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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 A For the 2009 Name of organization
UPMC GROUP D Employer identification number B Check if applicable Please use IRS Address change 20-8295721 label or Doing Business As E Telephone number print or Name change type. See Specific (412) 647-2345 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 7,587,019,679 600 GRANT STREET 58TH FLOOR Terminated tions. C/O CORPORATE TAX DEPARTMENT City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15219 Amended return Application pending Name and address of principal officer Is this a group return for Robert DeMichiei affiliates? 600 Grant Street 58th Floor Pittsburgh, PA 15219 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) ( 3 ) **◄** (insert no ) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number ► Website: ► www UPMC COM K Form of organization 🔽 Corporation Trust 🗆 Association 🗀 Other 🕨 M State of legal domicile PA L Year of formation 2006 Part I Summary Briefly describe the organization's mission or most significant activities HEALTHCARE, EDUCATION, AND RESEARCH Activities & Governance Check this box ▶▼ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  .  $\,$  . 26 49,525 Total number of employees (Part V. line 2a) . . . Total number of volunteers (estimate if necessary) . 5,159 5,588,065 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34  $\,$  . 7h -349,671 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 144,254,752 100,620,197 Program service revenue (Part VIII, line 2g) . 6,500,353,209 7,018,255,342 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -24,461,086 24,487,330 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,585,021 85,640 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 6,627,731,896 7,143,448,509 1,703,432 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . 35.862 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 3.198.870.282 3.287.057.330 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,735,909 Ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . 3,232,657,523 3,589,023,405 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,431,563,667 6,877,784,167 19 Revenue less expenses Subtract line 18 from line 12 . 196,168,229 265,664,342 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 4,690,223,886 4,655,682,618 Total liabilities (Part X, line 26) . . 1,498,867,674 855,015,121 22 3,800,667,497 Net assets or fund balances Subtract line 21 from line 20 3,191,356,212 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2011-05-12 Here Signature of officer ROBERT A DEMICHIEI Sr V P and CFO Type or print name and title Preparer's signature Date Check if Preparer's identifying number Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours ERNST & YOUNG US LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 2100 ONE PPG PLACE Phone no (412) 644-7800 PITTSBURGH, PA 15222

May the IRS discuss this return with the preparer shown above? (see instructions) .

Yes ┌ No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

See Schedule O

the prior Form 990 or 990-E27												
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes, describe these changes on Schedule O  4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reports the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service report the amount of grants and allocations to other program service report the amount of grants and allocations to other program service report the amount of grants and allocations to other program service report the amount of grants and allocations to other program service report the amount of grants and allocations to other program service report the amount of grants and allocations to other program service report the amount of grants and allocations to other program service report the amount of grants and allocation service report and allocations and section 4947(a)(1) trusts are required to report the amount of grants and allocations and section 4947(a)(1) trusts are received to report the amount	2						┌ Yes ┌ No					
services?		If "Yes," describe these new services on Schedule O										
Section 501(c)(3) and 501(c)(4) organizations and section 4947 (a)(1) trusts 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 \$ 6,181,846,256 including grants of \$ 1,703,432) (Revenue \$ 7,012,667,277)  SEE SCHEDULE 0  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	3						┌ Yes ┌ No					
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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		If "Yes," describe the	ese changes on Sch	dule O								
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Section 501(c)(3) ar	nd 501(c)(4) organız	ations and secti	on 4947(a)(1) trusts a	re required to report the amo	•					
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	•	) (Expenses \$	6,181,846,256	including grants of \$	1,703,432 ) (Revenue \$	7,012,667,277 )					
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)					
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4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )												
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4- T-1-1					<u> </u>	/ (Nevenue p	,					

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"		Yes	110
_	complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Yes	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form	Form 990 (2009)										
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance									
				Yes	No						
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal									

1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1,034			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶IT , EI , CY , UK  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

600 GRANT STREET 58TH FLOOR

PITTSBURGH, PA 15219

(412) 647-2345

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a b	Enter the number of voting members of the governing body 1a 67  Enter the number of voting members that are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	-		
2	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	h 🕨
	ROBERT A DEMICHIEI			

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

												•
Lb Total .					-				<b>F</b>	67,453,249	6,331,726	8,569,915

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 2,820

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

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
PJ Dick Contracting INc 1020 Lebanon Road PITTSBURGH, PA 15122	GENERAL CONTRACTOR	35,688,196
MBM Contracting Inc 4999 Old Clairton Road PITTSBURGH, PA 15236	GENERAL CONTRACTOR	20,227,397
Massaro Corp 120 Delta Drive PITTSBURGH, PA 15238	General Contractor	17,715,288
Center for Organ Recovery and Educa 204 Sigma Drive PITTSBURGH, PA 15237	Organ Recovery	16,717,032
Bridges Construction 1300 Brighton Road PITTSBURGH, PA 15233	General Contractor	11,836,464
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►219	) who received more than	

Form 9	•	·						Page <b>9</b>
Part	<b>/1111</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
表表	1a	Federated cam	paigns 1a	152,826				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
ωĔ	c	Fundraising eve	ents 1c	974,133				
£ a	d	Related organiz	zations 1d	21,759,267				
%.E	e	Government grant	s (contributions) <b>1e</b>	35,505,558				
្តី	f	All other contribution	ons, gifts, grants, and 1f	42,228,413				
ਰ ਵਾਲੇ	g	sımılar amounts no Noncash contri	ot included above ibutions included in	-				
±° c	-	lines 1a-1f \$ _	20,536					
္မ	h	Total. Add lines	s 1a-1f	<b>*</b>	100,620,197			
<u> </u>				Business Code				
illa	2a	NET PATIENT REV		621,500	5,179,024,568	5,176,836,934	2,187,634	
Program Service Revenue	Ь	OTHER PATIENT SI	ERV	541,900	303,292,702	303,045,632	247,070	
93	c	OTHER PROG SRV	REV	561,000	1,529,541,602	1,526,388,241	3,153,361	
e. E	d	FEES AND CONTRA	ACTS FROM GOV'T		13,313,641	13,313,641		
ج د	e	JOINT VENTURE R	EVENUE		-6,917,171	-6,917,171		
<u>e</u>	f	All other progra	am service revenue		, ,	, ,		
<u>Ş</u>								
	g 3		s 2a-2f		7,018,255,342			
			ome (including dividen ar amounts)	-	18,743,437			18,743,437
	4		stment of tax-exempt bond	-	0			, ,
	5	Royalties		▶ ↑	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	447,217,915	1,671,768				
	Ь	than inventory Less cost or	442,544,115	601,675				
	-	other basis and sales expenses						
	c	Gain or (loss)	4,673,800	1,070,093				
	d	Net gain or (los	s)		5,743,893			5,743,893
Other Revenue	8a	events (not inc \$	rom fundraising luding ,133 s reported on line 1c)					
ěve			ne 18					
Ē	_		a	236,233				
ţ.	b		penses b	425,380	-189,147			-189,147
0	c 9a		(loss) from fundraising	events F	-109,147			-109,147
			ne 19					
	ь		penses <b>b</b>					
	С		(loss) from gaming acti	vities •	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inve		0			
		Miscellaneou		Business Code	27. 705			274 747
	11a b	INTEREST RAT	TE SWAP MARK		274,787			274,787
	c							
	d	All other reven	ue					
	e	Total. Add lines			274,787			
	12	Total revenue.	See Instructions .	`.	7,143,448,509	7,012,667,277	5,588,065	24,572,970

## 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) but are not required to complete columns (B), (C), and (D).								
			(B)	(c)	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations							
	in the U.S. See Part IV, line 21	1,703,432	1,703,432					
2	Grants and other assistance to individuals in the							
	U S See Part IV, line 22	0						
3	Grants and other assistance to governments,							
•	organizations, and individuals outside the U.S. See	0						
4	Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	56,596,335	21,275,082	35,321,253				
6	Compensation not included above, to disqualified persons							
	(as defined under section $4958(f)(1)$ ) and persons	1 201 020	1 110 420	92.600				
_	described in section 4958(c)(3)(B)	1,201,039	1,118,430	82,609	25.000			
7	Other salaries and wages	2,691,359,296	2,317,864,889	373,529,407	-35,000			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	116,652,224	95,993,980	20,658,244				
9	Other employee benefits	282,700,038	250,514,357	32,185,681				
10	Payroll taxes	138,548,398	120,762,566	17,785,832				
11	Fees for services (non-employees)							
а	Management	9,756,154	6,302,038	3,454,116	_			
Ь	Legal	5,587,361	1,355,572					
_	Accounting	3,089,162	186,970	2,902,192				
٠.			100,570	<del>                                     </del>				
d	Lobbying	2,084,711		2,084,711				
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	1,322,995	1,110,711	· · ·				
g	Other	72,411,374	68,563,967	3,847,407				
12	Advertising and promotion	13,785,100	13,785,100					
13	Office expenses	61,822,300	42,154,766	19,656,541	10,993			
14	Information technology	71,312,549	28,773,044	42,528,856	10,649			
15	Royalties	0						
16	Occupancy	179,283,655	163,755,518	15,082,008	446,129			
17	Travel	11,367,467	9,324,155	2,043,312				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	2,719,347	2,285,005	434,342				
20	Interest	4,283,099	4,141,600	141,499				
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	317,082,066	316,813,671	268,395				
23	Insurance	75,185,823	74,785,485	400,338				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	·	•					
а	MEDICAL EXPENSES	1,206,609,425	1,206,609,425					
b	MEDICAL/PATIENT SUPPLIES	326,090,802	326,090,802					
c	DRUGS	241,350,705	241,350,705	<del>                                     </del>				
d	BAD DEBT	226,438,607	226,438,607					
	MEDICAL IMPLANTS	204,198,748	204,198,748					
f	All other expenses	553,241,955	434,587,631	115,351,186	3,303,138			
25	Total functional expenses. Add lines 1 through 24f	6,877,784,167	6,181,846,256	692,202,002	3,735,909			
26	Joint costs. Check here ► ☐ If following SOP 98-2	0,077,704,107	0,101,040,230	032,202,002	3,733,303			
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			5,140,263	1	8,868,894
	2	Savings and temporary cash investments			72,960,142	2	77,039,245
	3	Pledges and grants receivable, net				3	
Assets	4	Accounts receivable, net			654,726,155	4	613,346,708
	5	Receivables from current and former officers, directors, truste highest compensated employees Complete Part II of	ees, ke	y employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ Complete Part I					
		Schedule L				6	
	7	Notes and loans receivable, net			16,046,816	7	15,717,016
	8	Inventories for sale or use			20,661,366	8	19,948,295
⋖	9	Prepaid expenses and deferred charges			15,366,504	9	15,827,758
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	5,024,334,465			
	ь	Less accumulated depreciation	10b	2,529,803,335	2,520,226,302	10c	2,494,531,130
	11	Investments—publicly traded securities			254,696,637	11	187,343,917
	12	Investments—other securities See Part IV, line 11	105,700,095	12	29,461,929		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14	12,109,125		
	15	Other assets See Part IV, line 11			1,024,699,606	15	1,181,488,601
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			4,690,223,886	16	4,655,682,618
	17	Accounts payable and accrued expenses .			281,427,382	17	270,015,590
	18	Grants payable				18	
	19	Deferred revenue			20,594,806	19	16,763,195
	20	Tax-exempt bond liabilities			0	20	0
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Sched	dule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, k employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parti	es .		2,991,434	23	0
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			1,193,854,052	25	568,236,336
	26	Total liabilities. Add lines 17 through 25			1,498,867,674	26	855,015,121
s e s		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and conthrough 29, and lines 33 and 34.	mplet e	lines 27			
g.	27	Unrestricted net assets			2,821,957,470	27	3,412,611,449
Balance	28	Temporarily restricted net assets			229,692,709	28	251,823,524
돧	29	Permanently restricted net assets			139,706,033	29	136,232,524
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌	and co	mplete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Š	33	Total net assets or fund balances			3,191,356,212	33	3,800,667,497
_	34	Total liabilities and net assets/fund balances	4,690,223,886	34	4,655,682,618		

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

**Employer identification number** 

### OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

UPMC GROUP

## **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. ▶ See separate instructions.

	20-8295721			
Part	I Reason for Public Charity Status (All organizations must complete this part.) See instr	uctions		
The org	anization is not a private foundation because it is (For lines 1 through 11, check only one box )			
1 [	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2 [	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )			
з Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
<b>4</b> 「	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(</b> hospital's name, city, and state	<b>A ) (iii).</b> Ente	r the	
5 Г	An organization operated for the benefit of a college or university owned or operated by a governmental usection 170(b)(1)(A)(iv). (Complete Part II)	ınıt describe	- d ın	
6 Г	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 described in section 170(b)(1)(A)(vi) (Complete Part II)	the general	public	
8 Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )			
9 [	An organization that normally receives (1) more than 331/3% of its support from contributions, member	ship fees, ar	nd gros	SS
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more t	han 331/3%	of	
	its support from gross investment income and unrelated business taxable income (less section 511 tax	) from busine	sses	
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )			
<b>10</b>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to coone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Functionally integrated  d		a)(3).	Check
e 「	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described is section 509(a)(2)			
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III check this box	supporting o	rganız	ation,
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
	(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
	and (III) below, the governing body of the the supported organization?	11g(i)		No
	(ii) a family member of a person described in (i) above?	11g(ii)		No
	(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Νο
h	Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii)  Type of  organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
SEE SCHEDULE A SUPPLEMENTAL INFORMATION	000000000	03		No					0
_									
Total									

# Support Schedule for Organizations Described in IRC 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.)

<u> </u>	ection A. Public Support	ou checked the	box on line 3,	7, 01 0 01 1 410	1./			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	( <b>e</b> ) 2009	,	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	:			12,694,260	6,979	9,705	19,673,965
2	grants ") 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							
4	the organization without charge <b>Total.</b> Add lines 1 through 3				12,694,260	6,979	<del>)</del> ,705	19,673,965
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	<b>Public Support.</b> Subtract line 5 from line 4	n						19,673,965
S	ection B. Total Support	-	•	•	•			
Cale	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		<b>(f)</b> Total
7	beginning in) A mounts from line 4				12,694,260	6,979	.705	19,673,965
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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets				30,402		0	30,402
11	Total support (Add lines 7 through 10)							19,704,367
12	Gross receipts from related activit	ies, etc (See ins	tructions )			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ıon's first, secon	d, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganız	ation, ▶┌
S	ection C. Computation of Pu	blic Support I	Percentage					_
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	11 column (f))		14		99 846 %
15	Public Support Percentage for 200	8 Schedule A, Pa	art II, line 14			15		99 761 %
	33 1/3% support test—2009. If the and stop here. The organization qu	alıfıes as a public	ly supported org	anızatıon		,		<b>►</b>   <b>▽</b>
b	<b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organizatio				.6a, and line 15 is .	33 1/3% orr	nore,	check this
17a	10%-facts-and-circumstances test is 10% or more, and if the organiza	<b>—2009.</b> If the org	janization did not facts and circum:	check a box on l stances" test, ch	eck this box and <b>st</b>	op here. Ex	plaın	·
b	<ul><li>in Part IV how the organization me organization</li><li>10%-facts-and-circumstances test</li></ul>			_				ea ▶□
-	15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets th	ne "facts and circ	umstances" test	, check this box an	d stop here.		
18	supported organization  Private Foundation If the organization	tion did not checl	k a box on line 13	3, 16a, 16b, 17a	or 17b, check this	box and see		►□

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do 1,623,424 424,006 2,047,430 not include any "unusual arants ") Gross receipts from admissions. merchandise sold or services performed, or facilities furnished 1,214,423,842 1,523,888,856 2,738,312,698 in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or husiness under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,216,047,266 1,524,312,862 2,740,360,128 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons A mounts 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 Public Support (Subtract line 7c 2,740,360,128 from line 6) Section B. Total Support Calendar vear (or fiscal year (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 1,216,047,266 1,524,312,862 2,740,360,128 9 Amounts from line 6 10a Gross income from interest, dividends, payments received 3,309,933 5,283,932 8,593,865 on securities loans, rents, royalties and income from sımılar sources Unrelated business taxable income (less section 511 94,890 247,070 341,960 taxes) from businesses acquired after June 30, 1975 3,404,823 5,531,002 8,935,825 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 1,219,452,089 1.529.843.864 2.749.295.953 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) 15 99 675 % Public support percentage from 2008 Schedule A, Part III, line 15 16 99 721 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) 17 17

Investment income percentage from 2008 Schedule A, Part III, line 17

0 325 % 0 279 % 18

19a 33 1/3% support tests—2009. 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 ▶▽

33 1/3% support tests-2008. 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

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

#### **Explanation**

REASON FOR NON-PRIVATE FOUNDATION STATUS UPMC PRESBYTERIAN SHADYSIDE Foundation Status 3 CHILDREN'S HOSPITAL OF PITTSBURGH OF THE UPMC HEALTH SYSTEM Foundation Status 3 MAGEE-WOMENS HOSPITAL OF UPMC Foundation Status 3 UPMC ST MARGARET Foundation Status 3 UPMC PASSAVANT Foundation Status 3 UPMC HORIZON Foundation Status 3 UPMC NORTHWEST Foundation Status 3 UPMC BRADDOCK Foundation Status 3 UPMC MCKEESPORT Foundation Status 3 UPMC BEDFORD Foundation Status 3 UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES Foundation Status 3 UPMC HORIZON COMMUNITY HEALTH FOUNDATION Foundation Status 11 ,Type 1 UNIVERSITY OF PITTSBURGH PHYSICIANS Foundation Status 3 COMMUNITY CARE BEHAVIORAL HEALTH Foundation Status 9 UPMC MERCY Foundation Status 3 MERCY PRIMARY CARE, INC Foundation Status 9 PASSAVANT PROFESSIONAL ASSOCIATES, INC Foundation Status 9 UPMC COMMUNITY MEDICINE, INC Foundation Status 3 COMMUNITY FAMILY HEALTH CENTERS, INC Foundation Status 3 HEALTH CENTER DEVELOPMENT Foundation Status 11 ,Type 1 UPMC EMERGENCY MEDICINE, INC Foundation Status 9 UPMC OCCUPATIONAL MEDICINE, INC Foundation Status 9 SUGARCREEK STATION Foundation Status 3 VISITING NURSES ASSOCIATION OF VENANGO COUNTY Foundation Status 9 CRANBERRY PLACE Foundation Status 9 THE HERITAGE SHADYSIDE Foundation Status 9 UPMC COMMUNTIY PROVIDER SERVICES Foundation Status 9 UPMC BEHAVIORAL HEALTH SERVICES Foundation Status 11 ,Type 2 UPMC INTERNATIONAL HOLDINGS, INC Foundation Status 11, Type 2 UPMC OVERSEAS, INC Foundation Status 11, Type 2 THE CENTER FOR BIOSECURITY OF THE UNIVERSITY OF PITTSBURGH MEDICAL CENTER, INC Foundation Status 4 UNIVERSITY HEALTH CENTER OF PITTSBURGH Foundation Status 11 ,Type 2 UPMC IMITS Foundation Status 7 UPMC For You Foundation Status 9 UPMC MCKEESPORT PHYSICIANS, INC Foundation Status 3 CENTER FOR EMERGENCY MEDICINE OF WESTERN PA Foundation

Entity UPMC Horizon Community Health Foundation (i) Name of Supported Organization UPMC Horizon (ii) EIN 25-0523970 (iii) Type of Organization 3 (iv) Organization Listed In Governing Documents Yes (v) Notify Organization of Your Support Yes (vi) Organized in US Yes Entity Health Center Development (i) Name of Supported Organization UPMC PRESBYTERIAN SHADYSIDE (ii) EIN 25-0965480 (III) Type of Organization 3 (IV) Organization Listed In Governing Documents NO (V) Notify Organization of Your Support YES (VI) Organized in US YES Entity UPMC Behavioral Health Services (i) Name of Supported Organization UPMC Presbyterian Shadyside (ii) EIN 25-0965480 (III)Type of Organization 11 (IV) Organization Listed In Governing Documents No (V) Notify Organization of Your Support Yes (vi) Organized in US Yes Entity UPMC International Holdings Inc (i) Name of Supported Organization UPMC Presbyterian Shadyside (II) EIN 25-0965480 (III) Type of Organization 3 (IV) Organization Listed In Governing Documents Yes (V) Notify Organization of Your Support Yes (vi) Organized in US Yes Entity UPMC Overseas (i) Name of Supported Organization UPMC Presbyterian Shadyside (ii) EIN 25-0965480 (III) Type of Organization 3 (IV) Organization Listed In Governing Documents Yes (V) Notify Organization of Your Support Yes (vi) Organized in US Yes Entity University Health Center of Pittsburgh (i) Name of Supported Organization UPMC Presbyterian Shadyside (ii) EIN 25-0965480 (iii) Type of Organization 3 (iv) Organization Listed In Governing Documents Yes (v) Notify Organization of Your Support Yes (vi) Organized in US Yes Entity University Health Center of Pittsburgh (i) Name of Supported Organization Magee-Womens Hospital of UPMC (II) EIN 25-0965420 (III) Type of Organization 3 (IV) Organization Listed In Governing Documents Yes (V) Notify Organization of Your Support Yes (vi) Organized in US Yes Entity University Health Center of Pittsburgh (i) Name of Supported Organization Children's Hospital of Pittsburgh of the UPMC Health System (ii) EIN 25-0402510 (iii) Type of Organization 3 (iv) Organization Listed In Governing Documents Yes (v) Notify Organization of Your Support Yes (vi) Organized in US Yes Entity Center for Emergency Medicine (i) Name of Supported Organization UPMC Presbyterian Shadyside (ii) EIN 25-0965480 (iii) Type of Organization 3 (iv) Organization Listed In Governing Documents Yes (v) Notify Organization of Your Support Yes (vi) Organized in US Yes Entity Center for Emergency Medicine (i) Name of Supported Organization Children's Hospital of Pittsburgh of the UPMC Health System (ii) EIN 25-0402510 (III) Type of Organization 3 (IV) Organization Listed In Governing Documents Yes (V) Notify Organization of Your Support Yes (VI) Organized in US Yes Entity Center for Emergency Medicine (i) Name of Supported Organization UPMC Mercy (ii) EIN 25-0965429 (iii) Type of Organization 3 (iv) Organization Listed In Governing Documents Yes (v) Notify Organization of Your Support Yes (vi) Organized in US Yes

Part II Support Schedule for Organizations Section B Total Support Line 10 Other Income Column (e) is Miscellaneous Income Part II and Part III Support Schedule for Organizations Columns (a) through (d) PRIOR YEAR INFORMATION FOR PARTS II AND 111 OF SCHEULE A IS NOT COMPLETED AS IT WAS NOT REQUIRED FOR FILING PURPOSES IN THOSE PERIODS

DLN: 93493133020151

#### OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

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

	me of the organization 1C GROUP			Employe	rıde	ntıfıca	tion numbe	r
Dar	t I-A Complete if the ord	ganization is exempt under s	section 501/a	20-829			anizatio	
		<del>-</del>			1 JZ	, org	<u>  a 1112 a ti 0</u>	<u></u>
1 2	Provide a description of the org	ganization's direct and indirect politic	ai campaign acti	ivities in Part IV	_	_		
3	Volunteer hours			•		\$		
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c	:)(3).				
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		•	\$ <u></u>		
2	Enter the amount of any excise	tax incurred by organization manage	ers under section	14955	•	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?				☐ Yes	┌ No
4a	Was a correction made?						☐ Yes	☐ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c	c) except section	n 50	<b>1(c)</b>	(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	ction 527 exemp	t function activities	<b>F</b>	\$		
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to oth	ner organizations	for section 527	<b>.</b>	\$		
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	ind on Form 112	0-POL, line 17b	<b>F</b>	¢		
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?				₽ —	┌ Yes	┌ No
5	were made For each organizati contributions received that wei	nd employer identification number (EI on listed, enter the amount paid from re promptly and directly delivered to a ittee (PAC) If additional space is ne	the filing organi: a separate polition	zation's funds Also e cal organization, sucl	nter	the an	nount of po	litical
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid of filing organization funds. If none, ento	n's	coi dir	A mount of ntributions and prompt ectly delive separate po	received ly and ered to a

			filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For Privacy Act and Paperwork Reduction	l on Act Notice, see the instructions for F	orm 990.	t No 50084S Schedule C (I	Form 990 or 990-E7\ 2009

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,				
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)					
c	Total lobbying expenditures (add lines 1a and 18	b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines 1	c and 1d)						
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00				
	Over \$17,000,000	\$1,000,000						
		•						
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)						
h	Subtract line 1g from line 1a If zero or less, enter	er -0-						
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -						
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No		
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five		
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots non-taxable amount							

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

		(a	1)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?	Yes			
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		67,404	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,017,307	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			2,084,711	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
ь	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c	)(5), o	r section	

## 501(c)(6).

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

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

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

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Additional Information		UPMC Group Entities do not engage in any direct or indirect political activity. Part II-B UPMC Group maintains a department of government relations whose primary function is to maintain contact with elected and appointed officials at the federal, state, and local levels. The department promotes legislative actions with respect to healthcare related issues that could impact the organization.

1

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As Filed Data

DLN: 93493133020151

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization UPMC GROUP 20-8295721 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

		(a) Donor advised funds	(	<b>b)</b> Funds and o	other accou	ınts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the	_	donor advı	sed	☐ Yes	┌ No
•	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit		•		☐ Yes	┌ No
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes	" to Form	າ 990, Part I\	V, line 7.	
L	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space				•	a a
2	Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	ualified conservation contribution in the fo	orm of a co	nservation		
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen	nts	2b			
c	Number of conservation easements on a certified historic structure included in (a)					
d	Number of conservation easements included in (c	2d				
3	Number of conservation easements modified, tran	sferred, released, extinguished, or termin	ated by th	e organization	during	
1	Number of states where property subject to conse	rvation easement is located be				

2	Number of consequences and sind transferred relationship of consequences and but the consequences displayed
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
	the taxable 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?
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►
7	A mount of expenses incurred in monitoring, inspecting, 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 $170(h)(4)(B)(II)$ ?
9	In Part XIV, 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
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

**►**\$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

ali.	Organizations Maintaining Co	ilections of Art	, HISTO	<u>ricai ire</u>	asures, or C	<i>i</i> tne	er Similai	ASSE	ets (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the f	ollowing th	at are a signific	ant ı	use of its co	llection	n	
а	Public exhibition		d [	Loan or	exchange prog	rams	5			
b	Scholarly research		е Г	- Other						
С	Preservation for future generations									
	Provide a description of the organization's co Part XIV	ollections and expla	ın how th	iey further	the organization	n's e	xempt purp	ose in		
•	During the year, did the organization solicite assets to be sold to raise funds rather than						nılar	Г	Yes	┌ No
a r	t IV Escrow and Custodial Arrang					:d "ነ	es" to For	m 990	),	
	Part IV, line 9, or reported an ar			•						
а	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary for	contributi	ons or other as:	sets	not	Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	√ and complete the	following	table						
	•	·	_					A mou	ınt	
c	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
а	Did the organization include an amount on F	orm 990, Part X, line	e 21?				•	Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete		n answe	red "Yes'	' to Form 990	, Pa	rt IV, line	10.		
		(a)Current Year	( <b>b)</b> Pr	or Year	(c)Two Years Bad	k (c	<b>I)</b> Three Years	Back (e	Four Ye	ears Back
3	Beginning of year balance	14,905,084		18,739,823						
b	Contributions	31,809,381		342,274		_				
C	Investment earnings or losses	3,095,947		-4,063,202						
d	Grants or scholarships					$\perp$				
e	Other expenditures for facilities and programs	2,492,204		113,811						
f	Administrative expenses									
g	End of year balance	47,318,208		14,905,084		+				
:	Provide the estimated percentage of the year	r end balance held a	95					I		
a	Board designated or quasi-endowment									
ь	Permanent endowment • 100.000 %									
	remanent endowment P									
c a	Term endowment ►  Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held :	and administere	d for	the			
_	organization by	oonon or the organiza				u .o.			Yes	No
	(i) unrelated organizations							3a(i)		Νo
	(ii) related organizations							3a(ii)	Yes	
	If "Yes" to 3a(II), are the related organizatio					٠		3b	Yes	
	Describe in Part XIV the intended uses of th				0 Davit V Ivaa	10				
ar	t VI Investments—Land, Building	s, and Equipme		Form 999 Cost or othe	5r T					
	Description of investment		'	basis investment)	(b)Cost or oth basis (other)		(c) Accumula depreciatio		( <b>d</b> ) Boo	k value
a I	Land				131,406,	543			13:	1,406,544
b I	Buildings				2,969,175,	904	1,277,42	4,675	1,69	1,751,229
c I	Leasehold improvements				40,572,	407	26,35	0,831	14	1,221,576
d I	Equipment				1,691,460,	033	1,162,53	2,395	528	3,927,638
e	Other				191,719,	577	63,49	5,434	128	3,224,143

2,494,531,130

Part VIII Investments—Other Securities. See I	orm 990, Part X, line 1	2.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		l of valuation year market value
Financial derivatives		003:01:0110:01	y car market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	( <b>b</b> ) Book value		of valuation
	, ,	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip	tion		(b) Book value
DUE FROM AFFILIATE			498,001,210
BENEFICIAL INT IN FOUNDATION			272,521,360
INVESTMENTS WITH RELATED ORGS			177,973,486
LONG TERM BUILDING LEASE			30,255,734
L-T OTHER INVEST (FAS 124)			28,572,781
INVESTMENT IN HC PHARMACY			19,893,316
OTHER ASSETS			7,852,684
OTHER ASSETS			146,418,030
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5 )	L	1,181,488,601
Part X Other Liabilities. See Form 990, Part X			1,101,400,001
1 (a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes	0		
DUE TO AFFILIATE	149,212,704		
DUE TO THIRD PARTY PAYORS	10,985,032		
INSURANCE LIABILITIES	31,614,081		
OTHER CURRENT & LT LIABILITIES	333,211,823		
PATIENT DEP/CRED BALANCES	27,543,210		
CATHOLIC HEALTH EAST - MERCY	12,600,123		
ACCRUED WORK COMP (LT AND ST)	1,369,363		
ASSET RETIREMENT OBLIGATIONS	1,700,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	568,236,336		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,143,448,509
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,877,784,167
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	265,664,342
4	Net unrealized gains (losses) on investments	4	17,741,177
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	325,905,766
9	Total adjustments (net) Add lines 4 - 8	9	343,646,943
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	609,311,285
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	<u></u> ırn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	turn
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	7	
c	Other losses	7	
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV)	_	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
C	what this want to may use the decomptions were used for Dort II lines 2. F. and 0. Dort III lines 1. and 4. D	a = 11/ 1	16 176

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V		Endowment funds will be utilized to carry on the exempt mission of the hospital entities
Part X	I	There is no FIN48 footnote disclosure in the consolidated audited financial statements of UPMC
Part XI Reconciliation of Change in Net Assets from Form 990 Fin Stmt		Transfer from Exempt Parent 354,617,975 Beneficial Interest in Foundations - 9,924,707 Net Restricted SPF Activity - 7,321,584 Other Changes 1,600,873 Transfers from Exempt Affiliates - 13,066,791 Total Other Net Changes 325,905,759 An external audit is completed at a consolidated UPMC system level only, including UPMC and all taxable and tax-exempt subsidiaries

#### **Additional Data**

Software ID: Software Version:

EIN: 20-8295721
Name: UPMC GROUP

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
DUE FROM AFFILIATE	498,001,210
BENEFICIAL INT IN FOUNDATION	272,521,360
INVESTMENTS WITH RELATED ORGS	177,973,486
LONG TERM BUILDING LEASE	30,255,734
L-T OTHER INVEST (FAS 124)	28,572,781
INVESTMENT IN HC PHARMACY	19,893,316
INVEST IN CANCER CTR EXEMPTORG	7,852,684
OTHER ASSETS	146,418,030

#### Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) A mount
DUE TO AFFILIATE	149,212,704
DUE TO THIRD PARTY PAYORS	10,985,032
INSURANCE LIABILITIES	31,614,081
OTHER CURRENT & LT LIABILITIES	333,211,823
PATIENT DEP/CRED BALANCES	27,543,210
CATHOLIC HEALTH EAST - MERCY	12,600,123
ACCRUED WORK COMP (LT AND ST)	1,369,363
ASSET RETIREMENT OBLIGATIONS	1,700,000

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As Filed Data -

DLN: 93493133020151

OMB No 1545-0047

2009

**SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

Totals.

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

**Inspection** 

Name of the organization UPMC GROUP					Employer ide	ntification number
OFMC GROOF					20-829572:	L
Part I General Infor "Yes" to Form 9			de the United States	<b>s.</b> Complete	e if the organ	nization answered
1 For grantmakers. Doe assistance, the grante	es the organiza es' eligibility fo	tion maintain r or the grants or	ecords to substantiate assistance, and the se	lection crite	rıa used to a	ward
2 For grant makers. Descri United States	be in Part IV the	organization's pr	rocedures for monitoring th	ne use of grar	nt funds outsıd	e the
3 Activites per Region (Us	se Schedule F-1	(Form 990) ıf adı	ditional space is needed )			
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progradescribe sp	ty listed in (d) am service, ecific type of s) in region	(f) Total expenditures for region
Middle East and North Africa	1	26	Program Services	IMPROVE E CARE	MERGENCY	10,521,666
Middle East and North Africa	0	0	Unrelated Trade or Business			1,426,69
South America	0	0	Program Services	Education		(
Europe (Including Iceland and Greenland)	1	0	Program Services	Transplant S	ervices	(

11,948,359

Part IV	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►				
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	ın Part I, line 2, and any additional information.  Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133020151

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number UPMC GROUP Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					report	ted
		,	(a) Event #1	<b>(b)</b> Event #2				
			Steeler Style (event type)	Andy Russell (event type)	(total number)	col <b>(c)</b> )		
Mue	1	Gross receipts	752,825	259,185			1,21	0,366
Reveilue	2	Less Charitable contributions	600,225	207,463	166,445		97	4,133
	3	Gross income (line 1 minus line 2)	152,600	51,722	31,911		23	6,233
	4	Cash prizes			1,300			1,300
မှာ	5	Non-cash prizes		18,953	1,561		2	0,514
esue	6	Rent/facility costs		44,501	31,631		7	6,132
Expenses	7	Food and beverages	65,692	33,901	18,592		11	8,185
Direct	8	Entertainment		3,900	9,585		1	3,485
Δ	9	Other direct expenses .	162,633	18,816	14,316		19	5,765
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🕨		42	5,381
	11	Net income summary Combine lii	<u> </u>					9,148
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ganization answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Tot (Add col		
Reveilue				bingo/progressive bingo			(a) (ii (c))	rougn
쬬	1	Gross revenue						
<u>۔</u>		Cash prizes						
Expenses		Non-cash prizes						
ă		·						
Direct	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	┌ Yes			
	7	L Direct expense summary Add lines	2 through Eun column (	طار ا	<u> </u>			
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line /	<u> <del>F</del></u>		Yes	No
9		er the state(s) in which the organiza						
a b		he organization licensed to operate No," Explain	gaming activities in each	n of these states?		· 9a		
_	_					_		
10a	— Wer	re any of the organization's gaming l	icenses revoked, suspen	ided or terminated during	the tax year?	10a		
b	If"\	Yes," Explain						
11		es the organization operate gaming a				11		<u> </u>
12		he organization a grantor, beneficial ned to administer charitable gaming				.		
					Schedule G (Form 9	12 990 or 990-	EZ) 20	109

Indicate the percentage of gaming activity operated in  The organization's facility  An outside facility  Inter the name and address of the person who prepares the organization's gaming/special events books and records  Name  Address  Address  If "ves," enter the amount of gaming revenue received by the organization receives gaming revenue?  If "ves," enter the amount of gaming revenue received by the organization   If "ves," enter name and address  Name  Address  Caming manager information  Name  Gaming manager compensation   Small   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license?	Yes No
b An outside facility	
Name ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the organization F \$ and the amount of gaming manager information  Name F Baming manager information  Name F Description of services provided F Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name ►  Address ►  L5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$  C If "Yes," enter name and address  Name ►  Address ►  Gaming manager information  Name ►  Gaming manager compensation ► \$  Description of services provided ►  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   If "Yes," enter name and address  Name   Address   Address   Gaming manager information  Name   Gaming manager compensation   S   Description of services provided   Director/officer   Employee   Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$  C If "Yes," enter name and address  Name ▶  Address ▶  Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$  C If "Yes," enter name and address  Name ▶  Address ▶  Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Gaming manager compensation ▶\$ Director/officer	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Description of services provided ▶ Independent contractor  If Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming livense?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Description of services provided ▶ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$  C If "Yes," enter name and address  Name	
amount of gaming revenue retained by the third party \$  If "Yes," enter name and address  Name	
Address Addres	
Address Addres	
Address   Gaming manager information  Name   Gaming manager compensation   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name ►  Gaming manager compensation ► \$  Description of services provided ►  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Gaming manager compensation    Description of services provided    Director/officer	
Gaming manager compensation    Description of services provided    Director/officer	
Gaming manager compensation   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Description of services provided F  Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
If Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
retain the state gaming license?	
17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent  In the organization's own exempt activities during the tax year ▶ \$	

## OMB No 1545-0047

Open to Public **Inspection** 

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

**Hospitals** 

Name of the organization UPMC GROUP

**Employer identification number** 

20-8295721

Pä	art I Charity Care and	l Certain O	ther Com	nunity Benefits at	Cost					
								Yes	No	
1a	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a	Yes		
b	If "Yes," is it a written policy	?					1b	Yes		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals									
	A pplied uniformly to all he Generally tailored to indiv		ls	Applied uniformly	to most hospitals					
3	Answer the following based o organization's patients	n the charity	care eligibilit	y criteria that applies t	o the largest number o	fthe				
а	a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care									
	Г <sub>100%</sub> Г <sub>150%</sub>	<b>▽</b> 20	о% Г	Other			3a	Yes		
b	Does the organization use FP						3ь	Yes		
	Г <sub>200%</sub> Г <sub>250%</sub>	Гзо	о% Г	350% <b>~</b> 400	0% C Other			163		
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	de in the description wh	I the income based clether the organization	riteria for				
4	Does the organization's polic	y provide free	or discount	ed care to the "medicall	y ındıgent"?		4	Yes		
5a	Does the organization budget	t amounts for	free or disco	unted care provided und	der its charity care pol	ıcy?	5a		No	
b	<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount?									
c	If "Yes" to line 5b, as a resul care to a patient who was elig	_		-	•		5с			
6a	<b>6a</b> Does the organization prepare an annual community benefit report?									
6b	6b If "Yes," does the organization make it available to the public?									
	Complete the following table worksheets with the Schedule	-	ksheets prov	ided in the Schedule H	instructions Do not s	ubmit these				
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost						
	Charity Care and Means-Tested Government Programs  (a) Number of activities or programs (optional)  (b) Persons served (optional)  (c) Total community benefit expense  (c) Total community benefit expense  (d) Direct offsetting revenue expense									
а	Charity care at cost (from Worksheets 1 and 2)			82,514,810	0	82,51	.4,810	1	600 %	
b	Unreimbursed Medicaid (from Worksheet 3, column a)			591,004,680	457,351,576	133,65	53,104	2	600 %	
C	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			17,109,427	12,108,018	5,00	1,409	0	100 %	
d	<b>Total</b> Charity Care and Means-Tested Government Programs			690,628,917	469,459,594	221,16	59,323	4	300 %	
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)			11,855,136	1,632,327	10.22	2,809	0	200 %	
f	Health professions education									
g	(from Worksheet 5) Subsidized health services (from Worksheet 6)			204,971,599	75,910,301	129,06	1,298	2	510 %	
h	Research (from Worksheet 7)			91,292,164	0	91,29	2,164	1	770 %	
	Cash and in-kind contributions to community groups (from Worksheet 8)  Total Other Benefits			21,788,308 329,907,207	0 77,542,628	21,78 252,36	8,308		420 % 900 %	
-	Total Add lines 7d and 7i			1 020 536 124	77,342,628 547 NN2 222	· ·	•		200 %	

Sche	edule H (Form 990) 2009									F	Page <b>2</b>
Pa	rt III Community Buildin activities.	ng Activitie	<b>s</b> Complete t	his table if the or	ganızat	ion co	nducte	d any commur	nity b	uıldın	g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect offs revenue		(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing	,		2,740,24	8		0	2,740,	,248	0	050 %
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and training for community members										
6 7	Coalition building  Community health improvement										
	advocacy										
8 9	Workforce development Other								$\dashv$		
10	Total			2,740,24	8		0	2,740,	,248	0	050 %
Par	t III Bad Debt, Medicar	e, & Collec	tion Practic	es	•				•		
Ct	ion A. Rad Dabt Evrance										T
1	ion A. Bad Debt Expense  Does the organization report b  Statement No 15?			ce with Heathcare F	inancial • • •	Manag •	ement /	Association	1	Yes	No
2	Enter the amount of the organi					2		62,806,583			
3	Enter the estimated amount of attributable to patients eligible					з		6,257,911			
4	Provide in Part VI the text of t In addition, describe the costi rationale for including other ba	he footnote to ng methodolog	the organizatio yy used in deter	n's financial stater mining the amount				•			
Sect	ion B. Medicare			,							
5	Enter total revenue received fi	om Medicare	(including DSH	and IME)		5		895,093,196			
6	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5		6		991,832,555			
7 8	Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the co Check the box that describes Cost accounting system	to which any sosting method the method us	shortfall reporte ology or source	ed in line 7 should b used to determine	the amo						
Ct	ion C. Collection Practices	1 0	st to charge rai	[10]	Other						
9a	Does the organization have a	written debt co	ollection policy?	,					0-		l No
9b	If "Yes," does the organization				· · · Ilection p	ractic	es to be	followed for	9a		No
Da	patients who are known to qua				cribe in P	art V I			9b		L_
Ра	rt IV Management Com	panies and	Joint Ventu		(a) Organi		(d	) Officers, directors,	Τ,	-) Dhuai	
	(a) Name of entity	(E	<ul> <li>Description of pr activity of entity</li> </ul>	Illiary	(c) Organı profit % o ownersh	r stock	er	trustees, or key nployees' profit % stock ownership%	pro	e) Physiofit % or ownersh	stock
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11									-		
									-		
12											
13											
14	<del></del>										

Part V Facility Information									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

#### Part VI Supplemental Information

Complete this part to pro	ovide the fo	ollowina ir	ıformatıor
---------------------------	--------------	-------------	------------

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

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 charity care policy

See additional data

- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6 Provide any other information important to describing how the organization's hospitals 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.)

  See Part III Form 990 THE UPMC Group entities are subordinates to and subsidiaries of UPMC, the parent entity of a large integrated healthcare delivery system. This system includes hospitals, physician practices, and all types of outpatient and ambulatory diagnostic services. UPMC's overall mission encompassing that of all of its exempt subsidiaries is to promote healthcare, research and education for the benefit of all it serves and to provide the highest quality of patient care in a dignified environment without regard for a patient's ability to pay
- 7 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 communites served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Software ID: Software Version:

**EIN:** 20-8295721

Name: UPMC GROUP

orm 990 Schedule H, Part V - Facility Inforn Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
UPMC Presbyterian Shadyside 200 Lothrop Street Pittsburgh, PA 15213	x	χ		X		Х	х		
UPMC Presbyterian Shadyside 5230 Centre Avenue	x	х		х		х	х		
Pittsburgh, PA 15232  UPMC South Surgery Center 1300 Oxford Drive									Outpatient ambulatory and surgical center
Pittsburgh, PA 15102  UPMC St Margaret 815 Freeport Road	X	Х		X			Х		
Pittsburgh, PA 15215  UPMC St Margaret Harmar O utpatient Ctr 3 Mariner Court									Outpatient ambulatory and surgical center
Harmarville, PA 15238  UPMC Horizon 110 N Main Street	X	х		X			х		<b>3</b>
Greenville, PA 16125  UPMC Horizon									
2200 Memorial Drive Farrell, PA 16121 UPMC Northwest	X	X		×			X		
100 Fairfield Drive Seneca, PA 16346 UPMC Bedford	X	Х					X		
10455 Lincoln Highway Everett, PA 15337 UPMC Braddock	X	Х					Х		Site Closed 1-31-10
400 Holland Avenue Braddock, PA 15104	X	Х		X			х		Site closed 1 31 10
UPMC McKeesport 1500 Fifth Avenue McKeesport, PA 15132	X	х		х			х		
UPMC Passavant 9100 Babcock Boulevard Pittsburgh, PA 15237	х	х				х	х		
UPMC Passavant Cranberry 1 St Francis Way Cranberry Township, PA 16066	x	х				х	х		
Magee-Womens Hospital of UPMC 300 Halket Street Pittsburgh, PA 15213	x	х		x		х	х		
JPMC Mercy 1400 Locust Street Pittsburgh, PA 15219	x	х		x			х		
Children's Hospital of UPMC 4401 Penn Avenue Pittsburgh, PA 15224	Х	х	х	х		х	х		
UPMC Heritage Shadyside 5701 Phillips Avenue									Skilled Nursing Facility
Pittsburgh, PA 15217 Sugar Creek Station 315 Causeway Drive									Skilled Nursing Facility
Franklin, PA 16323 Cranberry Place 1 St Francis Way									Skilled Nursing Facility
Cranberry Township, PA 16066  JPMC Mercy South Side 2000 Mary Street	X								Outpatients ambulatory and surgical center
Pittsburgh, PA 15203  Magee-Women's Hospital of UPMC	X								O utpatient Clinic
720 Penn Avenue Pittsburgh, PA 15221 Magee-Women's Hospital of UPMC									Outpatient Clinic
Fifth A venue Commons 905 Watson Str Pittsburgh, PA 15219 Magee-Women's Hospital of UPMC									O utpatient Clinic
4075 Monroeville Blvd Bld 2 Suite 3 Monroeville, PA 15146									·
Magee-Women's Hospital of UPMC 559 Miller Avenue Clairton, PA 15025									Outpatient Clinic
Magee-Women's Hospital of UPMC 1630 Arlington Avenue Pittsburgh, PA 15210									Outpatient Clinic
Magee-Womancare Center Monroeville 4075 Monroeville Blvd Bld 2 Suite 2 Monroeville, PA 15146									Outpatient Clinic
Magee-Womancare Center North 2599 Wexford-Bayne Road Suite 1000 Sewickley, PA 15143									Outpatient Clinic
Magee-Womancare Center South Hills 1300 Oxford Drive Suite 2A Bethel Park, PA 15102									Outpatient Clinic
Magee-Womancare Center Pleasant Hills 850 clairton Blvd Suite 2100 Pleasant Hills, PA 15236									Outpatient Clinic
Women's Specialty Ctr at Hillman Cancer 5115 Center Avenue Suite G 3rd Floo									Outpatient Clinic
Pittsburgh, PA 15232 Women's Imaging North of Magee-Women's 9000 Brooktree Road 402									Imaging Services
Wexford, PA 15090 Cranberry Breast Imaging 3 St Francis Way									Imaging Services
Cranberry Township, PA 16066  Ultrasound Services 969 Greentree Road									Imaging Services
Pittsburgh, PA 15220  Ultrasound Services									Imaging Services
3955 Lincoln Highway rwin, PA 15642 Children's North									Outpatient ambulatory and
2599 Wexford-Bayne Road Sewickley, PA 15143 Children's South									surgical center  Outpatient ambulatory and
L300 Oxford Drive Pittsburgh, PA 15102  JPMC Northwest MRI Center									surgical center Imaging Services
L671 Allegheny Boulevard Reno, PA 16343  JPMC Northwest Outpatient PT Center									Physical Therapy Services
L12 Circle Street Franklin, PA 16323									
Mercer Diagnostic Center 737 Greenville Road Mercer,PA 16137									Ambulatory Services
New Wilmington Diagnostic Center 565 Neshannock Drive New Wilmington, PA 16142									A mbulatory Services
Occupational & Environmental Medicine 1980 Green Street Farrell, PA 16121									Ambulatory Services
Outpatient Rehabilitation Services 2120 Likens Lane Farrell, PA 16121									Rehabilitation Services
Outpatient Rehabilitation Services 26 Conneaut Lake Road Greenville, PA 16125									Rehabilitation Services
Regional Center for Sleep Disorders 1980 Green Street									Ambulatory Services
Farrell, PA 16121 Nomancare Center 375 N Hermitage Road									Ambulatory Services
Hermitage, PA 16148  Greenville Medical Center Radiology  O Shenango Street									Imaging Services
JPMC Mercy Greentree									Outpatient Services and
JPMC Mercy Brentwood									Imaging Services  Outpatient Services
190 Brownsville Road Pittsburgh, PA 15227 JItrasound Services									Imaging Services
500 State Avenue /anport, PA 15009									Outpatient Services
3 Parkway Center Ardmore Blvd Forest Hills, PA 15221									·
Cardiac Rehab 2001 Lincoln Highway White Oak, PA 15131									Outpatient Services

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

UPMC prepares an annual Community Benefits Report. The report encompasses information for the entire integrated delivery system that makes up the UPMC health system. It is posted to and available to the public via the UPMC website www upmc com. Copies are also available in waiting rooms at UPMC physician offices

The costing methodology used to calculate the amounts reported on Part 1 line 7 is a ratio of costs to charges method. The method employed for determining the ratio of costs to charges is in line with those described in Schedule H, Worksheet 2, Ratio of Patient Care Costs to Charges.

Total expenses reported on Form 990 Part IX line 25 column A are inclusive of all entities reported within the UPMC Group 990 and includes bad debt expense for all entities. The expense used to calculate the Percent of Total Expense for 990 Schedule H Part I line 7 column fare only the expenses related to entities within the UPMC Group who provide patient care. From these entities' total expense per part IX line 25 the amount related to bad debt expense has been removed from the denominator when calculating the percent of total expense. The amount removed for calculation purposes is \$226,438,607.

The costing method used to calculate the amounts in Schedule H Part III lines 2 & 3 is a ratio of costs to charges method. Discounts and payments in patients accounts are deducted before the cost of the bad debt expense is determined UPMC reclassifies bad debt accounts as charity care by utilizing a predictive model PARO PARO was built as a socio-economic score that identifies those patients that are most likely to be the highest need of financial assistance. This is accomplished by analyzing consumer data and activity, court records, government records, property files. Census data and IRS data PARO provides a systematic approach to Financial Assistance - Predictive model that encompasses healthcare economics and credit policies, -Uniform assessment measure for every patient regardless of financial standing, -Accounts for patients that are unresponsive, illiterate, or otherwise challenged to apply, -Eliminate barrier to application and meets increased pressure to provide additional financial resources to Consumers, -Identify and support those Community needs efforts to provide assistance to those Consumers in need. All bad debt accounts with a balance of \$1000,00 and greater are "scored" by PARO There are two data points returned to UPMC in order to make the decision whether the patient would qualify for charity care. The first is the estimated income level based on the Federal Poverty Level quidelines. The second is the PARO score which utilizes an algorithm based approach and returns a score based of personal attributes of the patient. Data elements were combined to create two primary indicators of need, the PARO score and the Federal Poverty Level PARO analyzed our historical approvals to determine what our PARO threshold and the FPL threshold for the historical approvals. The approved accounts were compared against accounts that were in active accounts receivable. This was done to determine if the distributions were similar or if any pattern existed based on the approved accounts and the unknown accounts. If the patient's estimated income and PARO score are within the scores identified by the calibration of UPMC existing charity care patients, the account is reclassified from bad debt to charity care. The UPMC consolidated audited financial statements do not contain a footnote specifically describing the bad debt expense. The provision for bad debts can be discretely seen on a separate line on the consolidated statements of Operations and Changes in Net Assets in the audited financial statements

The costing method used to determine the Medicare allowance costs reported in the entity's Medicare Cost Report is a ratio of costs to charges method. It is UPMC Group's contention that all amounts calculated to be shortfalls in reimbursement for services provided to Medicare patients are truly uncompensated care that should be stated in Part I line 7 of Form 990 Schedule H, as they represent costs for provision of services to patients for which the entity has no recourse for reimbursement, regardless of the efficiency of provision of the related care costs.

UPMC Physician Service Division (PSD), includes UPMC Group entities University of Pittsburgh Physicians (UPP), UPMC Community Medicine,Inc (CMI) and UPMC Emergency Medicine, Inc (EMI) UPP had 602 clinical locations CMI had 152 clinical locations EMI had 15 clinical locations Additionally these PSD entities operate three Urgent Care locations

UPMC supports numerous community building activities through all of its system entities, not just those entities reported within the UPMC Group 990 For instance, as the largest employer in western Pennsylvania, in Fiscal 2010 UPMC's system-wide operations generated a total economic impact of \$19.7 billion, supporting municipalities, counties, and the state through \$55 million in taxes. Furthermore, members of the Group engage in certain activities that are difficult to quantify or otherwise difficult to report within the various community benefit categories of Schedule H, but are nonetheless important parts of UPMC's commitment to the community. Some of these initiatives included -ECONOMIC DEVELOPMENT - UPMC's economic footprint spurs the economy via direct hiring and by bringing outside dollars into the region, our capital spending has created construction jobs. In addition, the organization has a number of programs and initiatives designed to foster a productive and equitable economy. For example, UPMC is committed to supplier diversity as an integral part of its overall Supply Chain Management Strategy, Our Supplier Diversity Program is designed to ensure that certified minority, women-owned, or disadvantaged business enterprises are provided with maximum opportunity to participate as partners and suppliers of goods and services -ENVIRONMENTAL IMPROVEMENTS - UPMC has long pursued a policy of reducing our own environmental footprint even as we build and grow, resulting in award-winning greening efforts. For example, Children's Hospital of Pittsburgh of UPMC's new hospital and research center and the new UPMC Passavant patient pavilion achieved Leadership in Energy and Environmental Design (LEED) certifications from the U.S. Green Building Council. As part of the pavilion project, UPMC undertook several projects to extend roads and create new intersections to ease traffic congestion, as well as local sewer improvements, at the new UPMC East campus, we similarly have pursued traffic-control improvements. Additionally, UPMC worked with Global Links to recycle medical and other equipment, and co-sponsored the 2010 Southwestern Pennsylvania Household Hazardous Waste Collection and Unwanted Pharmaceutical Collection events -LEADERSHIP AND WORKFORCE DEVELOPMENT -In Fiscal 2010, UPMC supported projects such as the Youth Leadership program at UPMC Bedford, the South Asia Youth Summit Informational Workshop, the Clinical Nurse Leadership Program, a Leadership Development Course, and Leadership Pittsburgh UPMC's award-winning Dignity and Respect Campaign is a model for use by other entities throughout the region and nationally And UPMC sponsored workforce readiness and retention programs, K-12 Healthcare Career Awareness programs, and collaborations with over 50 community workforce development organizations. Our medical education programs, undertaken with the University of Pittsburgh, offer many residents a pathway to better-paying jobs. Importantly, our strategic research and education relationship with the University potentiates a culture of discovery that helps build local educational prospects even as it draws the world's finest minds to Pittsburgh -COALITION BUILDING - While UPMC has an expansive program of community support, we realize that we can do even more if we form alliances with other nonprofit organizations. Often, the street-level expertise of local community groups, when paired with UPMC funding, influence, purchasing power, or other resources can accomplish goals that neither organization can do alone To leverage community improvement efforts in this way, in Fiscal 2010 UPMC worked with a number of nonprofit allies, including the Birmingham Clinic, which offers care to the city's homeless population, the Allegheny County Department of Health and its many initiatives. The Greater Pittsburgh Community Food Bank, HEALTHY Armstrong, the We Canl program to foster youth health, the LifeSmart program to prevent diabetes. Parks Are Free, a healthy activities campaign with the Pittsburgh Parks Conservancy, and the independent foundations of UPMC's community hospitals. For more detailed information on UPMC's community benefits effort, see our

Fiscal 2010 Community Benefits Report, available at http://www.upmc.com/aboutupmc/CommunityCitizenship/Pages/default.aspx

UPMC provides services to residents of 29 counties in western Pennsylvania, with a large concentration of services being delivered in Allegheny County, specifically the Pittsburgh MSA-Pittsburgh MSA includes Allegheny, Armstrong, Beaver, Butler, Fayette, Washington, and Westmoreland Counties. This service area represents a diverse population based on socio-economic characteristics, demographics, education, and health risks. Demographic information from 2010 shows that the Pittsburgh MSA has a population of 2-36 million, 87-8 percent of the population is white, 8.4 percent African American, and 3.8 percent all other groups. (Source, U.S. Census Bureau) The region may be best known for having one of the highest concentrations of elderly in the United States 2010 data shows that nearly 18 percent of population in Pittsburgh MSA comprises individuals ages 65 and over. This figure is significantly higher than the U.S. average and is projected to increase to 19 6 percent by 2015 (Source Claritas 2010) 25 6 percent of the Pittsburgh MSA households earn less than \$25,000 each year, and more than 130,000 or one-fourth of Allegheny County households have incomes of less than \$25,000 (Source Claritas 2010) While income levels do not differ materially between Allegheny County and other western Pennsylvania areas, those communities within the area with lower income levels are more likely to be home to a higher uninsured population, nearly one in four persons with incomes less than \$25K lacks health insurance. Low income, combined with high risk of uninsured status, combine to indicate a need for additional health education and outreach, charity care, free care, health screenings and preventive measures About 9 6 percent of adults in Pittsburgh MSA are estimated to be uninsured (Source) Center for Disease Control) UPMC has chosen to concentrate its community benefits strategic planning activities on targeted medically underserved populations near our hospitals. The U.S. Department of Health and Human Resources uses the following criteria to define medically underserved areas, ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over

It is the policy of UPMC to provide financial assistance for patients who -have limited or no health insurance -have applied for but are deemed ineligible for governmental assistance (for example, Medicare or Medicaid) - demonstrate financial need Pennsylvania and/or the primary service area of a UPMC provider -supply UPMC with pertinent information about household finances Financial assistance applies to emergency care and to services that are considered medically necessary. Depending on the individual's need, either free care or reduced patient financial obligations may be offered, and may extend to UPMC physician charges as well as UPMC hospital services UPMC does not have the authority to waive any charges from physicians or other health professionals who are not employed by UPMC. Each patient has the opportunity to apply for financial assistance at all times throughout his or her relationship with UPMC - prior to treatment, throughout treatment, and up to the resolution of his or her account Determination of Eligibility and Assistance Amount To request financial assistance, patients submit the UPMC Financial Assistance Application form, disclosing household income, assets, and expenses. For non-emergency services, financial counselors will also conduct an interview with the patient before the date of service or discharge. Applicants are treated with dignity and respect throughout the process, all information is handled with confidentiality The patient's cooperation in providing UPMC with necessary information is crucial to the process. Financial assistance applications are available in the offices of physicians employed by UPMC and in areas where patients are registered at UPMC hospitals, and signage about financial assistance is posted at these locations. A patient is not eligible for financial assistance until he/she has applied for and has been deemed ineligible for federal and Commonwealth governmental assistance programs. As a result, UPMC may make resources available to assist patients in enrolling in and/or applying for such programs. UPMC reserves the right to process the Financial Assistance Application. without this determination, provided an accurate assessment of the patient's financial status can be made with equivalent or sufficient income and asset information. In determining a reasonable and fair level of assistance, UPMC applies a sliding scale. If a patient's income and assets combined are below 400 percent of the federal poverty quidelines, the patient will receive some form of financial assistance -If a patient's income and assets combined fall below 200 percent of the federal poverty quidelines, the patient will have no financial responsibility for care provided, the fees for UPMC services are completely waived -If a patient's income and assets combined fall between 201 and 300 percent of the federal poverty guidelines, the patient is eligible for financial assistance in the form of an 80 percent reduction in charges. This means that the fees for UPMC services are limited to a maximum of 20 percent of the charges. -If a patient's income and assets combined fall between 301 and 400 percent of the federal poverty guidelines, the patient is eligible for financial assistance in the form of a 70 percent reduction in charges. This means that the fees for UPMC services are limited to a maximum of 30 percent of the charges While UPMC's Financial Assistance Program covers most services, there are some exclusions, such as, but not limited to, cosmetic surgery, transplant- and bariatric-related services, elective reproductive services, acupuncture, private duty nursing, dental, and services deemed non-covered by Medicare

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

DLN: 93493133020151 OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

**Governments and Individuals in the United States** Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Grants and Other Assistance to Organizations,** 

**Inspection** 

Schedule I (Form 990) 2009

UPMC GROUP							
						20-8295721	
Part I General Information  1 Does the organization maintain the selection criteria used to avoid	records to substanti ward the grants or as	ate the amount of the					✓ Yes
2 Describe in Part IV the organiza	atıon's procedures fo	r monitoring the use o	f grant funds in the Unite	ed States			
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other organization</li></ul>						· · · · · <b>&gt;</b> _	47 5
		<u> </u>	<u> </u>	<u> </u>			

Cat No 50055P

	•											
Part III	<b>Grants and Othe</b>	er Assistan	ce to Individ	uals in the U	Jnited States.	Complete	ıf the organızatıon	answered '	"Yes" to	Form 990,	Part IV,	line 22.
	Use Schedule I-1 (	(Form 990) ı	ıf addıtıonal sp	ace is needed	1.							

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Part 1 Line 2		It is the policy of UPMC to contribute financial and in kind support to tax exempt organizations and agencies that support the upmc mission and strengthen the health and quality of life of those who live and work in the communities we serve UPMC makes certain support payments to the University of Pittsburgh (EIN 25-0965591) under an affiliation agreement between the two organizations for the purpose of furthering their joint educational and research mission

Software ID:

**Software Version:** 

**EIN:** 20-8295721

Name: UPMC GROUP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (d) Description of (h) Purpose of grant

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Glimmer of HopePO Box 908 Wexford, PA 15090	25-1627978	501(c)(3)	10,000	0			Breast Cancer A wareness
The ALS Association Western Pennsylvania Chapter416 Lincoln Avenue Pittsburgh,PA 15209	23-7123851	501(c)(3)	10,100	0			ALS Research and Support
American Cancer Society Route 422 and Sipe Ave Hershey,PA 17033	25-1798733	501(c)(3)	35,459	0			Cancer Research and Support
A merican Heart Association 7272 Greenville Avenue Dallas,TX 75231	13-5613797	501(c)(3)	26,228	0			Heart disease research and support
A merican Liver Foundation 1425 Pompton A venue Cedar Grove, NJ 07009	36-2883000	501(c)(3)	45,000	0			Liver disease research
A merican Red Cross225 Boulevard of the Allies Pittsburgh, PA 15222	25-0965231	501(c)(3)	7,700	0			Charitable Donation
Arthritis Foundation1330 W Peachtree St NW Suite 100 Atlanta, GA 30309	58-1341679	501(c)(3)	15,500	0			Arthritis Research
Autism Speaks2 Park Avenue 11th Floor New York, NY 10016	20-2329938	501(c)(3)	7,700	0			A utism Research
Big Brothers Big Sisters of Greater Pittsburgh5989 Penn Circle South Pittsburgh, PA 15206	25-6074707	501(c)(3)	7,000	0			Charitable Donation
Blind and Vision Rehab Services of Pittsburgh1800 West Street Homestead, PA 15120	25-1803195	501(c)(3)	6,750	0			Charitable Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable organization grant cash valuation non-cash assistance or assistance or government (book, FMV, appraisal, assistance other) Borough of Greenville125 25-6000376 0 Charitable Donation aovernment Main Street 35,000 Greenville, PA 16125 Cancer Caring Center4117 25-1547942 501(c)(3) 0 Cancer Support Liberty Avenue 6,400 Pittsburgh, PA 15224 able Donation ystic Fibrosis Research able Donation able Donation psy Research 25-1439732 501(c)(3) 0 Charitable Donation Eve and Ear Foundation Biomedical Science Tower 6,105 203 Lothrop St Pittsburgh, PA 15213 0 Charitable Donation Falk Library of the Health 25-0965591 501(c)(3) Sciences 3550 Terrace

70,000

35,000

0

Charitable Donation

Street

200 Scarfe Hall Pittsburgh, PA 15261 Farrell Area School District

Farrell, PA 16121

1600 Roemer Boulevard

76-4325097

government

City of Farrell500 Roemer Blvd Farrell, PA 16121	25-6000858	government	35,000	0		Charitab
Cystic Fibrosis Foundation 6931 Arlington Road Suite 200 Bethesda, MD 20814	13-1930701	501(c)(3)	6,000	0		Суя
Dapper Dan Charities 34 Boulevard of the Allies Pittsburgh, PA 15222	23-7216540	501(c)(3)	7,000	0		Charitab
East Liberty Family Health Care Center Inc6023 Harvard Street Pitsburgh, PA 15206	25-1417228	501(c)(3)	90,000	0		Charitab
Epilepsy Foundation Western Pennsylvania1323 Forbes Avenue Suite 102 Pitsburgh, PA 15219	25-7241930	501(c)(3)	14,000	0		Epileps
			1	1		l .

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant ıf applıcable valuation non-cash assistance organization grant cash or assistance (book, FMV, appraisal, or government assistance other) Gateway Medical Society 02-0704699 501(c)(3) 0 Charitable Donation 1835 Centre Ave 10,000 No 208 Pittsburgh, PA 15219 Greenville Area School 00000000 0 Charitable Donation aovernment District9 Donation Road 35,000 Greenville, PA 16125 Juvenile Diabetes Research 23-1907729 501(c)(3) 0 Juvenile Diabetes Foundation26 Broadway Research 16,750 Floor 14 New York, NY 10004 Mario Lemieux Foundation 25-1708231 501(c)(3) 0 Charitable Donation 816 Fifth Avenue 91,000 Pittsburgh, PA 15219 0 NAMI Southwestern PA105 25-1477291 Charitable Donation 501(c)(3) Braunlich Drive 8.776 Suite 200 Pittsburgh, PA 15237 22-1661978 0 Charitable Donation NAPHS900 17th Street NW 501(c)(3) Suite 420 13,500 Washington, DC 20006 0 National Kidney Foundation of 23-7225456 501(c)(3) Kidney Disease Western Pennsylvania555 Research 25,000 Grant Street Suite 380 Pittsburgh, PA 15219 Ovarian Cancer National Ovarian Cancer 65-0628064 501(c)(3) 0 Coalition2501 Oak Lawn Research 12,500 Suite 435 Dallas.TX 75219 25-1382510 0 Community Oakland Planning and 501(c)(3) Development Corp235 Development 40,000 Atwood Street Pittsburgh, PA 15213 0 Pennsylvania Resources 23-6403971 501(c)(3) Charitable Donation Council3606 Providence 15,000 Road Newtown Square, PA 19073

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (e) A mount of non-(a) Name and address of **(b)** EIN (d) A mount of cash (f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Pittsburgh Tissue 25-1789285 501(c)(3) 0 Tissue Research Engineering Initiative Inc450 100,000 Technology Drive Suite 211 Pittsburgh, PA 15219 Pittsburgh Ballet Theatre Inc 23-7101094 501(c)(3) 0 Charitable Donation 2900 Liberty Avenue 13 500 upplies onation onation onation onation

Pittsburgh, PA 15201			13,500			
Pittsburgh Post-Gazette Spelling Bee34 Boulevard of the Allies Pittsburgh, PA 15222	94-0692700	501(c)(3)	25,000	0		Spelling Bee Supplies
Pittsburgh Public Schools 341 South Bellefield Avenue Pittsburgh, PA 15213	25-1157808	government	15,000	0		Charitable Donation
PO WER7501 Penn Avenue Pittsburgh, PA 15208	25-1643651	501(c)(3)	8,000	0		Charitable Donation
Ronald McDonald Charities of Pittsburgh451 44th Street Penthouse F Pittsburgh, PA 15201	25-1320272	501(c)(3)	10,500	0		Charitable Donation
Saint Clair Hospital1000 Bower Hill Road Pittsburgh, PA 15243	25-1010303	501(c)(3)	5,600	0		Charitable Donation
Shadyside Hospital Foundation532 South Aiken Avenue Suite 302 Pittsburgh, PA 15232	25-1290546	501(c)(3)	5,075	0		Charitable Donation
Sisters of St Francis of the	20-4292535	501(c)(3)		0		Charitable Donation

10,000

10,000

0

Charitable Donation

Sisters of St Francis of the Neumann Communities 2500

30-0263715

501(c)(3)

Syracuse, NY 13208

Smart Futures 401 Wood

Pittsburgh, PA 15222

Grant Blvd

Suite 1400

Street

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) South Side Local 25-1419017 501(c)(3) Community Development Company 1505 Development 32,500 East Carson Street Suite 300 Pittsburgh, PA 15203 501(c)(3) 0 Community Sustainable Pittsburgh425 20-3575951 Development Sixth Avenue 25,000 **Suite 1335** Pittsburgh, PA 15219 The American Ireland Fund 25-1306992 501(c)(3) 0 Charitable Donation 211 Congress Street 25,000 Boston, MA 02110 The Plastic Surgery Research 37-1101785 501(c)(3) 0 Charitable Donation Council45 Lyme Road 10,000 Hanover, NH 03755 United Jewish Federation 234 25-1017602 501(c)(3) 0 Charitable Donation McKee Place 6,560 Pittsburgh, PA 15213 UPMC Horizon Community 25-1501823 501(c)(3) Charitable Donation Health Foundation600 Grant 54,265 Street Floor 58 Pittsburgh, PA 15219 UPMC Passavant600 Grant 25-0965451 501(c)(3) Charitable Donation Street 60,000 Floor 56 Pittsburgh, PA 15219 Uptown Partners of 54-0560925 501(c)(3) Charitable Donation PittsburghPO Box 53074 25,000 Pittsburgh, PA 15219 Urban League of Greater 25-0965592 501(c)(3) 0 Charitable Donation Pittsburgh610 Wood Street 25,835 Pittsburgh, PA 15222 25-1818538 501(c)(3) 0 Charitable Donation Woodlands Foundation134 Shenot Road 5,500 Wexford, PA 15090

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
WPIAL550 Gettysburg Road Mechanicsburg,PA 17055	23-1382410	501(c)(3)	10,750	0			Charitable Donation						
YMCA420 Ft Duquesne Blvd Pittsburgh, PA 15222	25-0969497	501(c)(3)	177,120	0			Charitable Donation						

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DLN: 93493133020151

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

UPMC GROUP 20-8295721 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Yes 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name  (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis Recompensation (II) Davis Recompensation (III) Other compensation (III) Other compensation (III) Compensation (III) Other compen									
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns		
See Additional Data Table		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation			benefits	(B)(ı)-(D)	Form 990 or	
	See Additional Data Table								

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Schedule J	Part 1	Question 1 UPMC may provide the following benefits to certain executives when they are required to achieve UPMC objectives first-class or charter travel, tax indemnification or gross up payments, and/or business club dues or initiation fees. Provision of any such benefits is predicated on compliance with the organization's policies and is subject to review and approval processes. Question 4b. ALL PERSONS PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ARE DISCLOSED IN SCHEDULE J WITH CORRESPONDING AMOUNTS DISCLOSED WITHIN THE TOTAL AMOUNT IN SCHEDULE J COLUMN C "DEFERRED COMPENSATION" Due to restrictions imposed by the Internal Revenue Code ("Code"), certain officers and key employees are limited in the amount of benefits which may be received under a tax qualified retirement program. Like many employers, UPMC supplements its retirement benefits through a supplemental retirement program. The supplemental retirement program is subject to multily ear vesting which places the officers and key employees' retirement benefit at risk of forfeiture if the vesting requirements are not satisfied. Once vested however, provisions of the Code require that the vested amounts be reported on the Form 990 and the vested officer or key employee include in current income the value of her or his supplemental retirement benefit. Notwithstanding the tax requirement to recognize the vested amount of the supplemental retirement benefit as current income, this benefit, which has been earned over her or his entire career, has not and will not be distributed until the officer or key employee retires from UPMC. The supplemental retirement program provides for the distribution of only the amount necessary to satisfy any income tax liability resulting from the vesting during active employment. Finally, it should be noted that in accordance IRS instructions, a substantial portion of the amount reported on the Form 990 attributable to supplemental retirement program vesting has been reported in previously filed Forms 990. Questio

**Additional Data** Return to Form Software ID: Software Version: **EIN:** 20-8295721 Name: UPMC GROUP Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred (D) Nontaxable (E) Total of columns (F) Compensation (A) Name reported in prior Form compensation benefits (B)(ı)-(D) (ii) Bonus & 990 or Form 990-EZ (i) Base (iii) Other incentive Compensation compensation compensation David Baer MD BDF 242,036 1,086 12,250 13,243 268,615 0 (II)0 William Obert BDF (1) 116,858 24,000 1,231 22,884 11,246 176,219 0 (II)Christopher Samuel MD (1) 367,074 15,599 390,889 506 7,710 0 Roger P Winn BDF (1) 199,291 80,000 5,325 32,529 16,404 333,549 2,369 (II)David Bobrzynski BHS (1) 124,302 33,750 614 9,515 16,536 184,717 0 (11) Alexander J Ciocca Esq (1) 184,334 16,481 35,529 56,500 309,054 16,210 160 Claudia Roth PhD BHS (1) 306,950 140,000 13,930 43,706 9,143 513,729 12,894 (11)Loren Roth MD PhD (1) 275,165 196,400 154,221 124,578 4,211 754,575 16,500 BHS 0 Candi Castleberry-(1) 246,692 80,000 52,791 27,742 15,009 422,234 0 Singleton E 9 (II)Cynthia Dorundo BDK (1) 226,409 100,000 564 42,553 13,889 383,415 0 (11) 0 Rodney Jones R 4910 (1) 142,885 18,000 1,244 11,505 12,348 185,982 0 (11) Tamra Minnier BDK (1) 252,404 140,000 8,258 34,357 9,604 444,623 6,941 (II)Mark Sevco BDK (1) 200,256 85,000 3,463 28,574 16,635 333,928 2,800 0 (1) Thomas Inglesby MD 259,374 0 0 61,990 321,364 (II)284,676 Tara O'Toole MD MPHR (1) 0 68,037 352,713 111109 C (11) 0 (1) 212,938 Douglas Garretson CEM 6,420 251,082 23,000 839 0 7,885 Donald Goodman CEM (1) 174,320 18,500 229 6,591 7,989 207,629 0 (11)Christopher A Gessner (1) 295,661 130,000 11,758 42,321 15,186 494,926 8,850 CHP Roger A Oxendale R (1) 378,453 175,000 28,512 52,344 17,245 651,554 16,500 1209 CHP (II)Laurel Ragland CHP (1) 116,038 22,000 36 8,438 7,106 153,618 (II)0 (1) James Gavin CCBH 250,961 100,999 13,637 37,919 14,845 8,100 418,361 (11) James Giammarco (1) 135,329 36,000 661 10,111 8,531 190,632 0 CCBH (II)0 Kenneth Nash CCBH (1) 78,670 109,621 43,810 15,760 2,537 250,398 0 0 W DENNIS ZEREGA (1) 179,164 17,636 37,200 3,636 15,348 252,984 0 EdD R 122009 (II)Robert Blosat CMI (1) 236,826 100,000 6,556 32,390 16,549 392,321 3,780 (II)(1) Robert B Devlin Esq 175,055 52,500 1,778 13,260 15,131 257,724 0 Francis Solano MD CMI (1) 437,770 72,000 8,426 16,884 16,785 551,865 0 Deborah S Brodine CPS (١) 221,326 15 807 117.000 4.087 35.296 393.516 Stephen Nimmo Esq 228,809 95,500 11,156 57,789 17,782 411,036 Jerome Shaffer CPS 176,327 53,000 1,006 13,320 14,450 258,103 David A Nace MD 109,992 41,400 24,373 8,612 996 185,373 James Anthony Palmer (1) 0 159,822 CRAN 28,500 324 8,354 14,134 211,134 Colleen Brennan EMI 132,261 784 14,378 185,058 27,206 10,429 Robert J Maha MD EMI 376,087 5,200 96,540 16,736 24,992 519,555 Paul Mark Paris MD 128,866 3,959 112,498 17,946 8,422 271,691 (ı) Michael Culyba MD 264,332 57,500 20,086 19,681 15,115 376,714 6,090 Scott Lammie FOR (1) 370.574 213,335 58,679 199,445 19,868 861,901 16,500 John Lovelace FOR 244,504 378,000 80,000 5,300 22,139 21,812 9,545 Daniel Vukmer Esq FOR 205,675 70,000 4,076 12,986 15,536 308,273 Donald Owrey HRZ 192,095 14,753 55,000 865 23,377 286,090 (II)David Shulik HRZ 136,637 30,000 862 11,550 13,973 193,022 Thomas Burich HRZF 118,160 9,500 841 12,320 12,923 153,744 Curtis Jantzi MD HRZF 182,317 92 5,520 9,484 197,413 Scott Gilstrap R 1209 155,331 49,806 303 10,321 20,586 236,347 Deanne Krugh IMIT 141,009 10,853 288 7,000 14,505 173,655 Edward Marinzel IMIT 161,683 35,000 18,519 20,279 247,203 11,722 Michael Riska IHI 224,850 87,750 4,523 30,881 14,793 362,797 3,959 Leslie C Davis MAG 321,240 205,000 19,025 49,462 16,764 611,491 16,500 Eileen Simmons MAG 180,662 7,519 63,000 373 14,057 265,611 Rudolph A Antoncic Jr 284,330 3,265 3,734 59,865 12,111 363,305 MD MCK (II)Susan Mammarella 130,604 27,500 445 9,850 20,293 188,692 William Cook MHP 277,799 (1) 6,029 140,000 9,982 36,469 8,840 473,090 Sandra Luttner R 41,908 132,568 1,133 2,940 178,549 81109 MPC David Gibbons NWH 208,735 75,000 68,666 25,529 5,398 383,328 David McCandless MD 221,445 12,805 898 8,960 244,108 157,406 Roger McCauley NWH 32,586 1,393 12,805 217,532 13,342 James McLaughlin DO 305,609 (1) 0 689 9,800 12,075 328,173 N W H William Shaffner Esq 187,051 56,000 27,608 35,010 320,989 15,320 320,445 James W Boyle MD PAV 945 9,800 14,944 346,134 Eric Cartwright PAV 259,057 7,700 100,000 20,031 49,546 17,770 446,404 (II)Joon Sup Lee MD PAV 490,812 50,448 52,011 17,150 7,785 618,206 50,000 9,403 59,403 Teresa Petrick PAV 317,541 145,000 17,479 70,813 14,853 565,686 15,200 Dennis H Tomassetti 253,990 19,451 9,001 4,631 38,000 51,302 371,744 142,988 54,500 881 10,985 12,533 221,887 Paul Castillo PUH (1) 210,107 15,953 2,450 67,500 3,866 15,802 313,228 (II)(1) John Innocenti PUH 445,199 16,500 300,000 23,579 150,598 18,328 937,704 Edward T Karlovich (1) 342,045 21,177 813,301 330,000 18,917 101,162 16,500 PUHKenneth Lee MD PUH (1) 168,602 265,741 69 18,005 3,387 75,678 John R Carroll SMH (1) 154,435 14,000 2,231 25,321 12,617 208,604  $(\Pi)$ Edward J Donnelly III (1) 215,838 553 1,432 10,877 7,099 235,799 MD SMH (II)Kevin Garrett MD SMH 234,503 15,070 158,757 1,143 425,879 16,406 David T Martin SMH (1) 370,639 673,534 16,500 205,000 20,426 59,668 17,801 Thomas Newman SMH 160,929 11,895 4,068 197,071 19,500 679 Valerie C Trott SMH (1) 164,364 49,818 505 11,790 2,357 228,834 V Thomas Worrall MD (1) 149,929 171,428 1,621 7,813 12,065 (II)Stanley Marks MD (1) 845,965 50,000 6,399 14,724 947,315 30,227 UPCICS (11) 364,910 364,910 Jeffrey Shogan MD R (1) 792,070 0 3,891 19,600 6,623 822,184 182010 UP 361,664 361,664 Peter Tate UPCICS (1) 156,052 720 8,740 192,239 15,525 11,202 James Terwilliger (1) 246,254 105,000 2,858 7,280 34,860 16,014 409,408 UPCICS  $(\Pi)$ Derek Angus MD UPP (1) 331,318 80,000 16,250 4,332 431,909 (II)(1) 38,318 K Ty Bae MD E 282010 118,879 3,368 11,103 171,668 (11) Timothy Robert Billiar (1) 300,146 16,562 349,200 19,135 9,017 694,060 MD UPP 210,799 (II)22,000 19,985 252,784 Michael Boninger MD (1) 53,010 6,300 87,500 16,500 2,163 165,473 Margaretha Casselbrant (1) 200,421 8,384 38,066 318 17,356 264,545 Jerome Cochran UPP (1) (II)385,036 53,000 23,557 63,953 11,553 537,099 Anıta Courcoulas MD (1) 347,098 472,802 48 6,006 102,700 16,950 Louis D Falo Jr MD UPP (1) 110,004 145,000 16,500 15,325 3,648 290,477 Michael Finikiotis MD 205,002 259,978 692 14,889 25,243 14,152 Freddie H Fu MD UPP (1) 564,416 368,000 20,248 19,600 16,713 988,977 (III)Joel S Greenberger MD (1) 215,189 132,503 16,579 18,525 10,332 393,128 (II)W Allen Hogge MD UPP 285,365 75,500 16,507 18,629 9,087 405,088 (II)Jonas T Johnson MD (1) 444,161 192,500 178 19,200 13,836 669,875 David J Kupfer MD R 152,268 216 211,833 18,525 15,620 398,462 101509 UP 0 Arthur S Levine MD (1) 0 698,679 63,718 803,707 29,400 11,910 David A Lewis MD E (1) 127,183 108 57,591 13,622 2,958 201,462 1009 UPP (11) Barry London MD UPP (1) 235,435 107,500 16,512 16,200 4,850 380,497 James Luketich MD (1) 1,511,564 400,000 16,616 17,150 16,847 1,962,177 UPP George K Michalopoulos 164,381 136,499 16,599 13,285 7,361 338,125 MD UPP Joel B Nelson MD UPP 406,273 167,501 16,518 16,869 7,626 614,787 Mark A Nordenberg 456,442 79,500 24,572 64,752 66,148 691,414 185,206 David Hirsch Perlmutter 85,000 15,950 16,500 6,106 308,762 Joel S Schuman MD 290,346 82,500 20,233 15,990 6,095 415,164 Steven Shapiro MD UPP 223,857 16,502 152,502 16,200 6,163 415,224 Jeannette South-Paul (1) 77,706 107,499 0 12,015 3,838 201,058 Jules H Sumkin MD R (1) 475,495 61,499 62,150 19,600 12,563 631,307 2810 UPP Ann Szell UPP 247,381 4,301 3,600 100,000 34,322 8,911 394,915 Evan Waxman MD UPP (1) 165,382 58,125 46,085 16,018 3,009 288,619 Lawrence Weschler MD 299,995 30,000 68,744 17,800 2,431 418,970 John P Williams MD (1) 246,399 135,000 17,531 16,143 8,115 423,188 Donald Yealy MD UPP (1) 141,696 129,333 16,523 18,552 2,931 309,035 (11) (1) Charles Bogosta UPMC 450,695 21,105 16,500 414,000 138,525 19,618 1,043,943 (II)Robert J Cindrich UPMC (1) 592,696 440,000 157,374 255,048 21,802 1,466,920 16,500 Elizabeth Concordia 663,414 845,000 1,882,185 19,721 16,500 327,375 26,675 Sandra Danoff UPMC (1) 346,869 16,500 328,000 19,970 173,267 17,922 886,028 Robert A DeMichiei (1) 460,737 414,000 16,500 18,867 240,918 19,651 1,154,173 UPMC Daniel Drawbaugh 507,770 404,000 23,892 321,009 23,070 1,279,741 16,500 David Farner UPMC (ı) 459,369 414,000 1,159,761 16,500 18,724 246,657 21,011 C Talbot Heppenstall Jr 355,893 909,109 22,559 16,500 314,000 193,066 23,591 Diane Holder UPMC (1) 478,587 (III)16,500 540,000 25,249 258,902 13,636 1,316,374 Michele P Jegasothy 132,954 (1) 33,000 243 8,415 15,312 189,924 Esq UPMC Gregory K Peaslee 455,737 16,500 294,000 29,520 338,804 24,651 1,142,712 Jeffrey A Romoff UPMC (1) 959,617 2,558,000 46,209 418,196 29,353 4,011,375 16,500 308,160 Marshall Webster MD 16,500 414,000 106,270 100,041 5,057 933,528 93,736 131,447 22,000 15,711 Joel H Weinberg MD (1) 407,441 175,556 4,672 16,000 19,609 623,278 UPMC Ghassan Bejjani MD (1) 889,075 1,446,690 1,140 9,800 20,694 2,367,399 Richard Spiro MD 958,808 2,232,289 1,206,209 48,071 11,433 7,768 (ı) Mark Rodosky MD 499,604 915,310 52,314 17,150 6,198 1,490,576 Adnan Abla MD 894,755 521,169 25,523 75,037 21,851 1,538,335 Victor Morell MD (1) 988,794 246,040 58,995 17,150 6,521 1,317,500 (1) 566,440 David Bartlett MD 75,000 41 9,800 7,736 659,017 0 Mark Benninghoff 167,702 167,702 Marguerite Bonaventura 249,962 (1) 88,519 50,309 18,650 2,467 409,907 Philip Green 777,196 12,489 129 789,814 Deborah Holder MD 52,287 33,513 48,830 7,988 1,488 144,106 Amın Kassam MD 1,219,324 600,011 1,841,022 31,714 Mary Korytkowski 40,902 35,058 1,713 116,970 7,583 (11) (1) Nancy Magee 220,538 70,000 4,729 29,914 6,456 331,637 3,150 (II)Scott Mirowitz MD 60,262 500,005 1,793 1,231 563,291 0 Rita Patel MD (1) 211,494 293,227 60,000 18,200 3,533 0

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(II) (I) 183,574

89,407

149,950

35,576

180,383

77,608

133,368

305,188

202,752

789

0

45,669

250,944

51,062

204,601

70,451

144,316

26,513

9,959

179,588

186,774

11,352

421

18,095

10,412

13,674

12,277

2,541

10,429

4,125

45,794

34,366

15,903

172

9,224

7,911

2,096

10,102

5,842

12,066

6,427

1,803

6,405

4,205

13,974

86,953

289,062

269,267

198,013

376,930

114,410

247,246

150,743

110,049

594,406

493,418

191,940

299,481

0

0

0

0

0

0

0

0

0

0

9,060

12,950

32,500

41,774

43,947

148,703

137,500

55,500

0

0

0

0

Robert Thompson

Neil Todhunter

Adele Towers

Pamela Triolo

Eric Weaverling

John Kuzmıshın IHI

Susan Edgar-Hoolahan

JW Wallace

Lorina Wise

Joel Yuhas

Ronald Ott

DLN: 93493133020151

## OMB No 1545-0047

Open to Public Inspection

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **Employer identification number** UPMC GROUP 20-8295721 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? purpose principal amount committee? Τо From Yes No Yes Yes No . . . . . . . . . . . . . . . . . Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	( <b>b</b> ) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
See Schedule O					

# **NonCash Contributions**

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **UPMC GROUP** 

Department of the Treasury

**SCHEDULE M** 

(Form 990)

**Employer identification number** 

20-8295721

Pa	rt I Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art	аррпсавіе		19				
2								
3	Art—Fractional interests							
4	B 1 11 1							
-	Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( Baby Formula )	Х	5	·	Fair Market Value			
26	Other ► ( <u>Incubators</u> )	Х	1	46,188	Fair Market Value			
27	O ther ►()							
28	·				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29			
20-	Down a the control of the control				1 20 15-1-1		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Additional Information		Magee Womens Hospital of UPMC receives donations of infant formula that it in turn distributes to needy mothers of infants who could not otherwise afford the formula. They also received Incubators as a donation from the Magee Foundation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO N	IOT PROCESS   As Filed Data -	DLN: 93493133020151
SCHEDULE N	Liquidation, Termination, Dissolution or Significant Disposition of Asse	OMB No 1545-0047

(Form 990 or 990-EZ)

(a)Description of asset(s)

distributed or transaction

expenses paid

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions or plans.

(d)Method of

determining FMV for

asset(s) distributed or

► Attach to Form 990 or 990-EZ.

(q)IRC section

of recipient(s) (if

tax-exempt) or type

of entity

Nο

Νo

Νo

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

UPMC GROUP

1

Employer identification number

20-8295721

(f)Name and address of

recipient

Part I	Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31,	or Form 990-EZ, line
	36. Use Schedule N-1 ıf addıtıonal space ıs needed. 📆	

(c)Fair market value of

asset(s) distributed or

amount of transaction

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

			expenses	transaction expenses				
	See Additional Data Table							
							Yes	No
2	Did or will any officer, director, trust	ee, or key employee of	f the organization					
а	Become a director or trustee of a su	ccessor or transferee	organization?		 	2a		No

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 🕨 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Become a direct or indirect owner of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

(b)Date of

distribution

Cat No 50087Z

(e)EIN of recipient

Schedule N (Form 990 or 990-EZ) 2009

2c

_	edule N (Form 990 or 990-EZ) 2009	ou Dissolutio	- (continued)					Pa	ge <b>2</b>
Pa	Note. If the organization distributed all			m 000 Part V column /	B) should agual 0			Yes	No
3	Did the organization distribute its asset		-				3	Yes	+
_	_					_	. 4a	1	l No
4a						is terminated? 🖼	74	<del></del>	1
Ь	( )						•  _		 
5a	,,,,,,,						. <u>5a</u>	$\vdash$	No
b	If "Yes," did the organization provide su						. 5b	<u> </u>	<u> </u>
6	Did the organization discharge or pay al	l liabilities in acc	cordance with state laws	·			. 6	Yes	<u> </u>
7a	Did the organization have any tax-exem	ıpt bonds outstaı	nding during the year?				. 7a	<u> </u>	No
b	Did the organization discharge or defeas	se tax-exempt b	ond liabilities in accordar	nce with the Internal Rev	enue Code and state I	aws?	. 7b		Νo
	Form 990, Part IV, line 32, o	on or Other 1 r Form 990-EZ	Transfer of More Th , line 36. Use Schedu	nan 25% of the Org le N-1 if additional sp	anization's Asset ace is needed.	s. Complete if the organization		l "Yes'	
1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	of reci	pient(s)	) (ıf
U I	PMC Braddock - A/R	03-31-2010	123,931	book value	25-0965480	UPMC Presbyterian Shadyside 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)		
U I	PMC Braddock - Moveable Equipment	03-31-2010	33,408	Book Value	25-0965420	Magee - Womens Hospital of UPMC 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)		
J U	PMC Braddock - Moveable Equipment	03-31-2010	1,683,809	Book Value	25-0965423	UPMC McKeesport 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)		
U I	PMC Braddock - Movable Equipment	03-31-2010	52,929	Book Value	25-0489010	UPMC Northwest 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)		
U I	PMC Braddock - Movable Equipment	03-31-2010	1,276,252	Book Value	25-0965480	UPMC Presbyterian Shadyside 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)		
U I	PMC Braddock - Movable Equipment	03-31-2010	115,390	Book Value	25-1666087	Monroeville Specialty Clinic Inc 600 Grant Street 58th Floor Pittsburgh, PA 15219	C Corp		
UI	PMC Occupational Medicine - Fund Bal	10-31-2009	2,447	Book Value	25-1423657	UPMC 600 Grant Street Pittsburgh, PA 15219	501(c)(3)		
								Yes	No
2	Did or will any officer, director, trustee,		-				3-		   NI -
a	Become a director or trustee of a succe						2a	+	No
b	, , , ,			organization?			. 2b	<del>                                     </del>	No
C	Become a direct or indirect owner of a s						2c	<del> </del>	No
d e							. <u>2d</u>	<u> </u>	No

**Part III Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Ident if ier	Return Reference	Explanation
UPMC South Side	Merger	As of July 1, 2009, UPMC South Side (EIN 25-1782780) merged into UPMC Mercy (EIN 25-0965429) All assets were transferred at book value
UPMC Braddock	Ceased Operation	As of January 31, 2010, UPMC Braddock (EIN 25-1800797) ceased operations Certain assets relating to patient accounts receivable and medical equipment were transfered to UPMC Mercy (EIN 25-0965429)
Mercy Primary Care, Inc	Merger	As of July 28, 2009, Mercy Primary Care (EIN 25-1790298) merged into UPMC Mercy (EIN 25-0965429) All assets were transferred at book value

Schedule N (Form 990 or 990-EZ) 2009

Software ID: Software Version:

**EIN:** 20-8295721

Name: UPMC GROUP

Form 990, Schedule N, Part I - Liquidation, Termination or Dissolution

	minution of Dissolut				
( <b>b)</b> Date of distribution	asset(s) distributed or amount of transactional	determining FMV for		(f)Name and address of recipient	(g)IRC Code section recipient(s) (if tax-exempt) or type of entity
07-29-2009	482,141	Book Value		UPMC Mercy 600 Grant Street Pittsburgh,PA 15219	501(c)(3)
07-01-2009	5,720	Book Value		UPMC Mercy 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)
07-01-2009	4,046,217	Book Value		UPMC Mercy 600 Grant Street 58th Floor Pittsburgh,PA 15219	501(c)(3)
07-01-2009	11,005	Book Value		UPMC Mercy 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)
07-01-2009	197,655	Book Value		UPMC Mercy 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)
07-01-2009	9,449,889	Book Value		UPMC 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)
07-01-2009	1,089,049	Book Value		UPMC Mercy 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)
07-01-2009	687,097	Book Value		UPMC Mercy 600 Grant Street 58th Floor PItttsburgh, PA 15219	501(c)(3)
07-01-2009	1,647,031	Book Value		UPMC Mercy 600 Grant Street 58th Floor Pittsburgh, PA 15219	501(c)(3)
07-01-2009	13,246,727	Book Value		UPMC Mercy 600 Grant Street 58th Floor Pittsburgh,PA 15219	501(c)(3)
	distribution  07-29-2009  07-01-2009  07-01-2009  07-01-2009  07-01-2009  07-01-2009  07-01-2009	distribution       asset(s) distributed or amount of transactional expenses         07-29-2009       482,141         07-01-2009       5,720         07-01-2009       4,046,217         07-01-2009       11,005         07-01-2009       197,655         07-01-2009       9,449,889         07-01-2009       1,089,049         07-01-2009       687,097         07-01-2009       1,647,031	distribution         asset(s) distributed or amount of transactional expenses         determining FMV for asset(s) distributed or transactional expenses           07-29-2009         482,141         Book Value           07-01-2009         5,720         Book Value           07-01-2009         11,005         Book Value           07-01-2009         197,655         Book Value           07-01-2009         9,449,889         Book Value           07-01-2009         1,089,049         Book Value           07-01-2009         687,097         Book Value           07-01-2009         1,647,031         Book Value	distribution         asset(s) distributed or amount of transactional expenses         determining FMV for asset(s) distributed or transactional expenses         tax-exempt)           07-29-2009         482,141         Book Value         25-0965429           07-01-2009         5,720         Book Value         25-0965429           07-01-2009         4,046,217         Book Value         25-0965429           07-01-2009         11,005         Book Value         25-0965429           07-01-2009         197,655         Book Value         25-0965429           07-01-2009         9,449,889         Book Value         25-1423657           07-01-2009         1,089,049         Book Value         25-0965429           07-01-2009         687,097         Book Value         25-0965429           07-01-2009         1,647,031         Book Value         25-0965429           07-01-2009         1,647,031         Book Value         25-0965429	distribution   asset(s) distributed or amount of transactional asset(s) distributed or transactional asset(s) distributed or transactional expenses   25-0965429   UPMC Mercy 600 Grant Street

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As Filed Data -

DLN: 93493133020151

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

**Supplemental Information to Form 990** 

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public

Inspection

Name of the organization UPMC GROUP	Employer identification number	
	20-8295721	

ldentifier	Return Reference	Explanation
Part 1 Summary	Line 8 Contributions and Grants	PART I, LINE 8 CONTRIBUTIONS, GRANTS AND SIMILAR AMOUNTS RECEIVED Pursuant to Treasury regulation Section 1 6033-2(D)(5) the sponsoring entity of UPMC Group, UPMC, has elected to report information about contributions, grants and similar amounts received, compensation and other information about officers, directors, trustees, and key employees, certain other highly paid employees, certain independent contractors on a consolidated basis along with all members of the UPMC Group in the UPMC Group return

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments	EMC Carp. —BIL 20-2027 L Form 900 — Recall Year Ended Mod 2007 Per III. Datament of Program Service a Accomplianment LAMC Carp reflects the complex enformed and operations of they see (3) tax everny entitles from with the LIMC (Linversity of fitsburgh Medical Central integrated healthcare device yeary system. The developers of premer healthcare forward yeary system. The developers of premer healthcare forwards in the area of acute incated healthcare support services. During the fine captayer ended June 40, 2010, the entities within LIMC Group admited 192.217 inpatients, recorded 1,086,018 inpatient days, 482,509 and premer services. But the fine faces year and other uncompensated care, recluiding Medicaed and Medicare Shortfals, at cost, of approximately \$2,820,000,000. URCM Croup provided services to the community friving notification programs. Services of the programs of the community friving notification of the community of the c

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments (continued)	Staff attended many community expos and health fairs to educate the public on the local and national fort of protings organ dature. Presentations were given in area communities on food safety, focusing on proper food storage pockage exposition dises, and safe food temperatures. The Bindorme Cancer event drew ewareness of endocrine cancer and steps to diagnose and treat. Surviving transplant patients and their termines attended the Stimo Cell Transplant reusino pricine to honor there compare and delivers are steps to diagnose and treat. Surviving transplant patients and their termines attended the Stimo Cell Transplant reusino pricine to honor their covage and developed them and the stage presents and the stage gives were domated to the New York of the Stimo Cell Transplant and provide the Stimo Cell Transplant and stage of the Stimo Pricines and the Stimo Cell Transplant and the stage presents by their discovered them to the stage of the Stimo Pricines and the stage of Residual and the Stimon

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments (continued)	Topics covered were good eating habits, smoking, alcohol and drugs, coping with stress, exercising, and safely. Women are the recipients of many instalves presented by the Hospital Mague sporeors decutotional programs, screenings, support groups, and research to benefit women's health. Educational programs include how to mense stress, feel fit, nutrition, label reading and simits as the programs include how to mense stress, feel fit, nutrition, label reading and simits as programs include how to mense steel the history of the stress of the stress and stress and stress a

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments (continued)	UPMC Passavant - EN 26-0605451, 170(b)(1)(A)(a)(b), 50(a)(1) Founded in 1640, UPMC Passavant (the Hospital) is a provider of qually health care services to patient in the unase of acute care, warragency, modelnic displaced and community of without the provides these services to patient and the modelnic and acute and the provides these services to patients and the other than the provides the provides the provides and the provides that the provides the provides the provides that the provides that the provides the provides that the provides th

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments (continued)	Exemplary school students benefited from presentations about the importance of exercise and proper institution. A fines day presentation emphasizing sharping has performed, and suttents ad a croud of strength training as partners, as the exemplary students from vivial constructions and the community. The properties are constructed to strength training as performed, and suttents valed fine UPNC hisrory volleness Control to beam about curser opportunities and to speak with different health care professionase, and the haspital assisted with membrang apoptrunities for area high school seniors moving into the health career field. This included lectures by hospital staff, department merting, and project assistance Educational fectures were provided on a day bases to mode all suddents white on rotations at the Hospital UPNC Northwest is a state-of-the-art medical facility providing active missing of the properties. The providing and surrounding communities. In the providing active missing and surrounding communities. UPNC Northwest is a state-of-the-art medical facility providing active missing of the providing and the providing and the providing active missing of the providing and the providing and the providing active missing of the providing and the providing active missing of the providing active missing of the providing active missing of the providing active missing and the providing active missing and the providing active missing and the providing and the providing active missing and the providing active missing and the providing active missing and the providing and the providing active missing and the providing active to the community missing and the providing active to the providing active to the providing active to the providing interest of the providing active to the providing interest of the providing active to the provided interest to become by proteiness or by active to the provided interest to become by proteiness or by active to the providing active to the provided interest to the community. The provide

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments (continued)	sentire, community organizations, and children all benefited from the Seasons of Song Program. This is a health and motivation programs of osongs, ouzcess, and redaings. Salf principation in the intalitive that distributed toys for the holidays for 450 children in need. This involved organization and coordination with various community groups. Perhaps the most significant community downselv programs of UPIC. Braddock is the hospital's free Health for Life is summer camp in 2010, the camp enrolled approximately 100 children from Cupysultur. The many focuses on providing a size, nutriting, from experience for the children significant organization of the camp course for the children significant organization of the children significant organization org

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments (continued)	Start also revotored respitatory therapy students. The Health information Management Department hoseful uncertage students for an advantage and experiment foliation that may function of HM Semon after an appropriate for the MM Medical College (MM College) and community services. LMMC Bedford - EMIZ3-1396758, 170(b) (1) AM(a), 509(a)(1) UMMC Bedford the hospital) is an advantage and an advantage and community services. LMMC Bedford - EMIZ3-1396758, 170(b) (1) AM(a), 509(a)(1) UMMC Bedford the hospital) is an advantage and community services. LMMC Bedford Chemical surgeots, obstetrical, intensive care, octonary care, and telementry services. Lotters a variety of diagnosis capabilities, michaged 12 crean, MRI and intensive processing a contrast a secretage contrast acceptage for the medical surgeots, obstetrical, intensive care, and outpated processing a loterant fleepior for emigracy from the contrast and community regardess of their ability to pay in faccal year 2010, 45% of the total patients served were covered by Moderage and 14% for adiate hedrocate coverage. Dumit the intensity are contrast, and contrast and community regardess of their ability to pay in faccal year 2010, 45% of the total patients served were covered by Moderage and 14% for adiate hedrocate coverage. Dumit the intensity are contrast, and to the community regardess of their ability to pay in faccal year 2010, 45% of the total patients served were covered by Moderage and 14% for adiate served were covered by Moderage and 14% for adiate served were covered by Moderage and 14% for adiate served were consistent of the community regardess of the community of the served were covered by Moderage and the contrast of the community of the served were consistent and the community regardess of the community of the served were covered to the community of the served were covered to the community of the served were covered to the covered with the served were covered to the covered were covered to the covered were covered to the covered were covered to the

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Reference  Organizations Programs and Accomplishments (continued)	The community benefited from prosiste, breast colon, and cervical cancer screenings, education, and support groups, seni cancer education, and health fairs. Staff colected clothing for Dress for Success, an en-profit organization that provides wherever suits, confidence boosts, and career development to tow-income women. Staff also assisted with organizing the Annual Cancer Survivor's Picene. Annual Cancer survivor survivors. Annual Cancer Survivor's Picene. Annual Cancer

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Reference Organizations Programs and Accomplishments (continued)	Mercy Pimary Care, Inc. – EN 25-1790298, 170(b)(1)(A)(ii), 509(a)(1) Mercy Pimary Care was formed to provide comprehensive, efficient, cost-effective pimary health services to the community. It is designed to provide greater access to high quality health care services. The services of Mercy Pimary Care provided to maintain outpetit because throughout the community. The diverse spread of the community of the designess and treatment of potents. Additionally, Mercy Pimary Care provides designed in the provided of patients without regard of ability to pay. UPNA therona Community Health Foundation – 18-73-1501283, 2008(4)(3) UPNA therona Community Herona Communit

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments (continued)	Vening Nurses Association of Venango County, Inc. (VMA) provides home health services to residence of Venango County, Inc. (VMA) provides home health services to residence of Venango Association of Venango County, Inc. (VMA) provides services are recommended to the provides the provides the provides the provides and screaming clinics. These services are rembursed by Medicare, Medicare, Medicare, Medicare, Walley and insurances. When no rembursered the venance was the temporary of the provides and the provides of the provides and screaming clinics. These services are rembursed by Medicare,

Reference Part III Statement Organizations University Health Center of Pittsburgh - EIN 25-607	
Part III Statement   Organizations   University Health Center of Pittsburgh - FIN 25-607	
of Program Accomplishments Acc	imary activities consist of implementing, with non- rocedures for the common benefit of, and in promote the operation of UHCP as an efficient, well- abalt resource UHCP also develops, focuses,  oval of its members, the relationships with the  the Schools of Medicine and Health Sciences UHCP  is on behalf of the members and coordinates  with its mission as a regional health resource UPMC  (a)(3) The organization was established as a holding  UFMC that support the overall exempt missions of  20-839208, 170(b)(1)(A)(vi), 509(a)(1) The  innovative Medical and Information Technologies  education, and management delivery system within  any and government agencies, IMTS center provides  oliaborations that shape tomorrow's cervilian and  resources, solutions, and clinical innovation,  innovation are limitless, creating a brighter future for  lilians. As an affiliate of UFMC, the IMTS center serves  troduce innovative technologies and treatments to  Ta Center has the infrastructure and expertise to  13 yand academic partners -to effect change on  enter develops clinical and technology initiatives  try collaborations. The IMTS center serves as a  organizations seeking opportunities for partnership  elehealth technologies and innovations, some created  i-the-art medical education and simulation  iovative training methodologies to combat medics  the scenes play a vital role in the survival rate of  ioves resuscitative surgical care far forward on the  try practice care IMTS center enables medical  de with civilian colleagues who have treated trauma  is using proven medical protocol. Community Care  509(a)(2) Community Care Behavioral Health  eath managed care organization (BH-MCO) which  ately one million members whose health coverage is  breical plans. Community Care Behavioral Health  eath managed care organization is to improve  the delivery of clinically effective, cost-efficient,  so improve the quality of services for members  comes Community Care Behavioral Health  eath managed care long and involved members and  af

ldentifier	Return Reference	Explanation
Part III Statement of Program Service Accomplishments	Organizations Programs and Accomplishments (continued)	Center for Emergency Medicine of Western Pennsylvania - EIN 25-1443759, 509(a)(3) The Center was originally formed in 1978 to bring the City of Pittsburgh and the University of Pittsburgh School of Medicine together to improve the quality and delivery of emergency medical services in Pittsburgh Currently, the Center provides medical direction for the City of Pittsburgh Bureau of EMS STAT MedEvac, a service of the Center for Emergency Medicine, provides air medical transport to patients with critical illnesses and/or injuries STAT MedEvac is the Region's only helicopter service with three single pilot instrument rated helicopters. Each of STAT MedEvac's helicopters are staffed 24-hours a day with an EMS pilot and a two-person medical crew including a nurse, paramedic or physician. As a consortium, the Center for Emergency Medicine is a unique model of success an advanced system of emergency transport, clinical care, education and research governed by a group of tertiary care and community hospitals and a leading university in concert with a major metropolitan municipality. The Center has become the world's leading institute for the advancement of emergency medicine research and education, and most importantly, patient care.

ldentifier	Return Reference	Explanation
Part IV Checklist of Required Schedules		Question 12 An external audit is completed at a consolidated UPMC system level only, including UPMC and all subsidiaries

ldentifier	Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION A GOVERNING BODY AND MANAGEMENT	QUESTION 1 The total number of voting board members and total number of independent board members represent a composite of all of the UPMC Group subordinates. How ever, these numbers do not include exofficio or other board members who are not entitled to vote on board matters or members of boards that are advisory in nature and subject to the authority of the UPMC parent board for material board decisions. Although the composite numbers for the UPMC Group do not reflect majority board independence, all of these boards are ultimately subordinate to the UPMC parent board which is comprised of a majority (greater than 70%) of independent board members. Please see the UPMC parent Form 990 for more information. Question 2 Multiple UPMC Officers, Directors, Trustees, and/or Key Employees have business relationships by virtue of the fact that they are also Officers, Directors, Trustees, and/or Key Employees of UPMC subsidiaries and affiliates, which are not separately disclosed below. The following UPMC Officers, Directors, Trustees, and/or Key Employees have business relationships, as required to be disclosed by Form 990. Part VI, Section A, Line 2, by virtue of the fact that they are also Officers, Directors, Trustees, or Key Employees of other unrelated taxable organizations. BOD MEMBER/OFFICER/KEY EMPLOYEE. LASKOW RELATIONSHIP BUSINESS ASSOCIATED PERSON. WALTON BOD MEMBER/OFFICER/KEY EMPLOYEE WALTON RELATIONSHIP BUSINESS ASSOCIATED PERSON. LASKOW Question 6. MOST OF THE UPMC GROUP ENTITIES HAVE A SOLE MEMBER. WHICH IS UPMC PARENT A SMALL NUMBER OF GROUP ENTITIES HAVE MORE THAN ONE MEMBER. IN ALL CASES, THE MEMBERS ARE EXEMPT ORGANIZATIONS ULTIMATELY THE GROUP ENTITIES, AND THEIR RESPECTIVE MEMBERS (IF THE MEMBER(S) ARE NOT UPMC PARENT). ARE CONTROLLED BY UPMC PARENT Question 7A and B. IN THE CASE OF MOST OF THE UPMC GROUP ENTITIES, THE MEMBER(S). APPOINT A SIGNIFICANT PORTION OF THE ENTITIES' BOARDS OF DIRECTORS (IF NOT THE ENTIRE BOARD). IN THE CASE OF MOST OF THE ENTITIES' BOARDS. IN ADDITION, THE MEMBERS'. ACTI

ldentifier	Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION B POLICIES	Question 11a LPMC is the parent organization of the filing group and has, with respect to most entities in the group, the discretion and authority to intake or veto actions taken by group member governing bodies. With respect to the remaining members, LPMCs authority is intitled sightly but still significant encompassing map matters including financial and tax matters. The completed Form 990 was reviewed by the UPMC Chief Financial Cofficer, members of the Corporate Legal Department, and other members of UPMCs and committees of LPMCs Board of Develors, as applicable For example, the Executive Corporate Legal Department, and other members of UPMCs and committees of LPMCs Board of Develors, as applicable. For example, the Executive Corporation Committee of the Board reviewed sections related to compensation and related party transactions. In addition, the UPMC Board's Executive Committee, Executive Committee, Com

ldentifier	Return Reference	Explanation
Part VI Governance, Management, and Disclosure	SECTION C DISCLOSURE	Question 19 UPMC's Public Website (www upmc com) makes its financial results, conflict of interest process, and various information about the governance and oversight available to the public ADDITIONAL INFORMATION MAY BE SUPPLIED UPON SPECIFIC REQUEST FOR DATA NOT POSTED TO THE WEB SITE

ldentifier	Return Reference	Explanation
PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES	HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS	Pursuant to Treasury regulation Section 1 6033-2(D)(5) The sponsoring entity of UPMC Group, UPMC, has elected to report information about contributions, gifts, grants and similar amounts received, compensation and other information about officers, directors, trustees, and key employees, certain other highly paid employees, certain professional contractors, and certain other contractors on a consolidated basis along with all members of the group in the UPMC Group return. THE COMPENSATION AMOUNTS LISTED REPRESENT THE FULL AND COMPLETE COMPENSATION PACKAGES PAID TO THE INDIVIDUALS FOR PERFORMING THEIR ASSIGNED DUTIES AT UPMC. A PORTION OF THE COMPENSATION DISCLOSED MAY RELATE TO EARNED AND PREVIOUSLY REPORTED DEFERRED COMPENSATION A PORTION OF THE BENEFITS DISCLOSED MAY RELATE TO EARNED BUT UNPAID DEFERRED COMPENSATION. ALL SALARIES AND BENEFITS REPORTED ARE BASED ON INDIVIDUALS' OPERATIONAL POSITIONS AND ARE NOT FOR SERVICES PERFORMED AS DIRECTORS OR BOARD MEMBERS BOARD POSITIONS ARE ALL VOLUNTEER AND UNPAID PART VII OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES INDIVIDUALS THAT HOLD REPORTING POSITIONS WITH MORE THAN ONE ORGANIZATION ARE LISTED SEPARATELY IN PART VII WITH REGARD TO EACH ENTITY. INDIVIDUALS ARE COMPENSATED FOR OPERATIONAL ROLES ONLY, NOT FOR DUTIES PERFORMED AS DIRECTORS OR BOARD MEMBERS. The total hours disclosed in Part VII relates to the position for which the person is disclosed except in the case where the person is also employed by the same distinct entity. In such case, the hours reflect average hours spent in their operational role. For purposes of disclosure average hours per week for a full time person is listed as 40 hours, however, in almost all cases, this is a conservative estimate and most work hours in excess of 40 per week.

ldentifier	Return Reference	Explanation
Part XI Financial Statements and Reporting	Question 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 auditing, accounting and financial reporting processes generally

ldentifier	Return Reference	Explanation
SCHEDULE L TRANSACTIONS WITH INTERESTED PERSONS	PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PARTIES	(A) Name of Interested Person Edith Tzeng M D (B) Relationship Betw een Interested Family Member of University Person and the Organization of Pittsburgh Physicians Board Member Timothy Billiar M D (c) Amount of Transaction \$103,927 (D) Description of Transaction Compensation (E) Sharing of Organizations Revenue NO (A) Name of Interested Person Ellen Frank M D (B) Relationship Betw een Interested Family Member of University Person and the Organization of Pittsburgh Physicians Board Member David Kupfer M D (c) Amount of Transaction \$34,118 (D) Description of Transaction Compensation (E) Sharing of Organizations Revenue NO (A) Name of Interested Person Linda M Cadaret M D (B) Relationship Betw een Interested Family Member of University Person and the Organization of Pittsburgh Physicians Board Member Barry London M D (c) Amount of Transaction \$203,566 (D) Description of Transaction Compensation (E) Sharing of Organizations Revenue NO (A) Name of Interested Person Anna Roman PhD (B) Relationship Betw een Interested Family Member of University Person and the Organization of Pittsburgh Physicians Board Member George Michalopoulos M D (c) Amount of Transaction \$288,696 (D) Description of Transaction Compensation (E) Sharing of Organizations Revenue NO (A) Name of Interested Person Barbara Cohlan M D (B) Relationship Betw een Interested Family Member of University Person and the Organization of Pittsburgh Physicians and Children's Hospital of Pittsburgh UPMC Health System Board Member Board Member David H Perlmutter M D (c) Amount of Transaction \$259,288 (D) Description of Transaction Compensation (E) Sharing of Organizations Revenue NO (A) Name of Interested Person Valerie Trott (B) Relationship Betw een Interested Family Member of University Person and the Organization of Pittsburgh Physicians Board Member John P Williams M D (c) Amount of Transaction \$28,807 (D) Description of Transaction (E) Sharing of Organizations Revenue NO (A) Name of Interested Person And the Organization Definite Person Sherry Obert (B) Relat

ldentifier	Return Reference	Explanation
CONTROLLED FOREIGN PARTNERSHIP REPORTING		Form 8865 Supplemental Statement regarding exceptions to filing multiple category 1 filers. Both UPMC Group (EIN 20-8295721) and UPMC International Holdings, Inc. (EIN 23-2897712) are qualified as Category 1 filers with regards to UPMC Italy, S.R.L. (Information provided below), but are not submitting Form 8865 under the multiple Category 1 filers exception. Foreign Partnership Information - UPMC Italy, S.R.L., Piazza Sett'Angeli, 10, Palermo, Italy, IT, 90134 (No identifying number). The filing requirement has been met by the Form 8865 filed by UPMC Overseas (EIN 25-2897716, additional information provided below), the direct owner of UPMC Italy Form 8865. Filer Information - UPMC Overseas, 600 Grant Street, 58th Floor, C/O Corporate Tax, Pittsburgh, PA 15219. The Form 8865 has been e-filed as part of UPMC Group (EIN 20-8295721), which includes UPMC Overseas.

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DLN: 93493133020151

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UPMC GROUP									
				20-8295721					
Part I Identification of Disregarded Entities (Complete	e if the organization	answered "Yes" on	Form 990, Part I	V, line 33.)					
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity				
UPMC Italy SRL PIAZZA SETT ANGELI 10 Palermo 90134 IT	Healthcare	п	4,521,924	10,415,926	UPMC Oversea				
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete if t tax year.)	he organization ar	swered "Yes" on	Form 990, Part IV	, line 34 because it had one				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity				
See Additional Data Table									
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 5013	5Y	1	Schedule R (Form 990) 2009				

Part III Identification because it	ation of Related had one or more	Organiz related o	z <b>ations Taxable a</b> organizations treate	<b>s a Partnership</b> (C d as a partnership d	Complete if the orguring the tax year	anızatıon ans .)	wered '	'Yes" c	on For	m 990, I	Part IV, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</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 asset	-of-year	(h Disprop allocat	rtionate	Code amount ir Sched	i) V—UBI n box 20 of ule K-1 n 1065)	( <b>j</b> Gener mana partr	ral or iging
								Yes	No			Yes	No
See Additional Data Table													-
												1	
												-	
				s a Corporation or s treated as a corpor			ar.)		ed "Y	es" on F	orm 990, Pa	art IV,	
<b>(a)</b> Name, address, and EIN of	related organization	<b>(b)</b> Primary ad		<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	of total	Sh end-	(g) nare of -of-year ssets	<b>(h)</b> Percentage ownership		
See Additional Data Table													

Part V Transactions With Relate	<b>ed Organizations</b> (Complete ıf the organızatıon answered "Yes" on Form 990, Part IV, lıne 34, 35, c	or 36.)			
Note. Complete line 1 if any entity is lis	sted in Parts II, III or IV		Y	'es	No
<b>1</b> During the tax year, did the orgranization	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	i) royalties (iv) rent from a controlled entity	1	a Y	'es	
<b>b</b> Gift, grant, or capital contribution to ot	her organization(s)	1	.b		No
<b>c</b> Gift, grant, or capital contribution from	other organization(s)	1.	.с		No
<b>d</b> Loans or loan guarantees to or for othe	r organization(s)	10	.d		No
<b>e</b> Loans or loan guarantees by other orga	anization(s)	1	.е		No
<b>f</b> Sale of assets to other organization(s)		11	<u>+</u>		No
g Purchase of assets from other organiza			.g		No
h Exchange of assets			.h		No
i Lease of facilities, equipment, or other	assets to other organization(s)			'es	
			$\top$		
j Lease of facilities, equipment, or other	assets from other organization(s)	1	lj Y	'es	
	p or fundraising solicitations for other organization(s)		.k		No
I Performance of services or membership	o or fundraising solicitations by other organization(s)	1	.1		No
m Sharing of facilities, equipment, mailing	ı lısts, or other assets	1	.m		No
n Sharing of paid employees		1	.n		No
• Reimbursement paid to other organizat	ion for expenses	1	.o Y	'es	
<b>p</b> Reimbursement paid by other organization	tion for expenses	14	р Ү	'es	
<b>q</b> Other transfer of cash or property to ot	ther organization(s)	10	.q		No
<b>r</b> O ther transfer of cash or property from	other organization(s)	1	.r		No
2 If the answer to any of the above is "Ye	es," see the instructions for information on who must complete this line, including covered relationships and transact	tion thresholds			
	(a) Name of other organization  (b) Transacti type(a-		(c) ount ir	) ivolve	:d
(1) See Additional Data Table					
(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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Software ID: **Software Version:** 

> **EIN:** 20-8295721 Name: UPMC GROUP

Form 990, Schedule R, Part II - Iden	tification of Related	Tax-Exem	pt Organizatio	ons	
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity
UPMC SENIOR COMMUNITIES INC	SR LIVING	PA	501(C)	9	nA
600 GRANT STREET PITTSBURGH, PA15219 25-1574736			(3)		
PITTSBURGH LIFETIME CARE COMMUNITY	CCRC	PA	501(C) (3)	9	NA
600 GRANT STREET PITTSBURGH, PA 15219 25-1335247					
CANTERBURY PLACE	SR LIVING	PA	501(C) (3)	11(A)I	N A
600 GRANT STREET PITTSBURGH, PA 15219 25-0965334					
SENECA PLACE	SR LIVING	PA	501(C) (3)	9	N A
600 GRANT STREET PITTSBURGH, PA15219 72-1562844					
SHADYSIDE HOSPITAL SUPPORTING FOUNDATION	FOUNDATION	PA	501(C) (3)	11(A)I	NA
600 GRANT STREET PITTSBURGH, PA 15219 26-0303394					
21ST CENTURY BIODEFENSE INC	HEALTHCARE	PA	501(C) (3)	7	NA
600 GRANT STREET PITTSBURGH, PA 15219 26-3806281					
UPMC LEE	INACTIVE	PA	501(C) (3)	3	N A
600 GRANT STREET PITTSBURGH, PA 15219 25-0613830					
COMMMUNITY PHYSICIAN SERVICES INC	INACTIVE	PA	501(C) (3)	9	N A
600 GRANT STREET PITTSBURGH, PA 15219 25-1722923			, ,		
MERCY PHYSICIAN GROUP	HEALTHCARE	PA	501(C) (3)	9	MERCY PRIMA
600 GRANT STREET PITTSBURGH, PA15219 75-3011617					
MERCY NEUROSURGERY GROUP	HEALTHCARE	PA	501(C) (3)	9	MERCY PRIMAR
600 GRANT STREET PITTSBURGH, PA 15219 20-0072963					
PITTSBURGH CARE PARTNERSHIP INC	ADULTDAYCARE	PA	501(C) (3)	9	N A
600 GRANT STREET PITTSBURGH, PA 15219 25-1753852					
SHADYSIDE HOSPITAL FOUNDATION	FOUNDATION	PA	501(C) (3)	11(C) III	N/A
532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232 25-1290546					
PASSAVANT HOSPITAL FOUNDATION	FOUNDATION	PA	501(C) (3)	11(B) II	N/A
9100 BABCOCK BLVD PITTSBURGH, PA15237 25-1407815					
UPMC NORTHWEST FOUNDATION	FOUNDATION	PA	501(C) (3)	11(D) III	N/A
100 FAIRFIELD DRIVE SENECA, PA16346 25-1483624					
ST MARGARET FOUNDATION	FOUNDATION	PA	501(C) (3)	11(C) III	N/A
600 GRANT STREET PITTSBURH, PA 15219 25-1520340			(-,		
Children's Hospital of Pgh Foundation	Foundation	PA	501(c) (3)	7	N/A
600 Grant Street Pittsburgh, PA15219 25-1865744			\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Magee-Women Res Inst and Foundation	Foundation	PA	501(c) (3)	7	N/A
600 Grant Street Pittsburgh, PA15219 25-1462311					

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax	(f) Share of total Income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtio allocations	amount on Box 20 of K-1	Gen	r agıng
		,,,		under sections				(\$)		
	MED OFFICE BL	PA	UPMC PRESBYSHA	512-514) RELATED	218,990	3,143,713	Yes No		<b>Yes</b> Yes	No
600 GRANT STREET PITTSBURGH, PA15219 25-1551779										
SENECA HILLS ASSISTED LIVING LP	ASSISTED LIVI	PA	UPMC SR COMMUNI	RELATED	0	0	No	0		Νo
600 GRANT STREET PITTSBURGH, PA15219 23-2873106										
ST MARGARET MEDICAL ARTS ASSOCIATES	MED OFFICE BL	PA	UPMC SR COMMUNI	RELATED	128,152	3,164,015	No	0	Yes	
600 GRANT STREET PITTSBURGH, PA15219 25-1786655										
CORE NETWORK LLC	HEALTHCARE	PA	UPMC COMM PROVI	RELATED	4,477,644	8,638,864	No	0		Νo
600 GRANT STREE PITTSBURGH, PA15219 25-1786209										
UPMC JEFFERSON REGIONAL HOME HEALTH LP	HOMECARE	РА	UPMC COMM PROVI	RELATED	6,255,968	9,249,463	No	0	Yes	
600 GRANT STREET PITTSBURGH, PA15219 25-1844485										
LIFE HOME CARE LP  600 GRANT STREET PITTSBURGH,	HOMECARE	PA	UPMC COMM PROV	RELATED	1,015,117	8,265,494	No	0	Yes	
PA 15219 25-1847839										
MEDICAL CENTER ASSOCIATION	MED OFFICE BL	PA	MEDICAL CTR PRO	RELATED	0	0	No	0		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1608318										
UPMC ITALY SRL	HEALTHCARE	ΙΤ	UPMC OVERSEAS	RELATED	4,521,924	10,415,926	No	0	Yes	
PIAZZA SETT ANGELI 10 PALERMO 90134 IT										
PA LP	HOMEHEALTH	PA	UPMC COMM PROV	RELATED	4,888,237	10,737,373	No	0	Yes	
600 GRANT STREET PITTSBURGH, PA15219 25-1729714										
	PHARMACY SERV		RX PARTNERS INC	RELATED	0	0	No	0		Νo
660 GRANT STREET PITTSBURGH, PA15219 25-1855593										

Form 990, Schedule R, I	Part IV - Ide	ntification	of Related C		ions Taxable a	s a Corporation	or Trust
(a) Name, address, and EIN of related organization	( <b>b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
600 GRANT STREET PITTSBURGH, PA15219 25-1364192	PHARMACY CO-O	PA	VARIOUS	С	1,778,197	317,804	71 429 %
CHILDREN'S COMMUNITY CARE 600 GRANT STREET PITTSBURGH, PA15219 25-1781887 UPMC HORIZON HEALTH	PEDIATRIC SVC	PA	CHILDREN'S HOSP	С	59,406,485	11,910,262	100 000
PLAN 600 GRANT STREET	MEDICAL SERVI	PA	UPMC HORIZON	С	13,246	0	100 000 %
TREATMNT	RADIATION SVC	PA	UPMC HORIZON	С	-324,820	0	66 670 %
INC 600 GRANT STREET PITTSBURGH, PA15219 25-1512753 UPMC CANCER CENTERS	REAL ESTATE	PA	UPMC MERCY	С	454	1,489,411	100 000 %
INTERNATIONAL LIMITE	HOLDING CO	EI	U O F P CANCER	С	0	0	100 000 %
UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	CANCER TREATM	EI	UPMC CC INTER	С			100 000
PITTSBURGH, PA 15219 25-1877017	HOLDING CO	PA	UPMC	С			100 000 %
HEMATOLOGY ONCOLOGY ASSOC 600 GRANT STREET PITTSBURGH, PA15219 42-1648357	HEALTHCARE	PA	UPMC CC HOLDING	С			100 000 %
ONCOLOGY HEMATOLOGY ASSOC 600 GRANT STREET PITTSBURGH, PA15219 25-1762980	HEALTHCARE	PA	UPMC CC HOLDING	С			100 000 %
SEWICKLEY MEDICAL ONCOLOGY- HEMATOLOGY GR 600 GRANT STREET PITTSBURGH, PA15219 25-1890216	HEALTHCARE	PA	UPMC CC HOLDING	С			100 000 %
TRI-STATE NEUROSURGICAL ASSOCIATES 600 GRANT STREET PITTSBURGH, PA15219 25-1458655	HEALTHCARE	PA	UPMC CC HOLDING	O			100 000 %
RENAISSANCE FAMILY PRACTICE - UPMC INC 600 GRANT STREET PITTSBURGH, PA15219 26-2942406	HEALTHCARE	PA	UPMC CC HOLDING	С			100 000
UPMC HOLDING COMPANY INC 600 GRANT STREET PITTSBURGH, PA15219 25-1777713	HOLDING CORP	PA	UPMC	С			100 000
UPMC COVERAGE PRODUCTS INC 600 GRANT STREET PITTSBURGH, PA15219 25-1777710	HOLDING CORP	PA	UPMC HOLDING CO	С			100 000 %
FREEDOM INSURANCE COMPANY 600 GRANT STREET PITTSBURGH, PA15219 03-0308944	INSURANCE	VT	UPMC COV PRODS	С			100 000 %
TRI-CENTURY INSURANCE CO 600 GRANT STREET PITTSBURGH, PA15219 25-1500739	INSURANCE	PA	UPMC COV PRODS	С			100 000 %
UPMC INSURANCE AGENCY INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1883237 UPMC HEALTH BENEFITS	INSURANCE	PA	UPMC COV PRODS	С			100 000
INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1844144  UPMC HEALTH NETWORK	INSURANCE	PA	UPMC COV PRODS	С			100 000 %
INC 600 GRANT STREET PITTSBURGH, PA15219 72-1527566  UPMC HEALTH PLAN INC	INSURANCE	PA	UPMC COV PRODS	С			100 000 %
600 GRANT STREET PITTSBURGH, PA15219 23-2813536	INSURANCE	PA	UPMC COV PRODS	С			88 660 %
UPMC BENEFIT MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA15219 25-1769564	WORKERS' COMP	PA	UPMC COV PRODS	С			100 000 %
UPMC DIVERSIFIED SERVICES INC 600 GRANT STREET PITTSBURGH, PA15219 25-1778454	HOLDING CORP	PA	UPMC HOLDING CO	С			100 000
MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA15219 25-1666087	HEALTHCARE	PA	UPMC HOLDING CO	С			100 000
23-2912501	SO FTWA RE DEVE	DE	UPMC HOLDING CO	С			90 000 %
600 GRANT STREET PITTSBURGH, PA15219 25-1422155	HEALTHCARE	PA	UPMC DIVERSIFIE	С			100 000
PITTSBURGH, PA 15219	RETAIL PHARM	PA	UPMC DIVERSIFIE	С			100 000 %
PITTSBURGH, PA 15219 25-1843500	EQUIP MAINTEN	PA	UPMC DIVERSIFIE	С			100 000
600 GRANT STREET PITTSBURGH, PA15219 25-1796940	REAL ESTATE	PA	UPMC HOLDING CO	С			100 000 %
UPMC ENVIRONMENTAL RESEARCH CENTER 600 GRANT STREET PITTSBURGH, PA15219 20-4309237	INACTIVE	PA	STRAT BUSINESS	С			100 000 %

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

form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust										
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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			
ASKESIS DEVELOPMENT GROUP INC 600 GRANT STREET PITTSBURGH, PA 15219 54-1625585	SO FTWA RE DEVE	DE	UPMC	С			70 000 %			
PANTHER REINSURANCE COMPANY LTD	INSURANCE	CJ	Cathedral Reins	С			100 000 %			
FORBES REINSURANCE COMPANY LTD	INSURANCE	CJ	UPMC	С			100 000 %			
CATHEDRAL (RE) INSURANCE CO	INSURANCE	CJ	FORBES REINSURA	С			100 000 %			
UPMC INTERNATIONAL HEALTH INITIATIVES 600 GRANT STREET PITTSBURGH, PA15219 84-1706741	INACTIVE	PA	UPMC INT'L HOLD	С			100 000 %			
UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	HEALTHCARE SU	EI	UPMC INT'L HOLD	С	-202,099	76,558,738	100 000 %			
UPMC UNITED KINGDOM LTD C/O NAIRCO 11TH FLOOR WHITEFRIARS LEWINS MEAD, Bristol UK BS1 2NT UK 98-0571026	SO FTWA RE LICE	UK	UPMC INT'L HOLD	С	-846,041	8,280,589	100 000 %			
UPMC CYPRUS HOLDINGS LTD JULIA HOUSE 3 THEMISTOCLES DERVIS NICOSIA CY 1066 CY	HEALTHCARE SU	CY	UPMC INT'L HOLD	С	0	0	100 000 %			
UPMC CYPRUS LTD JULIA HOUSE 3 THEMISTOCLES DERVIS NICOSIA CY 1066 CY	HEALTHCARE SU	СҮ	UPMC Cyprus Hol	С			100 000 %			
UPMC Beacon Sandyford Limited Ste 36 Beacon Hall Beacon Court Sandyford, N/A Dublin 18 EI	Hospital Operatio	EI	UPMC Ireland LT	С			66 670 %			
UPMC BCS Limited Ste 36 Beacon Hall Beacon Court Sandyford, N/A Dublin 18 EI	Holding Company	EI	UPMC Beacon San	С			100 000 %			
UPMC BMGS Limtied Ste 36 Beacon Hall Beacon Court Sandyford, N/A Dublin 18 EI	Triology Lease	EI	UPMC Beacon San	С			100 000 %			
UPMC BHSH Limited Beacon Hall The Mall at Beacon Crt Sandyford, N/A Dublin 18 EI	Holding Company	EI	UPMC Beacon San	С			100 000 %			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	990, Schedule R, Part V - Transactions With Related Organiza  (a)  Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)
(1)	LILIANE S KAUFMANN MOB Assoc	A	12,945
(1)	UPMC PASSAVANT	А	57,923
(2)	UPMC BEDFORD	I	128,137
(3)	UPMC BRADDOCK	I	150,465
(4)	CHILDREN'S HOSPITAL OF Pittsburgh of UPMC	I	7,101,045
(5)	UPMC HORIZON	I	264,362
(6)	MAGEE-WOMENS HOSPITAL OF UPMC	I	2,234,555
(7)	UPMC MCKEESPORT	I	235,843
(8)	UPMC MERCY	I	1,301,565
(9)	UPMC PASSAVANT	I	2,124,331
(10)	UPMC NORTHWEST	I	77,470
(11)	UPMC PRESBYTERIAN SHADYSIDE	I	9,075,570
(12)	UPMC ST MARGARET	I	1,165,272
(13)	UNIVERSTIY PITTSBURGH PHYSICIANS	I	122,704
(14)	UPMC COMMUNITY MEDICINE INC	I	263,611
(15)	LILIANE S KAUFMANN MOB Assoc	J	1,338,885
(16)	UPMC COMMUNITY MEDICINE INC	J	1,712,592
(17)	UNIVERSITY OF PITTSBURGH PHYSICIANS	J	17,319,542
(18)	MAGEE-WOMENS HOSPITAL OF UPMC	J	1,572,651
(19)	UPMC PRESBYTERIAN SHADYSIDE	J	250,754
(20)	TRI-STATE NEURO SURGICAL ASSOCIATES-UPMC INC	J	145,358
(21)	ONCOLOGY-HEMATOLOGY ASSOCIATION INC	J	183,305
(22)	UPMC	J	166,105
(23)	RENAISSANCE FAMILY PRACTICE-UPMC INC	J	233,893
(24)	ONCOLOGY-HEMATOLOGY ASSOCIATION INC	J	805,329
(25)	CENTER FOR EMERGENCY MEDICINE OF WESTERN PA	J	72,000
(26)	CHILDREN'S HOSPITAL OF Pittsburgh of UPMC	J	452,699
(27)	THE HERITAGE SHADYSIDE	J	202,744
(28)	UPMC COMMUNITY PROVIDER SERVICES	J	136,801
(29)	UPMC SENIOR COMMUNITIES INC	J	182,698

Form 990, Schedule R, Part V - Transactions With Related Organizations

	<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)
(31)	CRANBERRY PLACE	J	682,338
(1)	PASSAVANT PROFESSIONAL ASSOCIATES INC	J	57,923
(2)	CHILDREN'S COMMUNITY CARE	0	304,810
(3)	THE CENTER FOR BIO SECURITY of UPMC Inc	0	165,000
(4)	UPMC HOLDING COMPANY INC	0	5,881,673
(5)	FORBES REINSURANCE COMPANY LTD	0	1,667,829
(6)	MONRO EVILLE SPECIALTY CLINIC INC	0	455,122
(7)	TRI-STATE NEURO SURGICAL ASSOCIATES-UPMC INC	0	406,283
(8)	HC PHARMACY CENTRAL INC	0	57,000
(9)	UPMC PRESBYTERIAN SHADYSIDE	0	75,272,093
(10)	CHILDREN'S HOSPITAL OF Pittsburgh of UPMC	0	19,139,810
(11)	UPMC PASSAVANT	0	20,151,082
(12)	UPMC ST MARGARET	0	16,760,079
(13)	MAGEE-WOMENS HOSPITAL OF UPMC	0	65,242,658
(14)	UPMC BRADDOCK	0	1,511,706
(15)	UPMC MCKEESPORT	0	5,916,392
(16)	UPMC NORTHWEST	0	4,067,876
(17)	UPMC BEDFORD	0	1,873,877
(18)	UPMC HORIZON	0	6,087,636
(19)	UPMC MERCY	0	9,652,690
(20)	UPMC COMMUNITY PROVIDER SERVICES	0	2,580,541
(21)	UNIVERSITY OF PITTSBURGH PHYSICIANS	0	39,802,981
(22)	UPMC COMMUNITY MEDICINE INC	0	5,590,754
(23)	UPMC EMERGENCY MEDICINE INC	0	400,000
(24)	RENAISSANCE FAMILY PRACTICE-UPMC INC	0	718,991
(25)	UNIVERSITY OF PGH CANCER INST CANCER SERVICES	0	2,756,612
(26)	STRATEGIC BUSINESS INITIATIVES LLC	0	741,143
(27)	UPMC HEALTH PLAN Inc	0	25,845,872
(28)	UPMC PRESBYTERIAN SHADYSIDE	P	199,517,494
(29)	CHILDREN'S COMMUNITY CARE	P	358,739

### **Additional Data**

Software ID: Software Version:

**EIN:** 20-8295721

Name: UPMC GROUP

#### Form 8865, Schedule A - Constructive Ownership of Partnership Interest

N a me	A ddress	Identifying number (if any)	Check ıf foreıgn person	Check if direct partner
UPMC OVERSEAS 95% DIRECT OWNER	600 GRANT STREET 58TH FLOOR C/O CORPORATE TAX PITTSBURGH, PA 15219			х
UPMC INTERNATIONAL HOLDINGS INC 5% DIRECT OWNER	600 GRANT STREET 58TH FLOOR C/O CORPORATE TAX PITTSBURGH, PA 15219	23-2897712		х

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### **TY 2009 Itemized Other Current Liabilities Schedule**

Name: UPMC GROUP

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
UPMC ITALY srl		ACCRUED SALARIES AND BENEFITS	8,332,062	7,145,619
		ACCRUED ITALIAN CORPORATION TAX	-3,626,981	-563,569
		ACCRUED VAT TAX	-24,135	102,897
		DEPOSITS		138,529

# **TY 2009 Itemized Other Current Assets Schedule**

Name: UPMC GROUP

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
UPMC ITALY srl		PREPAID EXPENSES	524,203	116,021
		OTHER ASSETS	19,322	13,452
		DUE FROM AFFILIATES		1,141,010

### **TY 2009 Other Deductions Schedule**

Name: UPMC GROUP

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
SUPPLIES		109,277
PURCHASED SERVICES		6,179,092
UTILITIES		223,869
TRAVEL EXPENSE		759,285

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### **TY 2009 Organization Chart Statement**

Name: UPMC GROUP

Entity Name	Placement Or Position	Percentage Of Ownership	Tax Classification	Country
UPMC ITALY SRL	100% OWNED SUBSIDIARY	100 %	DISREGARDED ENTITY	IT

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## **TY 2009 Itemized Other Decreases Schedule**

Name: UPMC GROUP

Description	Amount
GAIN/LOSS ON EXCHANGE RATE	1,085,094

<b>TY 2009 Item</b>	ized Share of Other
Income (Loss)	) Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: UPMC GROUP

**EIN:** 20-8295721

Description	Amount
CONTRACT REVENUE	26,821,558
MANAGEMENT FEE REVENUE	8,885,003
PROFESSIONAL FEE DISCOUNT	-5,169,667
GAIN/LOSS ON EXCHANGE RATE VARIANCES	741,505
MISCELLANEOUS INCOME	4,739,662

DLN: 93493133020151

## Software ID: Software Version:

**EIN:** 20-8295721 **Name:** UPMC GROUP

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion ( that a	(che			1	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
David Baer MD BDF Board Member	1 0	×						243,122	0	25,493	
John R Blackburn III BDF Board Chairman	1 0	×		х				0	0	0	
Angela Duvall BDF Board Member	1 0	Х						0	0	0	
David Faber BDF Board Member	1 0	Х						0	0	0	
James Gonsman BDF Board Treasurer	1 0	X						0	0	0	
Garry Goss BDF	1 0	Х						0	0	0	
Board Member Gerald Gronborg DPM BDF	1 0	×						0	0	0	
Board Member Rep Dick Hess BDF	1 0	X						0	0	0	
Board Member  John Holbert BDF								0			
Board 1st Vice Chair Mabel Jordan BDF	1 0	X						0	0		
Board Member	1 0	X						0	0	0	
David T Martin BDF Board Member	1 0	Х						0	0	0	
Patricia Mueller BDF Board Secretary	1 0	X						0	0	0	
Joel Pyle BDF Board Member	1 0	×						0	0	0	
Beverly Ridenour BDF Board Member	1 0	×						0	0	0	
Todd Roadman BDF Board 2nd Vice Chair	1 0	×		х				0	0	0	
Christopher Samuel MD BDF Board Member	1 0	Х						367,580	0	23,309	
Rev Ray Short BDF Board 3rd Vice Chair	1 0	Х						0	0	0	
Esther Barazzone PhD BHS Board Member	1 0	Х						0	0	0	
David Bobrzynski BHS Treasurer and Board Member	1 0	Х		х				158,666	0	26,051	
Shelia Fine BHS Board Member	1 0	Х						0	0	0	
David J Kupfer MD BHS	1 0	X		x				0	0	0	
Vice Pres and Board Member  Mark J Laskow BHS	1 0	X						0	0	0	
Board Member Nikki Nordenberg BHS	1 0	X						0	0	0	
Board Member Loren Roth MD PhD BHS	1 0	×						625,786	_		
Board Member Dean George Werner BHS								023,780	0	<u> </u>	
Board Chairman	1 0	Х		X				<u> </u>	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) (C) A verage hours that apply) per						ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Robin Young BHS Board Member	1 0	Х						0	0	0	
Pauline Abdullah R 92409 BDK Board Member	1 0	Х						0	0	0	
Candı Castleberry-Sıngleton E 924 Board Vıce Chaırman	1 0	Х						379,483	0	42,751	
Margaret Falbo R 92409 BDK Board Member	1 0	Х						0	0	0	
Richard Farrell BDK Board Member	1 0	Х						0	0	0	
Robert Grom R 11210 BDK Board Member	1 0	Х						0	0	0	
George A Huber Esq BDK Board Member	1 0	Х						22,720	0	1,318	
Patrick Lanigan BDK Board Member	1 0	Х						0	0	0	
David T Martin BDK Board Member	1 0	Х						0	0	0	
Tamra Mınnıer BDK Board Member	1 0	Х						400,662	0	43,961	
Mark Sevco BDK Board Member	1 0	Х						288,719	0	45,209	
Thomas W Sterling BDK Board Chairman	1 0	X		х				0	0	0	
Merle Taylor E 41210 BDK Board Secretary	1 0	Х						0	0	0	
Thomas Inglesby MD CBS Board Member and VP and Pres	40 0	Х		х				259,374	0	61,990	
Arthur S Levine MD CBS Board Member	1 0	Х						0	0	0	
Tara O'Toole MD MPHR 111109 CBS Board Chairman and President	40 0	Х		х				284,676	0	68,037	
Jeffrey A Romoff CBS Board Member	1 0	Х						0	0	0	
Loren Roth MD PhD CBS Board Member	1 0	Х						0	0	0	
William Cook E 1110 CEM Board Vice Chairman	1 0	Х						0	0	0	
Douglas Garretson CEM Board Member and President	40 0	Х		х				236,777	0	14,305	
Christopher Gessner E 1110 CEM Board Secretary	1 0	Х						0	0	0	
Donald Goodman CEM Board Member and CFO	40 0	Х		х				193,049	0	14,580	
Edward T Karlovich CEM Board Chairman	1 0	Х		х				0	0	0	
Paul Mark Paris MD CEM Board Member and CMO	1 0	Х						0	0	0	
Dan Swayze CEM Vice President and Secretary	40 0	Х		×				128,977	0	15,388	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	′)	_		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Leslie Braksick PhD CHP Board Member	1 0	Х						0	0	0	
Jeffrey S Broadhurst R 1209 CHP Board Member	1 0	х						0	0	0	
Elizabeth Concordia CHP Board Member	1 0	×						0	0	0	
Ronald R Davenport Jr CHP Board Member	1 0	Х						0	0	0	
Vıncent C Deluzio R 1209 CHP Board Vice Chairman	1 0	Х						0	0	0	
Robert A DeMichiei R 1209 CHP Board Member	1 0	Х						0	0	0	
Douglas P Dick CHP Board Member	1 0	Х						0	0	0	
Mary Jo Howard Dively Esq CHP Board Chairman	1 0	Х		х				0	0	0	
Lawrence N Gumberg CHP Board Member	1 0	Х						0	0	0	
Howard W Hanna III CHP Board Member	1 0	х						0	0	0	
Mark J Laskow R 1209 CHP Board Member	1 0	х						0	0	0	
Arthur S Levine MD CHP Board Member	1 0	х						0	0	0	
Martha Hartle Munsch Esq CHP Board Member	1 0	Х						0	0	0	
Roger A Oxendale R 1209 CHP Board Member and CEO	40 0	Х		х				581,965	0	69,589	
Judge Jill Rangos CHP Board Member	1 0	х						0	0	0	
John G Rangos Sr R 1209 CHP Board Member	1 0	Х						0	0	0	
Joseph C Walton CHP Board Member	1 0	Х						0	0	0	
Shelia Fine CCBH Board Member	1 0	Х						0	0	0	
Mıchael Flaherty CCBH Board Member	1 0	х						0	0	0	
Diane Holder CCBH Board Chairman	1 0	Х		х				0	0	0	
George A Huber Esq CCBH Board Member	1 0	Х						0	0	0	
David J Kupfer MD CCBH Board Member	1 0	Х						0	0	0	
Scott Lammie CCBH Board Member Sec and Treas	1 0	Х		х				0	0	0	
Douglas Muetzel CCBH Board Member	1 0	Х						0	0	0	
Laurie Mulvey CCBH Board Member	1 0	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

<b>(A)</b> Name and Title	(B) (C) A verage hours that apply) per							( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Kenneth Nash CCBH Board Member	1 0	Х						232,101	0	18,297
Nikki Nordenberg CCBH Board Member	1 0	Х						0	0	C
Wilford Payne CCBH Board Member	1 0	Х						0	0	0
Claudia Roth PhD CCBH Board Member	1 0	Х						0	0	0
Regis Ryan CCBH Board Member	1 0	Х						0	0	0
Jeannette South-Paul MD CCBH Board Member	1 0	Х						0	0	0
Laura Thomas CCBH Board Member	1 0	Х						0	0	0
Paul Castillo CFHC Board Treasurer	1 0	х						0	0	0
Robert B Devlin Esq CFHC Board Secretary	1 0	х						0	0	0
David T Martin R 122009 CFHC Board Member and Vice Pres	1 0	Х		×				0	0	0
W DENNIS ZEREGA EdD R 122009 C Board Member	1 0	х						220,000	0	32,984
Robert Blosat CMI Board Member VP and COO	40 0	х		x				343,382	0	48,939
Robert B Devlin Esq CMI Board Member and Secretary	1 0	х		x				229,333	0	28,391
Francis Solano MD CMI Board Member and President	1 0	х		x				518,196	0	33,669
Ann Szell CMI Board Member Treasurer and CFO	40 0	х		х				0	0	C
Neil Y Van Horn CMI Board Member	1 0	Х						0	0	C
Marshall Webster MD CMI Board Member	1 0	Х						0	0	0
Deborah S Brodine CPS Board Member and President	40 0	Х		х				342,413	0	51,103
Elizabeth Concordia CPS Board Member	1 0	Х						0	0	0
Edward T Karlovich CPS Board Member	1 0	Х						0	0	0
Stephen Nımmo Esq CPS Board Member and Secretary	1 0	Х		х				335,465	0	75,571
Jerome Shaffer CPS Board Member Treasurer and CFO	40 0	Х		х				230,333	0	27,770
Deborah S Brodine CRAN Board Member and President	1 0	Х		х				0	0	C
Peter W Eisenbrandt CRAN Board Member	1 0	Х						0	0	C
Rıchard Hamılton E 1110 CRAN Board Member	1 0	Х						0	0	C

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per		tion ( that a	che)	/)	_		(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
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
John D Houston II CRAN Board Treas and Board Sec	10	Х						0	0	0
Margaret M Kımmel PhD CRAN Board Member	1 0	Х						0	0	0
David A Nace MD CRAN Board Member	1 0	Х						175,765	0	9,608
Cynthia Roth CRAN Board Member	1 0	Х						0	0	0
Jerome Shaffer CRAN Board Member	10	Х						0	0	0
William E Troup CRAN Board Member	1 0	Х						0	0	0
Neil Y Van Horn CRAN Board Chairman	1 0	х		x				0	0	0
Robert Blosat EMI Board Member	1 0	Х						0	0	0
Colleen Brennan EMI Treasurer and CFO	40 0	Х		x				160,251	0	24,807
Robert J Maha MD EMI Board Member and President	40 0	Х		x				477,827	0	41,728
Paul Mark Parıs MD EMI Board Member and V President	1 0	Х		х				249,786	0	21,905
Teresa G Petrick EMI Board Member	1 0	Х						0	0	0
Mark Sevco EMI Board Member	1 0	Х						0	0	0
Ann Szell EMI Board Member	1 0	Х						0	0	0
Marshall Webster MD EMI Board Member	1 0	Х						0	0	0
Donald M Yealy MD EMI Board Member	1 0	Х						0	0	0
Mıchael Culyba MD FOR Board Member	1 0	Х						0	341,918	34,796
Paula Garafola E 7709 FOR Board Member	1 0	Х						0	0	0
Diane Holder FOR Board Chairman	1 0	Х		х				0	0	0
George A Huber Esq FOR Board Member	1 0	Х						0	0	0
John Lovelace FOR Board Member and President	40 0	Х		х				0	346,643	31,357
Christina Mikolay E 7709 FOR Board Member	1 0	Х						0	0	0
Michelle Mural FOR Board Member	1 0	Х						0	0	0
George A Huber Esq HCD Board Member	0 0	Х						0	0	0
John Innocentı HCD Board Member and V President	0 0	х		х				0	0	0

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week		tion ( that a	che				(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	Officei	Key employee	Highest compensated employee	Former			
Roger A Oxendale HCD Board Member	0 0	Х						0	0	0
Deborah S Brodine HERT Board Member and President	1 0	Х		х				0	0	0
Peter W Eisenbrandt HERT Board Member	1 0	Х						0	0	0
Richard Hamilton E 1110 HERT Board Member	1 0	Х						0	0	0
John D Houston II HERT Board Treas and Board Sec	1 0	Х						0	0	0
Margaret M Kımmel PhD HERT Board Member	1 0	Х						0	0	0
David A Nace MD HERT Board Member	1 0	Х						0	0	0
Cynthia Roth HERT Board Member	1 0	Х						0	0	0
Jerome Shaffer HERT Board Member	1 0	Х						0	0	0
William E Troup HERT Board Member	1 0	Х						0	0	0
Neil Y Van Horn HERT Board Chairman	1 0	Х		х				0	0	0
John Campbell CPA HRZ Board Member	1 0	Х						0	0	0
Mary D'Auria R 71309 HRZ Board Member	1 0	Х						0	0	0
John S Dolan CPA HRZ Board Member	1 0	Х						0	0	0
Tulio Estrada MD HRZ Board Member	1 0	Х						0	0	0
Lında Evans E 12610 HRZ Board Member	1 0	Х						0	0	0
Steve Gargasz HRZ Board Member	1 0	Х						0	0	0
David Gibbons HRZ Board Member	1 0	Х						0	0	0
O lıvıa Lazor HRZ Board Member	1 0	Х						0	0	0
David T Martin HRZ Board Member	1 0	Х						0	0	0
Lewis Martin R 92309 HRZ Board Member	1 0	Х						0	0	0
Louis Mastrain EdD R 9109 HRZ Board Member	1 0	Х						0	0	0
Frank Mindicino CFP HRZ Board Chairman	1 0	Х		х				0	0	0
Donald Owrey HRZ President	40 0	Х		х				247,960	0	38,130
Larry Pıfer HRZ Board Member	1 0	X						0	0	0

Compensated Employees, and	Independ	dent C	onti	ract	tors	5				
<b>(A)</b> Name and Title	(B) Average hours per		(C tion ( hat a	che	')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Rev Martin Roth HRZ Board Member	1 0	х						О	0	0
Roy J Sartorı DO HRZ Board Member	40 0	х						37,583	0	1,962
Joseph Sımko HRZ Board Treas and Board Sec	1 0	×						0	0	0
Noreen Stegkamper HRZ Board Member	1 0	Х						0	0	0
Joseph Valentino Esq HRZ Board Member	1 0	Х						0	0	0
Troy VanAken E 12610 HRZ Board Member	1 0	Х						0	0	0
Joseph P Walton HRZ Board Vice Chairman	1 0	Х						0	0	0
Kelly Bailey HRZF Board Treasurer	1 0	Х						0	0	0
Sam Bellich E 2410 HRZF Board Member	1 0	Х						0	0	0
Steve Bible HRZF Board Member and VP	1 0	Х						0	0	0
Gızelle Dean HRZF Board Member	1 0	Х						0	0	0
Jeanne Endicott HRZF Board Member	1 0	х						0	0	0
Roberta Goldstone R 2410 HRZF Board Member	10	Х						0	0	0
Elizabeth Izenas HRZF Board Member	1 0	Х						0	0	0
Curtis Jantzi MD HRZF Board Member	1 0	Х						182,409	0	15,004
Sally Kaiser HRZF Board Member	1 0	Х						0	0	0
Robert Lindberg MD HRZF Board Member	1 0	х						0	0	0
Patty McCluskey-Shonka HRZF Board Secretary	1 0	Х						0	0	0
Kathy Oros R 2410 HRZF Board Member	1 0	х						0	0	0
Kevin Orsinger E 12109 HRZF Board Member	1 0	Х						0	0	0
Donald Owrey HRZF Board Member	1 0	Х						0	0	0
Matthew Perry R 4110 HRZF Board Member	1 0	Х						0	0	0
Robert Piccirilli HRZF Board Memebr and Pres	1 0	Х		х				0	0	0
Marcy Pickering HRZF Board Member	1 0	Х						0	0	0
Jonathan Roberts R 1110 HRZF Board Member	1 0	х						0	0	0

Compensated Employees, and	Independ	lent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per	Posi t	tion ( that a	che	')		ı	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
David Shulik HRZF Board Member	1 0	Х						0	0	0
Melody Sidor R 4110 HRZF Board Member	1 0	Х						0	0	0
Joseph Sımko R 2410 HRZF Board Member	1 0	x						0	0	0
Lorrie Speir-Chrastina E 2410 H Board Member	1 0	Х						0	0	0
Rev Lee Weber HRZF Board Member	1 0	Х						0	0	0
Charles Bogosta IMIT Board Vice Chairman	1 0	X						0	0	0
Robert A DeMichiei IMIT Board Member	1 0	Х						0	0	0
Daniel Drawbaugh IMIT Board Chairman	1 0	Х		х				0	0	0
Scott Gilstrap R 1209 IMIT Board Member and President	40 0	Х		х				205,440	0	30,907
Edward Marınzel IMIT Board Member	1 0	X						215,202	0	32,001
Leo W Yochum IHI Board Member	1 0	Х						0	0	0
Rose Almon-Martin MAG Board Secretary	1 0	Х						0	0	0
Mark Aloe MAG Board Member	1 0	Х						0	0	0
Chief Judge Donetta Ambrose MAG Board Vice Chairman	1 0	Х						0	0	0
Michele Atkins MAG Board Member	1 0	Х						0	0	0
Elizabeth Concordia MAG Board Member	1 0	Х						0	0	0
Leslie C Davis MAG President	40 0	Х		х				545,265	0	66,226
Peter W Eisenbrandt MAG Board Treasurer	1 0	Х						0	0	0
Charles Fletcher Jr MAG Board Member	1 0	Х						0	0	0
W Allen Hogge MD MAG Board Member	1 0	Х						0	0	0
Margaret P Joy MAG Board Member	1 0	Х						0	0	0
Arthur S Levine MD MAG Board Member	1 0	Х						0	0	0
Barbara Mistick MAG Board Member	1 0	Х						0	0	0
William Pietragallo II Esq MAG Board Chairman	1 0	Х		х				0	0	0
Jeannette South-Paul MD MAG Board Member	1 0	X						0	0	0

(A)	(B)		((	:)				(D)	(E)	(F)
Name and Title	A verage hours per		tion (	che	′)	_	1	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Kathy Mayle Towns MAG Board Member	1 0	х						0	0	0
Rudolph A Antoncic Jr MD MCK Board Member	1 0	Х						291,329	0	71,976
Sue Ann Striffler Galaskı MCK Board Member	1 0	х						0	0	0
D James Heatherington MCK Board Chairman	1 0	х		х				0	0	0
George A Huber Esq MCK Board Member	1 0	х						0	0	0
Mohammad Idrees MD R 8409 MCK Board Member	1 0	х						30,994	0	1,860
Jo Ellen Kenney MCK Board Member	1 0	х						0	0	0
Irving J Latterman MCK Board Member	1 0	х						0	0	0
David T Martin MCK Board Member	1 0	х						0	0	0
Rebecca Shaw McHolme JD MCK Board Vice Chairman	1 0	х						0	0	0
Domingo Ottonello MD E 8509 MCK Board Member and Physician	40 0	х						79,141	0	22,021
Curtiss E Porter PhD MCK Board Member	1 0	х						0	0	0
Mary Pat Soltis MCK Board Member	1 0	Х						0	0	0
Jeannette South-Paul MD MCK Board Member	1 0	Х						0	0	0
Thomas W Sterling MCK Board Member	1 0	Х						0	0	0
Merle Taylor E 41210 MCK Board Secretary	40 0	Х						84,186	0	15,488
Curits Waligura DO MCK Board Member	1 0	Х						65,004	0	4,225
Susan Mammarella MCKP Treasurer and Secretary	1 0	Х		х				0	0	0
Hugh Brannan E 71409 MHP Board Member	1 0	х						0	0	0
Robert J Cındrıch Esq MHP Board Member	1 0	х						0	0	0
Elizabeth Concordia MHP Board Member	1 0	х						0	0	0
Renee Crosby-Skınner E 101309 M Board Member	1 0	Х						0	0	0
Lawrence A DıNardo VE JCL MHP Board Member	1 0	Х						0	0	0
Charles J Dougherty PhD MHP Board Member	1 0	х						0	0	C
Korry Green Esq E 101309 MHP Board Member	1 0	x						0	0	0

Compensated Employees, and	Independ	lent C	ont	ract	tors	5			-	
(A) Name and Title	(B) Average hours per		tion ( that a	(che	′)		ı	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Keş emploşee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Edward T Karlovich MHP Board Treasurer	1 0	Х						О	О	0
Maureen Lally-Green MHP Board Member	1 0	Х						0	0	0
Judith K Linaburg E 71409 MHP Board Member	1 0	Х						0	0	0
F J Luccion E 1910 MHP Board Member	1 0	X						0	0	0
John R McGinley Jr Esq MHP Board Chairman	1 0	Х		х				0	0	0
Wilma McNeese MHP Board Member	1 0	×						0	0	0
James L Murdy R 11910 MHP Board Member	1 0	X						0	0	0
Philip A Pollice MD MHP Board Member	1 0	Х						0	0	0
Rachel Riley-Lavelle E 101309 M Board Member	1 0	Х						0	0	0
Joseph J Whiteside MHP Board Member	1 0	X						0	0	0
William Cook R 81109 MPC Board Chairman and President	1 0	Х		х				0	0	0
Sandra Luttner R 81109 MPC Board Member Sec and Treas	1 0	Х		х				174,476	0	4,073
Larry Adams NWH Board Member	1 0	Х						0	0	0
James L Daugherty NWH Board Member	1 0	Х						0	0	0
Michell Hartle E 1110 NHW Board Member	1 0	Х						0	0	0
James Heasley NWH Board Member	1 0	Х						0	0	0
Denise Jones E 1110 NWH Board Member	1 0	Х						0	0	0
James E Knarr DMD NWH Board Secretary	1 0	Х						0	0	0
David McCandless MD NWH Board Member	1 0	Х						222,343	0	21,765
James McLaughlin DO NWH Board Member	1 0	Х						306,298	0	21,875
Robert L Miller R 123109 NWH Board Vice Chairman	1 0	Х						0	0	0
Marilyn Neely NWH Board Member	1 0	Х						0	0	0
Rına Nerlich NWH Board Member	1 0	Х						0	0	0
Donald Owrey E 7109 NWH Board Member	1 0	Х						0	0	0
Daniel Paulo DVM NWH Board Member	1 0	Х						0	0	0

Compensated Employees, and	Independ	lent C	ont	ract	tors	5				
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion (	(che	')		ı	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Keith Pemrick NWH Board Chairman	1 0	Х		x				0	o	0
Mark Salerno MD NWH Board Member	1 0	Х						0	0	0
Lında Schell NWH Board Member	1 0	x						0	0	0
William Shaffner Esq NWH Board Member	1 0	Х						270,659	0	50,330
Richard O Way R 123109 NWH Board Member	1 0	Х						0	0	0
Gail Welch NWH Board Member	1 0	Х						0	О	0
James Williams NWH Board Member	1 0	Х						0	0	0
Cynthia Dorundo OCC President	1 0	Х		х				0	0	0
Susan Mammarella OCC Board Member Sec and Treas	1 0	Х		х				0	0	0
Jeffrey A Romoff OVR Board Member	1 0	Х						0	0	0
Leo W Yochum O V R Board Member	1 0	Х						0	0	0
James W Boyle MD PAV Board Member	1 0	Х						321,390	0	24,744
Gary Bucciarelli PAV Board Member	1 0	Х						0	0	0
Eric Cartwright PAV Board Member	1 0	Х						379,088	0	67,316
ROBERT A DEMICHIEI PAV Board Member	1 0	Х						0	0	0
Ralph T DeStefano PAV Board Member	1 0	Х						87,280	0	16,214
Edward A Dills PAV Board Member	1 0	Х						0	0	0
Debra A Dinnocenzo PAV Board Member	1 0	Х						0	0	0
Francis W Finley Jr PAV Board Treasurer	1 0	Х						0	0	0
Anthony Greco PAV Board Member	1 0	Х						0	0	0
Richard S Hamilton PAV Board Chairman	1 0	Х		х				0	0	0
John D Houston II PAV Board Member	1 0	Х						0	0	0
George A Huber Esq PAV Board Member	1 0	Х						0	0	0
Sister Candace Introcaso E 11190 Board Member	1 0	Х						0	0	0
Franklın H Kelly PAV Board Member	1 0	Х						0	0	0

Compensated Employees, and	Independ	lent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per	Posi t	tion (	(che				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Patricia J Kutcher PAV Board Member	1 0	х						О	o	0
Joon Sup Lee MD PAV Board Member	1 0	Х						593,271	59,403	24,935
Joseph F Long PAV Board Member	1 0	×						59,969	0	10,242
Justice Joan Orie Melvin PAV Board Member	1 0	Х						0	0	0
Gregory K Peaslee PAV Board Member	1 0	Х						0	0	0
Teresa Petrick PAV Board Member and President	40 0	X		х				480,020	0	85,666
Elmer J Sigety Sr PAV Board Second Vice Chairman	1 0	X						0	0	0
Daniel R Sullivan MD PAV Board First Vice Chairman	1 0	X						0	0	0
Dennis H Tomassetti PAV Board Member and CFO	40 0	Х		х				311,441	0	60,303
William E Troup PAV Board Secretary	1 0	Х						0	0	0
Donna Jasko PPA Board Member and Asst Sec	1 0	Х						198,369	0	23,518
Teresa G Petrick PPA Board Chairman	1 0	Х		х				0	0	0
Dennis H Tomassetti PPA Board Member and Treasurer	1 0	Х		x				0	0	0
G Nıcholas Beckwith III PUH Board Chairman	100	Х		х				0	0	0
David B Fawcett PUH Board Member	1 0	Х						0	0	0
Karen Wolk Feinstein PhD PUH Board Member	1 0	Х						0	0	0
H Arnold Gefsky PUH Board Member	1 0	Х						0	0	0
C Talbot Heppenstall Jr PUH Board Member and Treasurer	1 0	Х		х				0	0	0
Michele P Jegasothy Esq PUH Secretary	1 0	Х		х				0	0	0
Randy P Juhl PhD PUH Board Member	1 0	Х						0	0	0
Mark J Laskow PUH Board First Vice Chairman	1 0	Х						0	0	0
Kenneth Lee MD PUH Board Member	1 0	Х						244,349	0	21,392
Arthur S Levine MD PUH Board Member	1 0	Х						0	0	0
W Duff McCrady PUH Board Member	1 0	Х						0	0	0
Jeffrey A Romoff PUH Board Member	1 0	Х						0	0	0

Compensated Employees, and	Independ	lent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per	Posi t	tion (	(che	′)		ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Jeannette South-Paul MD PUH Board Member	10	х						0	0	0
Alexander J Ciocca Esq SMH Board Member and Asst Sec	1 0	Х						0	0	0
Elizabeth Concordia SMH Board Member	1 0	Х						0	0	0
Edward J Donnelly III MD SMH Board Member	1 0	Х						217,823	0	17,976
James M Ferguson III SMH Board V Chair and Board Treas	1 0	Х						0	0	0
Kevin Garrett MD SMH Board Member	1 0	Х						394,403	0	31,476
John R Hamilton SMH Board Member	1 0	Х						0	0	0
Scott Lammie SMH Board Member	1 0	Х						0	0	0
Valerie C Trott SMH Board Member	1 0	Х						214,687	0	14,147
Neil Y Van Horn SMH Board Chairman	1 0	Х		x				0	0	0
Dean George Werner SMH Board Secretary	1 0	Х						0	0	0
V Thomas Worrall MD SMH Board Member	1 0	Х						151,550	0	19,878
David Gibbons SCS Board Chairman	1 0	Х		х				0	0	0
Patricia Kaufman SCS Board Member and Secretary	1 0	Х		х				0	0	0
Roger McCauley SCS Board Member Treasurer and CFO	40 0	Х		х				0	0	0
Nancy Pastorius SCS Board Vice Chairman and COO	40 0	Х		х				93,745	0	17,076
Troy Wood SCS Board Member	1 0	Х						0	0	0
William Cook UHCP Board Member	1 0	Х						0	0	0
Christopher A Gessner UHCP Board Member and V President	1 0	Х		х				0	0	0
Edward T Karlovich UHCP Board Member Treas and CFO	1 0	Х		х				0	0	0
Arthur S Levine MD UHCP Board Member	10	Х						0	0	0
Marshall Webster MD UHCP Board Chairman and President	10	Х		Х				0	0	0
Elizabeth Concordia UPCICS Board Member	1 0	Х						0	0	0
Sy Holzer UPCICS Board Member	1 0	Х						0	0	0
Edward T Karlovich UPCICS Board Member	1 0	Х						0	0	0

<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a	che	′)		ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Scott Lammie UPCICS Board Member	1 0	×						0	0	0
Stanley Marks MD UPCICS Board Member and Secretary	40 0	x		x				902,364	364,910	44,951
Jeffrey Shogan MD R 182010 UPCI Board Member and Treasurer	40 0	х		х				795,961	361,664	26,223
Derek Angus MD UPP Board Member and Dept Chair	40 0	х						411,327	0	20,582
K Ty Bae MD E 282010 UPP Board Member and Dept Chair	40 0	х						157,197	0	14,471
G Nicholas Beckwith III UPP Board Member	1 0	х						0	0	0
Timothy Robert Billiar MD UPP Board Secretary and Dept Chair	40 0	х						665,908	232,799	48,137
Michael Boninger MD UPP Board Member and Dept Chair	40 0	х						157,010	0	8,463
Margaretha Casselbrant MD UPP Board Member	40 0	х						238,805	0	25,740
Jerome Cochran UPP Board Member	1 0	х						0	461,593	75,506
Anita Courcoulas MD UPP Board Member	40 0	х						449,846	0	22,956
Leslie C Davis UPP Board Member	1 0	х						0	0	0
Louis D Falo Jr MD UPP Board Member and Dept Chair	40 0	х						271,504	0	18,973
Michael Finikiotis MD UPP Board Member	40 0	х						230,937	0	29,041
Karen S Fisher UPP Board Member	1 0	х						0	0	0
Robert M Friedlander MD E 610 U Board Member and Dept Chair	40 0	х						0	0	0
Freddie H Fu MD UPP Board Member and Dept Chair	40 0	х						952,664	0	36,313
Christopher A Gessner UPP Board Member	1 0	х						0	0	0
Joel S Greenberger MD UPP Board Member and Dept Chair	40 0	х						364,271	0	28,857
Richard S Hamilton UPP Board Member	1 0	х						0	0	0
W Allen Hogge MD UPP Board Member and Dept Chair	40 0	х						377,372	0	27,716
Jonas T Johnson MD UPP Board Member and Dept Chair	40 0	х						636,839	0	33,036
David J Kupfer MD R 101509 UPP Board Secretary and Dept Chair	40 0	Х						364,317	0	34,145
Arthur S Levine MD UPP Board Member	1 0	х						0	762,397	41,310
David A Lewis MD E 1009 UPP Board Member and Dept Chair	40 0	Х						184,882	0	16,580

<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a	(che			ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Barry London MD UPP Board Member	40 0	x						359,447	0	21,050
James Luketich MD UPP Board Member	40 0	х						1,928,180	0	33,997
George K Michalopoulos MD UPP Board Member and Dept Chair	40 0	х						317,479	0	20,646
Joel B Nelson MD UPP Board Treasurer and Dept Chair	40 0	х						590,292	0	24,495
Mark A Nordenberg UPP Board Member	1 0	х						0	560,514	130,900
Gregory K Peaslee UPP Board Member	1 0	х						0	0	0
David Hirsch Perlmutter MD UPP Board Member and Dept Chair	40 0	х						286,706	0	22,056
Jeffrey A Romoff UPP Board Member	1 0	х						0	0	0
Joel S Schuman MD UPP Board Member and Dept Chair	40 0	х						393,079	0	22,085
Steven Shapiro MD UPP Board Member and Dept Chair	40 0	х						392,861	0	22,363
Jeannette South-Paul MD UPP Board Member and Dept Chair	40 0	х						185,205	0	15,853
Jules H Sumkin MD R 2810 UPP Board Member and Intm Dept Chr	40 0	х						599,144	0	32,163
Stephen R Tritch UPP Board Member	1 0	х						0	0	C
Neil Y Van Horn UPP Board Member	1 0	х						0	0	C
Evan Waxman MD UPP Board Member	40 0	х						269,592	0	19,027
Marshall Webster MD UPP Board Member and President	40 0	х		х				0	0	C
Lawrence Weschler MD UPP Board Member and Dept Chair	40 0	х						398,739	0	20,231
John P Williams MD UPP Board Member and Dept Chair	40 0	х						398,930	0	24,258
Donald Yealy MD UPP Board Member and Dept Chair	40 0	х						287,552	0	21,483
David Gibbons VNA Board Chairman	1 0	х		х				0	0	C
Patricia Kaufman VNA Board Vice Chairman and Pres	40 0	х		х				101,396	0	7,149
Roger McCauley VNA Board Member and Treasurer	1 0	х		х				0	0	(
Nancy Pastorius VNA Board Member and Secretary	1 0	х		х				0	0	(
Robert O Agbede UPMC Board Member	1 0	х						0	0	(
Esther Barazzone PhD UPMC Board Member	1 0	Х						0	0	(

Compensated Employees, and	Independ	dent C	ont	ract	tors	5				
(A) Name and Title	(B) A verage hours per		tion ( that a	che	')	_		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
G Nicholas Beckwith III UPMC Board Chairman	100	×		x				О	0	0
Rıchard F Berdık UPMC Board Member	1 0	Х						0	0	0
Timothy Robert Billiar MD UPMC Board Member	1 0	х						0	0	0
Ester L Bush UPMC Board Member	1 0	х						0	0	0
J W Connolly R 8192009 UPMC Board Member	1 0	Х						0	0	0
James L Daugherty UPMC Board Member	1 0	Х						0	0	0
Ronald Davenport UPMC Board Member	1 0	Х						0	0	0
Vıncent C Deluzio UPMC Board Member	1 0	х						0	0	0
Douglas Dick E 82009 UPMC Board Member	1 0	х						0	0	0
William S Dietrich UPMC Board Member	1 0	х						0	0	0
James C Diggs UPMC Board Member	1 0	х						0	0	0
Mary Jo Howard Dively Esq UPMC Board Member	1 0	х						0	0	0
John S Dolan CPA UPMC Board Member	1 0	х						0	0	0
Steven G Elliott UPMC Board Member	1 0	х						0	0	0
David B Fawcett UPMC Board Member	1 0	х						0	0	0
Audrey Hıllman Fısher UPMC Board Member	1 0	х						0	0	0
Ira J Gumberg UPMC Board Member	1 0	х						0	0	0
Stephen Halpern UPMC Board Member	1 0	х						0	0	0
Richard S Hamilton UPMC Board Member	1 0	х						0	0	0
Howard W Hanna III UPMC Board Member	1 0	х						0	0	0
Jason Harrison UPMC Board Member	1 0	Х						0	0	0
D James Heatherington UPMC Board Member	1 0	Х						0	0	0
Robert M Hernandez UPMC Board Member and Chair Fin Com	2 0	Х						0	0	0
Margaret P Joy UPMC Board Member	1 0	Х						0	0	0
Margaret M Kımmel PhD UPMC Board Member	1 0	×						0	0	0

Compensated Employees, and	Independ	dent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Maxwell King UPMC Board Member	10	Х						О	О	0
James E Knarr DMD UPMC Board Member	1 0	Х						0	0	0
Mark J Laskow UPMC Board Second Vice Chairman	3 0	Х						0	0	0
Arthur S Levine MD UPMC Board Member	1 0	Х						0	0	0
Anne Lewis UPMC Board Member	1 0	Х						0	0	0
Robert G Lovett UPMC Board Member	1 0	Х						0	0	0
Eric Mann UPMC Board Member	1 0	Х						0	0	0
W Duff McCrady UPMC Board Member	1 0	Х						0	0	0
John R McGinley Jr Esq UPMC Board Member	10	Х						0	0	0
Martin G McGuinn UPMC Board Member	1 0	Х						0	0	0
Wilma McNeese UPMC Board Member	1 0	Х						0	0	0
Marlee S Myers UPMC Board Member	1 0	Х						0	0	0
Mark A Nordenberg UPMC Board Member	10	Х						0	0	0
Morgan O'Brien UPMC Board Member	1 0	Х						0	0	0
Robert A Paul UPMC Board Member	1 0	Х						0	0	0
John H Pelusı Jr UPMC Board Member	1 0	Х						0	0	0
William Pietragallo II Esq UPMC Board Member	1 0	X						0	0	0
The Honorable Lisa Pupo-Lenihan UP Board Member	1 0	X						0	0	0
Steven D Shapıro MD UPMC Board Member	1 0	X						0	0	0
Jack Shea UPMC Board Member	1 0	Х						0	0	0
Patrıcıa Sıger UPMC Board Member	1 0	Х						0	0	0
Stephen Tritch UPMC Board First Vice Chair	1 0	Х						0	0	0
William E Troup UPMC Board Member	1 0	Х						0	0	0
Thomas J Usher UPMC Board Member	1 0	Х						0	0	0
Joseph Valentino Esq UPMC Board Member	10	Х						0	0	0

Compensated Employees, an	d Independ	dent C	ont	rac	tors	5		<u> </u>		
<b>(A)</b> Name and Title	(B) Average hours		tion ( that a	(che	′)	_		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Neil Y Van Horn UPMC Board Member	2 0	х						0	0	0
Sunil Wadhwani UPMC Board Member	1 0	х						0	0	0
Dean George Werner UPMC Board Member	1 0	Х						0	0	0
Joel H Weinberg MD UPMC Board Member	1 0	х						587,669	0	35,609
Leo W Yochum UPMC Board Member	1 0	х						0	0	0
Sam Zacharıas UPMC Board Member	1 0	Х						0	0	0
John Kuzmishin IHI Secretary	1 0	Х		х				452,647	0	40,771
William O bert BDF CFO and VP Admin	40 0			х				142,089	0	34,130
Roger P Winn BDF President	40 0			х				284,616	0	48,933
Alexander J Ciocca Esq BHS Secretary	1 0			х				276,363	0	32,691
Claudia Roth PhD BHS President	1 0			x				460,880	0	52,849
Cynthia Dorundo BDK President	40 0			x				326,973	0	56,442
Rodney Jones R 4910 BDK Secretary	40 0			x				162,129	0	23,853
Susan Mammarella BDK Treasurer and CFO	40 0			x				0	0	0
Stephen Nımmo Esq CBS Secretary	10			x				0	0	0
Christopher A Gessner CHP President	40 0			x				437,419	0	57,507
Kımberly Moses CHP Secretary	40 0			x				85,058	0	7,042
Laurel Ragland CHP Treasurer and CFO	40 0			x				138,074	0	15,544
James Gavın CCBH Presıdent	40 0			x				365,597	0	52,764
James Gıammarco CCBH Chief Financial Officer	40 0			x				171,990	0	18,642
William A Nigro CRAN Assistant Treasurer and CFO	40 0			x				0	107,669	12,110
James Anthony Palmer CRAN Vice Pres and Treasurer	40 0			х				0	188,646	22,488
Terrence Lewis Esq EMI Secretary	1 0			х				128,106	0	14,109
Scott Lammie FOR Treasurer and CFO	40 0			х				0	642,588	219,313
Daniel Vukmer Esq FOR Secretary and Vice President	40 0			×				0	279,751	28,522

(A) Name and Title	(B) Average hours		tion (	che	′)			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Marlene R Cooper HCD Secretary	0 0			х				0	0	0
William A Nigro HERT Asst Treasurer and CFO	40 0			x				0	0	0
James Anthony Palmer HERT Vice President and COO	40 0			х				0	0	0
David Shulik HRZ CFO	40 0			х				167,499	0	25,523
Jackie Bonier HRZF Director of Foundation	40 0			х				72,195	0	19,410
Thomas Burich HRZF President	1 0			х				128,501	0	25,243
Deanne Krugh IMIT Vice President Sec and Treas	40 0			х				152,150	0	21,505
Charles Bogosta IHI President	1 0			х				0	0	0
Alexander J Ciocca Esq IHI Secretary	1 0			х				0	0	0
Michael Riska IHI Vice President and Treasurer	1 0			х				317,123	0	45,674
Susan Kostilnik MAG Asst Sec and Sr Executive Asst	40 0			х				58,286	0	10,464
Eileen Simmons MAG Treasurer and CFO	40 0			х				244,035	0	21,576
Cynthia Dorundo MCK President	40 0			х				20,634	0	3,887
Susan Mammarella MCK Treasurer and CFO	40 0			х				158,549	0	30,143
Kathleen Yurık MCK Secretary and Exc Admn Asst	40 0			х				54,163	0	12,782
Cynthia Dorundo MCKP President	1 0			х				0	0	0
Nicholas Barcellona E 122009 MHP Chief Financial Officer	40 0			х				19,681	0	6,118
William Cook MHP President	40 0			х				427,781	0	45,309
Rebecca O'connor Esq MHP Secretary and Assoc Counsel	40 0			х				111,303	0	18,746
Eileen Simmons R 12109 MHP Chief Financial Officer	40 0			х				0	0	0
Nancy Beichner NWH Asst Sec and Admn Asst to Pres	40 0			х				44,773	0	15,661
David Gibbons NWH President	40 0			х				352,401	0	30,927
Roger McCauley NWH Treasurer and CFO	40 0			х				191,385	0	26,147
Charles Bogosta OVR President	1 0			х				0	0	0
Alexander J Ciocca Esq OVR Secretary	1 0			х				0	0	0

(A) Name and Title	(B) Average hours per		tion ( that a	(che	')			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Michael Riska OVR Treasurer and CFO	1 0			x				0	0	0	
Paul Castillo PUH Chief Financial Officer	40 0			х				281,473	0	31,755	
John Innocenti PUH President	40 0			х				768,778	0	168,926	
Edward T Karlovich PUH	40 0			X				690,962	0	122,339	
CFO Academic Comm Hospitals  Margarita Marsh PUH	40 0			X				58,601	0	5,865	
Asst Sec and Asst to Pres John R Carroll SMH	40 0			×				170,666	0	37,938	
Asst Sec and VP Admin David T Martin SMH	40 0			X				596,065	0		
President Thomas Newman SMH	40 0			X				181,108	0		
Asst Treasurer and CFO Anne Bookman SCS	40 0			×				26,259	0		
Asst Sec and Admin Asst Marlene R Cooper UHCP	40 0			X				103,494	0		
Secretary Charles Bogosta UPCICS	+										
President Peter Tate UPCICS	40 0			X				0	0		
Chief Financial Officer James Terwilliger UPCICS	40 0			X				172,297	0	,	
Vice President Ann Szell UPP	40 0			X				358,534	0	,	
Chief Financial Officer	40 0			Х				351,682	0	43,233	
Heidi DeBaldo UPMC Secretary	40 0			Х				38,812	0	12,477	
Robert A DeMichiei UPMC Sr VP and CFO	60 0			Х				893,604	0	260,569	
Michele P Jegasothy Esq UPMC Secretary	40 0			х				166,197	0	23,727	
Charles Bogosta UPMC EVP and Pres Intl and Comm Srv	60 0				х			885,800	0	158,143	
Robert J Cındrıch UPMC SR VP and Chief Legal Officer	60 0				х			1,190,070	0	276,850	
Elizabeth Concordia UPMC Executive VP UPMC	60 0				х			1,528,135	0	354,050	
Sandra Danoff UPMC Sr VP and Chief Comm Officer	60 0				х			694,839	0	191,189	
Daniel Drawbaugh UPMC SR VP and Chief Inform Officer	60 0				х			935,662	0	344,079	
David Farner UPMC Sr VP and Chief of Staff	60 0				х			892,093	0	267,668	
C Talbot Heppenstall Jr UPMC Sr VP and Treasurer	60 0				х			692,452	0	216,657	
Diane Holder UPMC Executive Vice President	60 0				х			0	1,043,836	272,538	

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(A) Name and Title	(B) Average hours per week	tion to institutional Trustee		Highest compensated employee	Former	(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
Ronald Ott Former President					х	187,563	0	4,377
Mark Benninghoff Former Executive VP					х	167,702	0	0
Pamela Triolo Former Chief Nursing Officer					х	354,551	0	22,379

(A)	(B)		((					(D)	(E)	(F)	
Name and Title	A verage hours		tion ( hat a			II		Reportable compensation	Reportable compensation	Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Gregory K Peaslee UPMC Sr VP Chief HR and Adm Srv Off	60 0				х			779,257	0	363,455	
Jeffrey A Romoff UPMC President and CEO	60 0				х			3,563,826	0	447,549	
Marshall Webster MD UPMC Executive Vice President	60 0				х			828,430	115,736	120,809	
Ghassan Bejjani MD Neurosurgeon	40 0					x		2,336,905	0	30,494	
Richard Spiro MD Neurosurgeon	40 0					х		2,213,088	0	19,201	
Mark Rodosky MD Orthopedic Surgeon	40 0					×		1,467,228	0	23,348	
Adnan Abla MD Neurosurgeon	40 0					х		1,441,447	0	96,888	
Victor Morell MD Cardiothoracic Surgeon	40 0					х		1,293,829	0	23,671	
David Bartlett MD Former Board Member							х	641,481	0	17,536	
Marguerite Bonaventura MD Former Board Member							х	388,790	0	21,117	
Philip Green Former Board Member							х	777,196	0	12,618	
Deborah Holder MD Former Board Member							х	134,630	0	9,476	
Amın Kassam MD Former Board Member							х	1,819,335	0	21,687	
Mary Korytkowskı Former Board Member							х	107,674	0	9,296	
Scott Mirowitz MD Former Board Member							х	560,267	0	3,024	
Rita Patel MD Former Board Member							х	271,494	0	21,733	
Robert Thompson Former Board Member							х	261,743	0	27,319	
Adele Towers Former Board Member							х	182,243	0	15,770	
Eric Weaverling Former Board Member							х	224,751	0	22,495	
Susan Edgar-Hoolahan Former Board Member							х	269,604	0	29,877	
Nancy Magee Former President							х	295,267	0	36,370	
Neil Todhunter Former President							х	250,944	0	18,323	
JW Wallace Former Board Vice Chairman							х	106,027	0	8,383	
Lorina Wise Former Secretary and Gen Coun							х	144,316	0	6,427	
Joel Yuhas Former President							Х	104,121	461,659	138,675	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

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	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REV	621,500	5,179,024,568	5,176,836,934	2,187,634	
OTHER PATIENT SERV	541,900	303,292,702	303,045,632	247,070	
OTHER PROG SRV REV	561,000	1,529,541,602	1,526,388,241	3,153,361	
FEES AND CONTRACTS FROM GOV'T AGENCIES		13,313,641	13,313,641		
JOINT VENTURE REVENUE		-6,917,171	-6,917,171		

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL EXPENSES	1,206,609,425	1,206,609,425		
MEDICAL/PATIENT SUPPLIES	326,090,802	326,090,802		
DRUGS	241,350,705	241,350,705		
BAD DEBT	226,438,607	226,438,607		
MEDICAL IMPLANTS	204,198,748	204,198,748		