS THE SOLE MEMBER OF UPMC PINNACLE.

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

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

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

IN THE PERFORMANCE OF THEIR DUTIES TO UPMC PINNACLE, 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 INTERESTS OF UPMC PINNACLE, INCLUDING, BUT NOT LIMITED

Name of the organization

UPMC LITITZ

Employer identification number

82-0844453

TO (A) ENGAGING IN OR SEEKING TO BE ENGAGED IN (I) THE DELIVERY OF HEALTH CARE SERVICES OR (II) THE DELIVERY OF GOODS OR SERVICES TO UPMC PINNACLE, OR (B) ANY TRANSACTION OR ARRANGEMENT WITH UPMC PINNACLE WHICH WOULD RESULT IN BENEFIT TO COVERED PERSONS. THE GOVERNANCE COMMITTEE OF THE UPMC PINNACLE BOARD REVIEWS ALL CONFLICT OF INTEREST STATEMENTS AND DETERMINES WHETHER EACH DIRECTOR ON THE BOARD IS INDEPENDENT. COVERED PERSONS WHO ARE DIRECTORS MUST COMPLY WITH UPMC PINNACLE GUIDELINES FOR DETERMINING DIRECTOR INDEPENDENCE AND APPLYING DIRECTOR INDEPENDENCE REQUIREMENTS. COVERED PERSONS WITH A CONFLICT OF INTEREST SHALL NOT VOTE ON THE MATTER, AND THE UPMC PINNACLE BOARD OR COMMITTEE MUST APPROVE, AUTHORIZE, OR RATIFY THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE NON-INTERESTED DIRECTORS OR COMMITTEE MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM. VIOLATIONS OF THIS STATEMENT OF POLICY MAY SUBJECT COVERED PERSONS TO APPROPRIATE SANCTIONS, INCLUDING REMOVAL FROM THEIR POSITIONS WITH UPMC PINNACLE.

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

Name of the organization

UPMC LITITZ

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COMMITTEE IS FOLLOWING GOOD PRACTICES IN DEALING WITH CONFLICTS OF INTEREST AND IN OBTAINING AND RELYING ON APPROPRIATE COMPARABILITY DATA ON TOTAL COMPENSATION. 3) SELECT AND DIRECTLY ENGAGE AND SUPERVISE ANY CONSULTANT HIRED BY UPMC PINNACLE TO ADVISE THE COMMITTEE ON EXECUTIVE AND PHYSICIAN COMPENSATION. 4) PERIODICALLY EVALUATE THE APPROPRIATENESS OF THIS CHARTER AND THE EFFECTIVENESS OF THE PROCESS THE COMMITTEE USES IN GOVERNING EXECUTIVE AND PHYSICIAN COMPENSATION AND REPORT THIS EVALUATION TO THE 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. 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:

CONTRIBUTED NET ASSETS	21,532,346.
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PART XII, LINE 2B:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PART OF A CONSOLIDATED

Name of the organization

UPMC LITITZ

Employer identification number

82-0844453

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)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

UPMC LITITZ

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

Employer identification number
82-0844453

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

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

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

Schedule R (Form 990) 2019

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, 600 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/JAMESON CANCER CENTER - 20-1459415 600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219	ONCOLOGY SVC	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC JAMESON		X
*JAMESON 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 GRAMPAN 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 PINNACLE - 25-1778658 409 SOUTH SECOND STREET HARRISBURG, PA 17104	SUPPORTING OR	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC		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 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, CODERSPORT, PA 16915	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
*COLE FOUNDATION, INC. - 45-5417308 1001 EAST SECOND STREET CODERSPORT, PA 16915	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	C COLE MEM H		X
*HAMOT COLE VENTURES - 27-3172100 1001 EAST SECOND STREET CODERSPORT, PA 16915	CLINIC SITES	PENNSYLVANIA	501(C)(3)	LINE 12A, I	C COLE MEM H		X
*HENDORN INC. - 23-1972659 1001 EAST SECOND STREET CODERSPORT, 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-FI	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-FI	UPMC WESTERN		X
UPMC - 25-1423657 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	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
*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
*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
*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
	HOME CARE	PA	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) 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	
*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
*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
*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
*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
*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
*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
*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
*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
HANOVER SURGICENTER REAL ESTATE LP - 35-2342993, 300 HIGHLAND AVE, HANOVER, PA 17331	SURGERY CENTER	PA	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) 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	
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	N/A
*OMICELLO 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	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	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	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	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
*PRI-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

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								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	TECHNOLOGY SV	CA	N/A	C CORP	N/A	N/A	N/A		X
SAN MATEO, CA 94401									
*FUENCE HEALTH INC. - 47-2684174									
6425 PENN AVENUE	SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X
PITTSBURGH, PA 15206									
*CURAVI HEALTH INC. - 81-1217377									
6425 PENN AVENUE	HEALTHCARE	DE	N/A	C CORP	N/A	N/A	N/A		X
PITTSBURGH, PA 15206									
*PENSILAMO INC. - 81-2069236									
600 GRANT STREET, 59TH FL	SUPPLY CHAIN	DE	N/A	C CORP	N/A	N/A	N/A		X
PITTSBURGH, PA 15219									
*ALTOONA FAMILY INC. - 25-1444935									
620 HOWARD AVE	MGMT SVCS	PA	N/A	C CORP	N/A	N/A	N/A		X
ALTOONA, PA 16601									
*LEXINGTON HOLDINGS INC. - 25-1794386									
620 HOWARD AVE	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
ALTOONA, PA 16601									
*LEXINGTON ONE INC. - 25-1468889									
620 HOWARD AVE	RENTAL	PA	N/A	C CORP	N/A	N/A	N/A		X
ALTOONA, PA 16601									
*LEXINGTON TWO INC. - 25-1555689									
HOWARD AVE & 7TH ST	DME	PA	N/A	C CORP	N/A	N/A	N/A		X
ALTOONA, PA 16601									
*LEXINGTON FOUR INC. - 25-1793736									
620 HOWARD AVE	HOLDING CO	DE	N/A	C CORP	N/A	N/A	N/A		X
ALTOONA, PA 16601									
*UPMC ALTOONA REGIONAL HEALTH SERVICES -									
25-1219302, 1414 9TH AVENUE, ALTOONA, PA	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
16602									
*LEXINGTON ANESTHESIA ASSOCIATES INC. -									
25-1897765, 620 HOWARD AVE, ALTOONA, PA	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
16601									

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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								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 WILLINGTON 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
*ITTCO I INC. - 82-2590699 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*ITTCO 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	N/A	C CORP	N/A	N/A	N/A		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

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								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	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH IMAGING INC. - 23-1718571 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMAGING SVC	PA	N/A	C CORP	N/A	N/A	N/A		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

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								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
*TTMS, 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 GIANICOLENSI 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 UNITED HEALTH RISK LTD. P.O. BOX 2450 HAMILTON, BERMUDA	REAL ESTATE INSURANCE	DE BERMUDA	N/A N/A	C CORP C CORP	N/A N/A	N/A N/A	N/A N/A		X X

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 entry

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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.

FORM 990, SCHEDULE R, PARTS I THROUGH IV:

ENTITIES REPORTED IN PARTS I THROUGH IV THAT ARE MARKED WITH AN * ARE

NOT TECHNICALLY "RELATED ORGANIZATIONS", AS DEFINED IN THE FORM 990

INSTRUCTIONS AS THE REQUISITE "CONTROL" DID NOT EXIST DURING THE FISCAL

YEAR ENDED JUNE 30, 2020. HOWEVER, BECAUSE THESE ENTITIES ARE

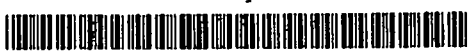
AFFILIATED WITH UPMC AND THE UPMC PARENT ORGANIZATION HOLDS CERTAIN

POWERS WITH RESPECT TO SUCH ENTITIES WE ARE ELECTING TO DISCLOSE THE

ENTITIES AS RELATED ORGANIZATIONS IN SCHEDULE R IN THE INTEREST OF

TRANSPARENCY.

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input checked="" type="checkbox"/> Return document by mail to: <u>CSC Order #: 692400-15 DCB</u> Name [REDACTED] CSC (xx) Return document by email to: <u>cscpa@cscglobal.com</u>	Articles of Amendment Domestic Corporation  TCO190328XX0894
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Read all instructions prior to completing. This form may be

Fee: \$70

Check one: Business Corporation (§ 1915) Nonprofit Corporation (§ 5915)

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
UPMC Pinnacle Llttz

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
(Complete only (a) or (b), not both)

(a) Number and Street	City	State	Zip	County
409 South Second Street	Harrisburg	Pennsylvania	17101	Dauphin

(b) Name of Commercial Registered Office Provider _____ County _____
c/o: _____

3. The statute by or under which it was incorporated: PA Nonprofit Corporation Law of 1988, as amended

4. The date of its incorporation: 02/28/2017
(MM/DD/YYYY)

5. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

The amendment shall be effective on: 07/01/2019 at 12:01 am
Date (MM/DD/YYYY) Hour (if any)

2019 MAR 21 PM 1:19
PA. DEPT. OF STATE

6. Check one of the following:

- The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
- The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate complete, one of the following:

- The amendment adopted by the corporation, set forth in full, is as follows
- The name shall be changed to "UPMC Lititz".

The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

19th day of March, 2019.

UPMC Pinnacle Lititz

Name of Corporation

Christy P. Pinnacle

Signature

Secretary

Title