


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016**

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
UPMC

% ROBERT A DEMICHIEI

Doing business as

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

600 GRANT ST 58TH FL C/O CORP TAX

City or town, state or province, country, and ZIP or foreign postal code  
PITTSBURGH, PA 15219

**F** Name and address of principal officer  
ROBERT A DEMICHIEI  
600 GRANT STREET  
PITTSBURGH,PA 15219

**H(a)** Is this a group return for subordinates?  
No

☐ Yes ☒ No

**H(b)** Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶ 9707

**D** Employer identification number  
25-1423657

E Telephone number  
(412) 647-2345

**G** Gross receipts \$ 2,516,363,823

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ www.upmc.com

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1982

**M** State of legal domicile PA

Part I

Summary

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities  
SUPPORT OF SUBSIDIARY TAX-EXEMPT HEALTHCARE, EDUCATION AND RESEARCH ORGANIZATIONS

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a) . . . . .

**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .

**6** Total number of volunteers (estimate if necessary) . . . . .

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

**7b** Net unrelated business taxable income from Form 990-T, line 34 . . . . .

**3**

**4**

**5**

**6**

**7a**

**7b**

24

18

0

0

7,159

-4,046,972

Revenue

**8** Contributions and grants (Part VIII, line 1h) . . . . .

**9** Program service revenue (Part VIII, line 2g) . . . . .

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

**14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

**16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶<sup>0</sup>

**17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

**18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

**19** Revenue less expenses Subtract line 18 from line 12 . . . . .

**Prior Year**

**Current Year**

0

158,846,389

453,756,700

2,245,338

614,848,427

7,440,000

0

0

0

0

280,930,400

288,370,400

326,478,027

5,774,575,928

4,504,942,186

1,269,633,742

0

164,291,367

165,395,445

0

329,686,812

725,853

0

0

296,106,342

296,832,195

32,854,617

5,998,571,768

4,867,205,467

1,131,366,301

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) . . . . .

**21** Total liabilities (Part X, line 26) . . . . .

**22** Net assets or fund balances Subtract line 21 from line 20 . . . . .

**Beginning of Current Year**

**End of Year**

5,774,575,928

4,504,942,186

1,269,633,742

5,998,571,768

4,867,205,467

1,131,366,301

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer

2017-05-10

Date

ROBERT A DEMICHIEI EXECUTIVE VP & CFO

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name  
JAMES E STEEN

Preparer's signature  
JAMES E STEEN

Date

Check ☒ if self-employed

PTIN  
P00102230

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form990(2015)

Part III

Statement of Program Service Accomplishments

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

☐ Yes☒ No

1

Briefly describe the organization's mission

SUPPORT OF SUBSIDIARY TAX-EXEMPT HEALTHCARE, EDUCATION AND RESEARCH ORGANIZATIONS (SEE SCHEDULE O)

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 296,832,195 including grants of \$ 725,853 ) (Revenue \$ 329,686,812 )

SEE SCHEDULE 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 \$ )

4e

Total program service expenses ▶ 296,832,195

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	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 (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b>			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, 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	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	3,309	
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.	2a	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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: CJ, EI, IT See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		No
b	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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

**Part VI Governance, Management, and Disclosure**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	24	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	18	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed **PA**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**▶ ROBERT A DEMICHIEI 600 GRANT STREET PITTSBURGH, PA 15219 (412) 647-2345**

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

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	▶			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▶			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▶	0	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SEE SCHEDULE O,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0



Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . .	1b				
	c	Fundraising events . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .			0		
Program Service Revenue	2a	INTEREST INCOME	Business Code 900003	7,007,270		7,159	7,000,111
	b	OTHER INCOME	900099	14,888,388	14,888,388		
	c	EXP REIMB FROM SUBS	900099	142,395,709	142,395,709		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		164,291,367			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		34,683,536		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		0			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)	0 0				
d		Net rental income or (loss) . . . . .		0			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 2,307,589,070 9,799,850				
b		Less cost or other basis and sales expenses	2,175,868,778 10,808,233				
c		Gain or (loss)	131,720,292 -1,008,383				
d		Net gain or (loss) . . . . .		130,711,909			130,711,909
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from fundraising events . . .		0			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from gaming activities . . . .		0			
10a		Gross sales of inventory, less returns and allowances . .	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . . .		0			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		0				
12	Total revenue. See Instructions . . . . .		329,686,812	157,284,097	7,159	172,395,556	

Part IX Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	725,853	725,853		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	0		0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	0			
10	Payroll taxes.	0			
11	Fees for services (non-employees):				
a	Management.	178,114	178,114		
b	Legal.	76,419	76,419		
c	Accounting.	0			
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	28,303,403	28,303,403		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,653,611	2,653,611		
12	Advertising and promotion.	0			
13	Office expenses.	12,970,917	12,970,917		
14	Information technology.	27,505,401	27,505,401		
15	Royalties.	0			
16	Occupancy.	26,880,221	26,880,221		
17	Travel.	4,367	4,367		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	3,220	3,220		
20	Interest.	111,521,752	111,521,752		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	36,934,202	36,934,202		
23	Insurance.	0			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	AFFILIATE SUPPORT	27,785,325	27,785,325		
b	PURCHASED SERVICES	5,640,856	5,640,856		
c	SUBSIDIARY PROGRAM SUPPORT	718,000	718,000		
d	REPAIR AND MAINTENANCE	1,182,697	1,182,697		
e	All other expenses	13,747,837	13,747,837		
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	296,832,195	296,832,195	0	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		180,081	<b>1</b>	118,862
	<b>2</b>	Savings and temporary cash investments . . . . .		80,475,984	<b>2</b>	148,493,510
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		30,146,179	<b>4</b>	19,644,003
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		10,254,670	<b>7</b>	10,154,638
	<b>8</b>	Inventories for sale or use . . . . .		11,379,638	<b>8</b>	11,155,741
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		14,059,082	<b>9</b>	13,159,749
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 655,271,396			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 370,241,807	328,926,885	<b>10c</b>	285,029,589
	<b>11</b>	Investments—publicly traded securities . . . . .		1,468,472,409	<b>11</b>	1,417,192,296
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		1,762,093,054	<b>12</b>	1,713,531,821
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		97,761,199	<b>13</b>	204,344,366
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		1,970,826,747	<b>15</b>	2,175,747,193
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		5,774,575,928	<b>16</b>	5,998,571,768	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		792,145,078	<b>17</b>	782,869,480
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		2,771,163,655	<b>20</b>	2,766,435,000
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		415,201,692	<b>23</b>	389,935,215
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		526,431,761	<b>25</b>	927,965,772
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		4,504,942,186	<b>26</b>	4,867,205,467
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		1,269,627,712	<b>27</b>	1,131,360,271
	<b>28</b>	Temporarily restricted net assets . . . . .		6,030	<b>28</b>	6,030
	<b>29</b>	Permanently restricted net assets . . . . .		0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		1,269,633,742	<b>33</b>	1,131,366,301
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		5,774,575,928	<b>34</b>	5,998,571,768

**Part XI**    **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	329,686,812
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	296,832,195
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	32,854,617
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	1,269,633,742
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-130,505,967
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-40,616,091
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,131,366,301

**Part XII**    **Financial Statements and Reporting**

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

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

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC

Employer identification number

25-1423657

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☒

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

5 5

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total55					229,900,000	

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	Yes
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	Yes
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No



Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

☐

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**

Return Reference	Explanation
SCHEDULE A, PART I	THE SUPPORT AMOUNT LISTED FOR THE UNIVERSITY OF PITTSBURGH IS THE TOTAL SUPPORT PROVIDED BY UPMC AND ALL OF ITS SUBSIDIARIES FOR RESEARCH AND ACADEMIC MATTERS FOR FISCAL YEAR 2016
SCHEDULE A, PART IV	SOME OF THE ENTITIES LISTED BELOW WERE INACTIVE DURING THE TAX YEAR ENDED JUNE 30, 2016 AS SUCH, NO MONETARY OR OTHER SUPPORT WAS PROVIDED TO THESE ORGANIZATIONS, THUS RENDERING NOTICE OF SUPPORT UNNECESSARY
SECTION A, QUESTION 1, 5A AND 6	QUESTION 1 UPMC PRESBYTERIAN SHADYSIDE AND THE UNIVERSITY OF PITTSBURGH ARE BOTH IDENTIFIED IN UPMC'S ARTICLES OF INCORPORATION AS SUPPORTED ORGANIZATIONS THE OTHER SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND/OR PURPOSE AS PER THE UPMC AMENDED AND RESTATED ARTICLES OF INCORPORATION, UPMC SUPPORTS ENTITIES DESCRIBED AS IRC 509(A)(1) AND 509(A)(2) ORGANIZATIONS THE MAJORITY OF UPMC'S SUPPORTED ORGANIZATIONS ARE 509(A)(1) HOSPITALS UPMC ALSO SUPPORTS CANCER CENTERS IN THE TREATMENT OF PATIENTS AND RESEARCH ALONG WITH SENIOR COMMUNITIES WHO LOOK AFTER THE ELDERLY AND PHYSICIAN PRACTICE PLANS IN A VARIETY OF SPECIALTIES, AS WELL AS OTHER RELATED ORGANIZATIONS WHOSE ACTIVITIES ARE DIRECTLY IN FURTHERANCE OF UPMC'S EXEMPT MISSION UPMC HAS SUPPORTED THESE ORGANIZATIONS WITHIN A RANGE OF 1 TO 34 YEARS WITH THE RELATIONSHIP CONTINUING INDEFINITELY THIS HISTORIC AND CONTINUING RELATIONSHIP EXISTS AND AS A RESULT, THERE IS A SUBSTANTIAL IDENTITY OF INTERESTS BETWEEN THE ORGANIZATIONS - E G , FURTHERING THE HEALTH, EDUCATIONAL, AND RESEARCH MISSION OF THE UPMC HEALTH SYSTEM QUESTION 5A (i) HOME NURSING AGENCY HOSPICE EIN 47-4158492 (ii) MERGED OUT OF EXISTENCE (iii) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION (iv) BY VIRTURE OF MERGER (i) UPMC JAMESON EIN 25-0965406 (ii) UPMC ACQUIRED ON MAY 1, 2016 (iii) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION (iv) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL (i) JAMESON HEALTH SERVICES, INC EIN 03-0486993 (ii) UPMC ACQUIRED ON MAY 1, 2016 (iii) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION (iv) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL (i) CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY EIN 25-1581304 (ii) UPMC ACQUIRED ON MAY 1, 2016 (iii) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION (iv) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL (i) UPMC JAMESON CANCER CENTER EIN 20-1459415 (ii) UPMC ACQUIRED ON MAY 1, 2016 (iii) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION (iv) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL (i) JAMESON MEDICAL CARE, INC EIN 26-0462696 (ii) UPMC ACQUIRED ON MAY 1, 2016 (iii) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION (iv) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL (i) JAMESON CARE CENTER, INC EIN 23-2871396 (ii) UPMC ACQUIRED ON MAY 1, 2016 (iii) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION (iv) ACQUISITION OF THE ORGANIZATION THROUGH BOARD APPROVAL (i) UPMC CHAUTAUQUA SERVICES, INC EIN 81-1253242 (ii) UPMC GAINED A CONTROLLING INTEREST (iii) AUTHORITY AS REQUIRED BY UPMC ARTICLES OF INCORPORATION (iv) ACQUISITION OF ATTAINING A CONTROLLING INTEREST IN THE ORGANIZATION QUESTION 6 CONTRIBUTIONS TO UPMC ITALY ENHANCE THE ABILITY FOR UPMC PRESBYTERIAN SHADYSIDE TO ACQUIRE DATA IN THE AREA OF LIVER AND OTHER TRANSPLANTATIONS RESEARCH IS ONE OF THE CORE MISSIONS OF UPMC PRESBYTERIAN SHADYSIDE
SECTION D, QUESTION 3	THE SUPPORTED ORGANIZATION OFFICERS AND DIRECTORS THAT SERVE AS UPMC OFFICERS AND/OR DIRECTORS ATTEND REGULAR UPMC BOARD AND OTHER MEETINGS, HAVE ONGOING COMMUNICATION WITH OTHER UPMC DIRECTORS AND OFFICERS, AND ARE PROVIDED WITH AND HAVE ACCESS TO UPMC FINANCIAL AND OTHER INFORMATION AS A RESULT OF THE ABOVE, THE SUPPORTED ORGANIZATION OFFICERS THAT SERVE AS UPMC OFFICERS AND/OR DIRECTORS ARE ABLE TO VOTE AND/OR OPINE ON UPMC ACTIVITIES AND INITIATIVES AFFECTING THE SUPPORTED ORGANIZATION
SECTION E, QUESTIONS 2A AND 2B	QUESTION 2A - UPMC is the parent organization and supporting organization of healthcare related entities within a large integrated healthcare delivery system of controlled subsidiaries UPMC's primary mission is to provide the ongoing, overarching support and infrastructure to all of its exempt subsidiaries to assist them in accomplishing each of their discrete exempt educational, healthcare and research missions for which they were recognized under 501(c)(3) by the Internal Revenue Service IfUPMC as the parent and supporting organization did not supply the support, each individual entity would separately engage in these same activities to support its separate structure QUESTION 2B - If the UPMC supporting parent organization did not provide the support that it currently does for all of its supported exempt entities these entities would have to undertake the oversight and provision of all such management and infrastructure activities currently provided by the supporting organization so that they individually could continue to provide the services in medical, educational and research programs that are the crux and core of each of their exempt missions

Additional Data

Software ID:  
Software Version:  
EIN: 25-1423657  
Name: UPMC

Form 990, Sch A, Part I, Line 11g - 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 instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) UPMC PRESBYTERIAN SHADYSIDE	250965480		Yes		0	0
(A) UPMC BRADDOCK	251800797			No	0	0
(B) UPMC ST MARGARET	232875070			No	0	0
(C) UPMC COMMUNITY PROVIDER SERVICES	251804746			No	0	0
(D) UPMC PASSAVANT	250965451			No	0	0
(E) UPMC BEDFORD	231396795			No	0	0
(F) UPMC LEE	250613830			No	0	0
(G) UPMC MCKEESPORT	250965423			No	0	0
(H) UPMC HORIZON	250523970			No	0	0
(I) MAGEE-WOMEN'S HOSPITAL OF UPMC	250965420			No	0	0
(J) UPMC COMMUNITY MEDICINE INC	251727721			No	0	0
(K) UNIVERSITY OF PITTSBURGH PHYSICIANS	232919472			No	0	0
(L) UNIVERSITY OF PITTSBURGH	250965591		Yes		229,900,000	0
(M) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	250402510			No	0	0
(N) UPMC NORTHWEST	250489010			No	0	0

Form 990, Sch A, Part I, Line 11g - 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 instructions))	(iv) Is the organization listed in your governing document?		Amount of monetary support (see (v) instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION	251799823			No	0	0
UPMC SENIOR (A) COMMUNITIES INC	251574736			No	0	0
(B) UPMC CENTER FOR HEALTH SECURITY	043770052			No	0	0
(C) UPMC FOR YOU	900174238			No	0	0
(D) UPMC IMITS CENTER	208392908			No	0	0
(E) UPMC MERCY	250965429			No	0	0
(F) UPMC EAST	274814831			No	0	0
(G) UPMC HAMOT	250965387			No	0	0
(H) UPMC CENTER FOR HIGH-VALUE HEALTHCARE	452178782			No	0	0
(I) UPMC ALTOONA	231352155			No	0	0
PITTSBURGH CARE (J) PARTNERSHIP INC	251753852			No	0	0
REGIONAL HEALTH (K) SERVICES INC	251403958			No	0	0
(L) SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT	251317492			No	0	0
(M) GREAT LAKES PHYSICIAN PRACTICE PC	464186362			No	0	0
(N) UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY	251842308			No	0	0

Form 990, Sch A, Part I, Line 11g - 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 instructions))	(iv) Is the organization listed in your governing document?		Amount of monetary support (see (v) instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AE) UPMC EMERGENCY MEDICINE INC	251787601			No	0	0
PASSAVANT PROFESSIONAL (A) ASSOCIATES INC	251755608			No	0	0
(B) UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CANCER SERVICES	251899326			No	0	0
(C) BUTLER HEALTH SYSTEMUPMC MUSCULOSKELETAL JOINT VENTURE INC	471869395			No	0	0
(D) DONOHUE & ALLEN CARDIOLOGY - UPMC INC	460901441			No	0	0
(E) ERIE PHYSICIANS NETWORK - UPMC INC	453012506			No	0	0
(F) UPMC - CONEMAUGH CANCER CENTER	202671883			No	0	0
(G) SUGAR CREEK STATION	251472178			No	0	0
(H) CRANBERRY PLACE	043709885			No	0	0
(I) PITTSBURGH LIFETIME CARE COMMUNITY	251335247			No	0	0
(J) THE HERITAGE SHADYSIDE	020614185			No	0	0
(K) CANTERBURY PLACE	250965334			No	0	0
(L) SENECA PLACE	721562844			No	0	0
(M) UPMC VISITING NURSES ASSOCIATION	251222033			No	0	0
(N) HOME NURSING AGENCY AFFILIATES	251518698			No	0	0

**Form 990, Sch A, Part I, Line 11g - 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 instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AT) UPMC ADVANCED PRACTICE PROVIDERS	471301784			No	0	0
(A) HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION	251188570			No	0	0
(B) HOME NURSING AGENCY COMMUNITY SERVICES	251517533			No	0	0
(C) HOME NURSING AGENCY FOUNDATION	251467014			No	0	0
CENTER FOR EMERGENCY MEDICINE OF WESTERN (D) PENNSYLVANIA	251443759			No	0	0
(E) UPMC JAMESON	250965406			No	0	0
(F) CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY	251581304			No	0	0
UPMCJAMESON (G) CANCER CENTER	201459415			No	0	0
JAMESON MEDICAL (H) CARE INC	260462696			No	0	0
JAMESON CARE (I) CENTER INC	232871396			No	0	0



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
UPMC

Employer identification number  
25-1423657

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .		73,799,803		73,799,803
b Buildings . . . . .		373,328,435	256,594,813	116,733,622
c Leasehold improvements . . . . .		42,097,264	28,360,400	13,736,864
d Equipment . . . . .		59,980,294	44,151,225	15,829,069
e Other . . . . .		106,065,600	41,135,369	64,930,231
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				285,029,589

Schedule D (Form 990) 2015



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X AND PART XI	UPMC HAS NO UNCERTAIN TAX POSITIONS RECORDED. TAX BENEFITS ARE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. SUCH TAX POSITIONS ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY TO BE REALIZED UPON ULTIMATE SETTLEMENT WITH THE TAX AUTHORITIES ASSUMING FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. AS OF JUNE 30, 2016, UPMC DOES NOT HAVE ANY UNRECORDED TAX BENEFITS. AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES.

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 25-1423657  
Name: UPMC

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

1(a) Description of Liability	(b) Book Value
PENSION MINIMUM LIABILITY	360,319,995
OTHER LONG TERM LIABILITIES	6,320,212
BONDS/OID/OIP/REBATE	80,357,916
CAPITAL LEASES	35,580,715
DUE TO SUBSIDIARIES	293,108,492
OTHER MISC LIABILITIES	125,223,850
ASSET RETIREMENT OBLIGATIONS	8,934,929
HEDGE/NONHEDGE SWAP FMV ADJ	18,119,663

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
UPMC

Employer identification number  
25-1423657

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total					1,072,302,515
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,072,302,515

Part II

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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )			Europe (Including Iceland and Greenland)	LIVER RESEARCH	725,853	WIRED		NONE	COST
( 2 )									
( 3 )									
( 4 )									

2

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

3

Enter total number of other organizations or entities . . . . . ▶

1



**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☒ Yes ☐ No

**Part V**   **Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES	UPMC'S INVESTMENT PORTFOLIO INCLUDES FOREIGN SECURITIES AND SIMILAR ASSETS THAT THE IRS REQUIRES TO BE REPORTED ON SCHEDULE F

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 25-1423657

**Name:** UPMC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			INVESTMENTS		44,426,116
East Asia and the Pacific			Investments		346,937,605
Europe (Including Iceland and Greenland)			Investments		479,477,341

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		10,723,607
North America			Investments		64,513,708
Russia and the Newly Independent States			Investments		21,057,744

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(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)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Investments		32,688,694
South Asia			Investments		64,770,822
Sub-Saharan Africa			Investments		7,706,878

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

UPMC

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

25-1423657

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .								
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .								
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .								
15	Were the bonds issued as part of an advance refunding issue? . . . . .								
16	Has the final allocation of proceeds been made? . . . . .								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .								

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .											
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .											

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . .								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .								
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .								
b	Exception to rebate? . . . . .								
c	No rebate due? . . . . .								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								



**Part IV**   **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?								
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .								

**Part V**   **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

**Part VI**   **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AH25	05-23-2007	225,000,000	SERIES 2007A		X		X		X
B ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AN36	03-27-2008	511,862,616	SERIES 2008A		X		X		X
C ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AQ58	06-19-2008	260,712,669	SERIES 2008B		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	1,445,656,000		399,750,000		135,980,000			
2	Amount of bonds legally defeased . . . . .	0		0		0			
3	Total proceeds of issue . . . . .	225,008,043		511,879,113		260,930,346			
4	Gross proceeds in reserve funds . . . . .	0		0		0			
5	Capitalized interest from proceeds . . . . .	0		0		0			
6	Proceeds in refunding escrows . . . . .	0		0		0			
7	Issuance costs from proceeds . . . . .	1,938,921		3,336,280		1,709,978			
8	Credit enhancement from proceeds . . . . .	0		0		0			
9	Working capital expenditures from proceeds . . . . .	0		0		0			
10	Capital expenditures from proceeds . . . . .	53,339,385		64,814,970		140,162,295			
11	Other spent proceeds . . . . .	169,729,736		456,771,170		128,771,009			
12	Other unspent proceeds . . . . .	0		0		0			
13	Year of substantial completion . . . . .	2007		2008		2008			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X		X		X			
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X		X		
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X			

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .▶	0 800 %		0 400 %		0 400 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .▶								
6	Total of lines 4 and 5 . . . . .	0 800 %		0 400 %		0 400 %			
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X	X		X			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			4 600 %		2 500 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .		X	X		X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		
b	Exception to rebate? . . . . .	X			X		X		
c	No rebate due? . . . . .		X	X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X			X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider . . . . .	SEE PART VI 4BCDE		0		0			
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider . . . . .	0		0		0			
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2007A	Subseries 2007A1 has two qualified hedges with Goldman Sachs Mitsui Marine Derivative Products. The first subseries 2007A1 qualified hedge has a notional amount of \$53,905,000, terminates in 13.7 years from May 23, 2007, is not superintegrated, and hasn't been terminated prior to its scheduled termination date. The second subseries 2007A1 qualified hedge has a notional amount of \$46,095,000, terminates in 29.7 years from May 23, 2007, is not superintegrated, and hasn't been terminated prior to its scheduled termination date. Subseries 2007A2 had a qualified hedge with Merrill Lynch Capital Services Inc. with a notional amount of \$75,000,000, terminates in 3.7 years from May 23, 2007, is superintegrated, and was terminated on March 24, 2010 which was prior to its scheduled termination date.

Return Reference	Explanation
SERIES 2008A	\$16,497 08 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS REBATE COMPUTATION PERFORMED ON JULY 1, 2013

Return Reference	Explanation
SERIES 2008B	\$217,677 34 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS REBATE COMPUTATION PERFORMED IN JULY 1, 2013

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AU87	06-03-2009	396,938,675	SERIES 2009A		X		X		X
B ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AY83	03-24-2010	560,000,000	SERIES 2010B, C, D, F		X		X		X
C ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AY34	03-24-2010	748,942,403	SERIES 2010AE		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	55,120,000		12,885,000		313,765,000			
2	Amount of bonds legally defeased . . . . .	0		0		0			
3	Total proceeds of issue . . . . .	397,229,164		560,000,000		748,942,403			
4	Gross proceeds in reserve funds . . . . .	0		0		0			
5	Capitalized interest from proceeds . . . . .	0		0		0			
6	Proceeds in refunding escrows . . . . .	0		0		0			
7	Issuance costs from proceeds . . . . .	4,540,042		2,466,412		6,699,702			
8	Credit enhancement from proceeds . . . . .	0		0		0			
9	Working capital expenditures from proceeds . . . . .	0		0		0			
10	Capital expenditures from proceeds . . . . .	392,689,608		0		0			
11	Other spent proceeds . . . . .	0		554,241,634		755,761,524			
12	Other unspent proceeds . . . . .	0		0		0			
13	Year of substantial completion . . . . .	2011		2010		2010			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .		X	X		X			
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X	X			
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X			

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 500 %		0 400 %		0 500 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶			0 %		0 %			
6	Total of lines 4 and 5 . . . . .	0 500 %		0 400 %		0 500 %			
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X	X		X			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 100 %		0 300 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .		X	X		X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		
b	Exception to rebate? . . . . .		X	X		X			
c	No rebate due? . . . . .	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider . . . . .	0		0		0			
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								



Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider . . . . .	0		0		0			
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2009A	\$290,489.17 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPEND ACCORDING TO THE PURPOSE OF THE BONDS REBATE COMPUTATION PERFORMED ON JUNE 3, 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130029227

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

UPMC

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

25-1423657

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728A2M7	11-23-2011	107,026,893	SERIES 2011A		X		X		X
B MONROEVILLE FINANCE AUTHORITY	46-0569399	611530BC9	07-31-2012	389,110,690	SERIES 2012		X		X		X
C PA ECONOMIC DEVELOPMENT FINANCING AUTHORITYMONROE	38-3849352	70869PGR2	10-08-2013	201,328,423	SERIES 2013AB		X		X		X
D PA ECONOMIC DEVELOPMENT FINANCING AUTHORITY	38-3849352	70869PHR1	10-01-2014	390,888,214	SERIES 2014AB		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	13,580,000		24,965,000		7,430,000		8,355,000	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	107,026,893		389,113,883		201,328,423		390,888,561	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	1,026,893		3,405,559		2,444,847		4,029,845	
8	Credit enhancement from proceeds . . . . .	0		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	0		204,010,889		126,074,288		150,003,716	
11	Other spent proceeds . . . . .	106,000,000		188,848,660		73,061,325		236,855,000	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2011		2012		2013		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X	X			X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .▶	0 500 %		0 600 %		2 700 %		1 000 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5 . . . . .	0 500 %		0 600 %		2 700 %		1 000 %	
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .	X		X			X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	4 500 %		0 100 %		0 %		2 300 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X			X	X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X	X		X		X	
b	Exception to rebate? . . . . .	X			X		X		X
c	No rebate due? . . . . .		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2012	PART III, LINE 8C \$3,193.27 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS

Return Reference	Explanation
SERIES 2014AB	\$347 19 WAS EARNED IN THE CONSTRUCTION FUND DURING CONSTRUCTION AND SPENT ACCORDING TO THE PURPOSE OF THE BONDS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130029227

Schedule K  
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

UPMC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

25-1423657

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MONROEVILLE FINANCE AUTHORITY	46-0569399		06-25-2015	71,235,000	SERIES 2015A NOTE		X		X		X
B PA ECONOMIC DEVELOPMENT FINANCING AUTHORITY	38-3849352	70869PKX4	10-14-2015	131,646,741	SERIES 2015B		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	1,600,000		0					
2	Amount of bonds legally defeased . . . . .	0		0					
3	Total proceeds of issue . . . . .	71,235,000		131,656,546					
4	Gross proceeds in reserve funds . . . . .	0		0					
5	Capitalized interest from proceeds . . . . .	0		0					
6	Proceeds in refunding escrows . . . . .	0		0					
7	Issuance costs from proceeds . . . . .	229,118		1,630,226					
8	Credit enhancement from proceeds . . . . .	0		0					
9	Working capital expenditures from proceeds . . . . .	0		0					
10	Capital expenditures from proceeds . . . . .	71,000,000		130,026,319					
11	Other spent proceeds . . . . .	5,883		0					
12	Other unspent proceeds . . . . .	0		0					
13	Year of substantial completion . . . . .	2015		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X					

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 300 %		0 400 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %					
6	Total of lines 4 and 5 . . . . .	0 300 %		0 400 %					
7	Does the bond issue meet the private security or payment test? . . . .		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %					
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X				
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .	X		X					
b	Exception to rebate? . . . . .		X		X				
c	No rebate due? . . . . .		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X			X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider . . . . .	0		0					
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b>	Name of provider . . . . .	0		0					
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2015B	



Schedule L  
(Form 990 or 990-EZ)

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, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization UPMC	Employer identification number 25-1423657
----------------------------------	--

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____												

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V					

**Part V Supplemental Information**

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

Return Reference	Explanation
PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	For purposes of Schedule L, UPMC has obtained and reported relevant information from interested persons including officers, key employees and directors of UPMC Each of the transactions described in Schedule L part IV were negotiated at arm's length and are based upon fair value In accordance with applicable policies and procedures, interested persons abstained from UPMC's decision making process with respect to each transaction In the interest of full transparency the disclosure amounts include all UPMC system-wide activity (inclusive of UPMC and all subsidiaries) rather than only UPMC parent entity discrete activity They also reflect transactions for which UPMC is the recipient of funds, as well as the payor of funds A NAME OF INTERESTED PERSON REBECCA KAUL B RELATIONSHIP BETWEEN INTERESTED FAMILY MEMBER OF UPMC PERSON AND THE ORGANIZATION PRESIDENT AND CEO JEFFREY ROMOFF C AMOUNT OF TRANSACTION 992,019 D DESCRIPTION OF TRANSACTION COMPENSATION E SHARING OF ORGANIZATIONS REVENUES NO A NAME OF INTERESTED PERSON HOWARD HANNA MORTGAGE B RELATIONSHIP BETWEEN INTERESTED BOARD MEMBER HOWARD W PERSON AND THE ORGANIZATION HANNA III IS CHAIRMAN AND CEO OF INTERESTED PERSON C AMOUNT OF TRANSACTION 2,064,971 D DESCRIPTION OF TRANSACTION HEALTH INSURANCE E SHARING OF ORGANIZATIONS REVENUES NO A NAME OF INTERESTED PERSON RELOCATION HORIZONS B RELATIONSHIP BETWEEN INTERESTED BOARD MEMBER HOWARD W HANNA PERSON AND THE ORGANIZATION III CHAIRMAN AND CEO OF INTERESTED PERSON C AMOUNT OF TRANSACTION 269,113 D DESCRIPTION OF TRANSACTION RELOCATION SERVICES E SHARING OF ORGANIZATIONS REVENUES NO A NAME OF INTERESTED PERSON PARAGON FOODS B RELATIONSHIP BETWEEN INTERESTED BOARD MEMBER ELAINE BELLIN IS PERSON AND THE ORGANIZATION OWNER OF INTERESTED PERSON C AMOUNT OF TRANSACTION 682,947 D DESCRIPTION OF TRANSACTION HEALTH INSURANCE E SHARING OF ORGANIZATIONS REVENUES NO A NAME OF INTERESTED PERSON MICHAEL MONTLER B RELATIONSHIP BETWEEN INTERESTED INTERESTED PERSON IS FAMILY PERSON AND THE ORGANIZATION MEMBER OF BOARD MEMBER ROBERT MONTLER C AMOUNT OF TRANSACTION 78,319 D DESCRIPTION OF TRANSACTION COMPENSATION E SHARING OF ORGANIZATIONS REVENUES NO

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
UPMC**Employer identification number**

25-1423657

Return Reference	Explanation
PART I SUMMARY	UPMC is the parent organization of a large integrated healthcare delivery system consisting of controlled subsidiaries within the meaning of Section 6033(h). UPMC'S primary mission is the ongoing support of all subsidiaries in order to assist them in accomplishing their exempt educational, healthcare, and research missions. Line 8 - Contributions and grants. Pursuant to Treasury Regulation Section 1.6033-2(d)(5), UPMC has elected to report information related to its contributions and grants received on a consolidated basis for all of the members of the UPMC Group, including this parent organization, on the return of UPMC Group, EIN 20-8295721.

Return Reference	Explanation
PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>UPMC is the premier integrated health system in western Pennsylvania and one of the nations leading academic medical centers. Its central mission is to provide outstanding, accessible care to the people of this region, while shaping tomorrow's health care through clinical and technological innovation, research, and education. As the largest non-governmental employer in the Commonwealth with 65,000 employees within the various controlled health care entities, UPMC encompasses more than 25 hospitals and more than 600 outpatient sites, physician offices, and retirement and long-term care facilities. By integrating its health care services with a major insurance division that is focused on promoting the health of its members, UPMC has advanced the quality and efficiency of health care, and developed internationally renowned programs in transplantation, cancer, neurosurgery, psychiatry, orthopaedics, and sports medicine, among others. These highly specialized services draw patients from across the nation and around the world. Closely affiliated with its academic partner, the University of Pittsburgh, UPMC regularly ranks as one of "America's Best Hospitals" in U.S. News &amp; World Reports prestigious annual listing. UPMC's largest operating component is its Health Services Division, encompassing a comprehensive array of clinical capabilities. Serving primarily western Pennsylvania, this division includes academic, community, and regional hospitals, pre- and post-acute care capabilities, specialty service lines such as transplantation services, women's health, behavioral health, pediatrics, cancer care, and rehabilitation services, contract services, such as emergency medicine, pharmacy, and laboratory, and 3,600 employed physicians with associated practices. UPMC's organ transplant center is one of the largest and busiest in the world, performing more than 19,000 transplants since 1981. The UPMC Cancer Center network is also one of the largest in the United States, with more than 50 centers in western Pennsylvania and Ohio and more than 2,000 physicians, researchers, and staff. UPMC's expertise in transplantation and oncology is key to the globalization efforts undertaken through its International Division, which promotes the exchange of scientific knowledge worldwide, while generating revenue that is reinvested in western Pennsylvania. In managing its global health enterprise, UPMC has taken a leadership role in good corporate governance practices - voluntarily achieving Sarbanes-Oxley certification for twelve years in a row, publicly releasing quarterly financial results within 60 days of each quarter's close, and creating one of the most stringent industry relationship policies to ensure that pharmaceutical and medical device companies do not negatively influence patient care. These business practices set the stage for decision making that is good for UPMC and the communities it serves. High-Quality, Patient-Focused Care. By leveraging resources and expertise across its global network, UPMC has achieved significant gains in the delivery of high-quality, patient-focused care. The Wolff Center at UPMC coordinates and connects quality, safety, patient care and improvement. It partners with colleagues across UPMC to improve health care delivery for patients and members, and supports the transformation and improvement of patient care delivery and outcomes through the dissemination of best practices and use of advanced technology. The Wolff Centers expertise also includes enterprise-wide data quality and analytics, patient experience, infection prevention, regulatory support, quality improvement training, emergency preparedness, and pay for performance quality oversight. System-wide quality initiatives during fiscal year 2016 included implementation of 98 projects across the system aimed at keeping patients safe, enhancing the patient experience, taking care of our caregivers, and propelling quality through robust data analytics. Investments in Technology and Facilities Underpinning UPMC's quality and patient safety efforts is a robust technology infrastructure. In 2016, UPMC was named one of the country's "Most wired" health systems for the 18th consecutive year - according to Hospitals &amp; Health Networks, the journal of the American Hospital Association (AHA). Over the past five years, UPMC has invested nearly \$2.5 billion in new facilities, equipment, and information technology to make care more convenient and accessible across the region, and its hospitals are among the most advanced users of electronic health records, as measured by HIMSS Analytics, a subsidiary of the Healthcare Information and Management Systems Society (HIMSS). Children's Hospital of Pittsburgh of UPMC was the first pediatric facility to reach Stage 7, the highest rating level given by HIMSS. UPMC is also partnering with leading technology companies to develop and bring to the public the next generation of health care information technology. For instance, UPMC and Microsoft are partnering to apply artificial intelligence, machine learning and cloud capabilities to addressing some of the most challenging problems in health care. The partners will first focus on physician empowerment and giving clinicians tools that will allow them to focus more on the patient and less on the demands of using electronic medical records. In keeping with its goal of ensuring access to high-quality health care for all throughout western Pennsylvania, UPMC also continues to invest in world-class facilities and clinical services. In fiscal year 2016, UPMC spent \$384 million on capital improvement campaigns. Support for Research and Education. In concert with its academic partner, the University of Pittsburgh, UPMC is translating biomedical research into innovative clinical care, while training the clinicians and researchers who will advance health care in the decades to come. UPMC's financial support for research and education, primarily at the University of Pittsburgh, was \$405 million in fiscal year 2016. UPMC's ongoing support has aided the University in achieving a rank among the top 10 recipients of National Institutes of Health (NIH) grants since 1998. This success keeps both organizations on the cutting edge of medical research, while bringing more than \$475 million of NIH funding to the region. The results of this research are widely shared with other scientists and researchers, leading to discoveries and improvements in health care practices that benefit the general public. UPMC also annually underwrites the training of nearly 1,800 medical, pharmacy, dental and podiatry residents, and medical clinical fellows, operates four schools of nursing, offers a training program for radiology technicians, and coordinates a wide array of continuing medical education programs to allow the region's medical community to build its collective expertise. Caring for the Community. In fiscal year 2016, UPMC spent \$282 million to provide financial assistance to patients of limited financial means. UPMC's financial assistance program has been designed to be easily accessible and user-friendly to patients in need. UPMC operates pursuant to an expansive financial assistance policy that extends free or discounted health services to uninsured and underinsured individuals and families earning up to 400 percent of the federal poverty level - as much as \$97,200 for a family of four in 2016. An external study found this to constitute a best practice among hospital organizations. Additionally, in fiscal year 2016, UPMC spent \$284 million to cover payment shortfalls for those enrolled in Medicare. UPMC annually provides or contributes to more than 3,000 community health improvement programs and subsidized services. Many of these programs target the unmet needs of vulnerable populations, addressing chronic health problems such as diabetes, heart disease, and cancer, as well as social issues such as opioid addiction, teen pregnancy, violence against women, and elderly living alone. The cost of these services, along with charitable initiatives and donations that benefit the community, amounted to \$214 million in fiscal year 2016. UPMC's contributions to western Pennsylvania go far beyond its traditional role as the region's largest provider of health care. A catalyst for economic improvement, UPMC is helping to develop a brighter future for the region, a future built on medicine, research, and technology. This commitment includes a \$100 million pledge to the Pittsburgh Promise - \$90 million of which serves as a challenge grant to spur community-wide investment to raise a permanent endowment - to help students graduating from Pittsburgh Public Schools further their post-secondary education. UPMC has contributed \$58.9 million to date. (An in-depth report on UPMC's comprehensive community benefits is available on its website.)</p>

Return Reference	Explanation
PART IV CHECKLIST OF REQUIRED SCHEDULES	<p>Line 2 - Contributions and grants Pursuant to Treasury Regulation Section 1.6033-2(d)(5), UPMC has elected to report information related to its contributions and grants on a consolidated basis for all of the members of the UPMC Group, including this parent organization, on the return of UPMC Group, EIN 20-8295721</p> <p>LINE 12 - AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX EXEMPT SUBSIDIARIES</p> <p>LINE 21 - FOR JUNE 30, 2016 TAX YEAR, UPMC MADE A CASH CONTRIBUTION FOR \$5,137,374 TO PITTSBURGH PROMISE, A SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. THE FISCAL YEAR 2016 CONTRIBUTION IS PART OF A TOTAL \$100 MILLION COMMITMENT TO THE PITTSBURGH PROMISE. UNDER UPMC'S ACCOUNTING METHODOLOGY, \$59.5 MILLION OF THE TOTAL COMMITMENT WAS ACCRUED AND REPORTED AS AN EXPENSE ON PART IX OF UPMC'S JUNE 30, 2013 FORM 990. HOWEVER, ONLY THE AMOUNT OF THE CASH CONTRIBUTION FOR FISCAL YEAR 2013, \$4,995,639 WAS REPORTED ON UPMC'S JUNE 30, 2013 FORM 990, SCHEDULE I. IN FISCAL YEAR 2014 AND 2015, A CASH CONTRIBUTION OF \$4,896,759 AND \$3,345,780 RESPECTIVELY, WAS MADE AND ONLY REPORTED ON SCHEDULE O. IN FISCAL YEAR 2016, A CASH CONTRIBUTION OF \$5,137,374 WAS MADE. HOWEVER, BECAUSE OF SOFTWARE LIMITATIONS, UPMC CANNOT REPORT ON SCHEDULE I THE CASH TRANSFER PORTION OF THE PRIOR EXPENSE RECOGNIZED WITHOUT OVER-REPORTING THE EXPENSE ON PART IX. THEREFORE, UPMC IS DISCLOSING THE CASH CONTRIBUTION IN SCHEDULE O HEREIN INSTEAD OF ON SCHEDULE I TO AVOID SUCH OVER-REPORTING.</p>

Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, DISCLOSURE	<p>SECTION A, LINE 1,2,7 SECTION B, LINE 11, 12C SECTION A, LINE 1 ALTHOUGH THE UPMC BOARD OF DIRECTORS IS INDEPENDENT IN FACT, THE BOARD MEMBERS REQUIRED TO BE REPORTED AS NOT INDEPENDENT FOR FORM 990 PURPOSES ARE AS A RESULT OF AFFILIATION WITH COMPANIES PROVIDING SERVICES TO ON THE SAME TERMS AS THOSE OFFERED TO THE GENERAL PUBLIC, OR COMPENSATION PAID FOR OPERATIONAL ROLES FROM THE UNIVERSITY OF PITTSBURGH, ANOTHER 501(C)(3) ORGANIZATION WHICH UPMC SUPPORTS SECTION A, LINE 2 DID ANY OFFICER, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? FOR PURPOSES OF PART VI, LINE 2, UPMC HAS OBTAINED AND REPORTED RELEVANT INFORMATION FROM INTERESTED PERSONS INCLUDING DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF UPMC AND OFFICERS AND KEY EMPLOYEES OF ALL GROUP SUBORDINATES, AND DIRECTORS OF GROUP SUBORDINATE ENTITIES WITH DECISION-MAKING BOARD AUTHORITY THAT IS INDEPENDENT FROM THAT OF UPMC PARENT MULTIPLE UPMC OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES HAVE RELATIONSHIPS BY VIRTUE OF THE FACT THAT THEY ARE ALSO OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES OF UPMC SUBSIDIARIES AND AFFILIATES THESE RELATIONSHIPS ARE NOT SEPARATELY DISCLOSED BELOW BECAUSE THEY ARE NOT "BUSINESS RELATIONSHIPS" FOR THE PURPOSES OF FORM 990 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 MCCRADY RELATIONSHIP BUSINESS ASSOCIATED PERSON HAMILTON BOD MEMBER/OFFICER/KEY EMPLOYEE HAMILTON RELATIONSHIP BUSINESS ASSOCIATED PERSON MCCRADY BOD MEMBER/OFFICER/KEY EMPLOYEE MCGUINN RELATIONSHIP BUSINESS ASSOCIATED PERSON BECKWITH BOD MEMBER/OFFICER/KEY EMPLOYEE BECKWITH RELATIONSHIP BUSINESS ASSOCIATED PERSON MCGUINN BOD MEMBER/OFFICER/KEY EMPLOYEE LASKOW RELATIONSHIP BUSINESS ASSOCIATED PERSON BECKWITH BOD MEMBER/OFFICER/KEY EMPLOYEE BECKWITH RELATIONSHIP BUSINESS ASSOCIATED PERSON LASKOW SECTION A, LINE 7 UPMC DOES NOT HAVE MEMBERS OR STOCKHOLDERS THE UNIVERSITY OF PITTSBURGH HAS THE AUTHORITY TO APPOINT 1/3 OF THE MEMBERS OF THE UPMC BOARD OF DIRECTORS, CERTAIN UPMC HOSPITAL ENTITIES OR ENTITIES AFFILIATED WITH THOSE HOSPITALS HAVE THE RIGHT TO APPOINT 1/3 OF THE MEMBERS OF THE UPMC BOARD OF DIRECTORS, THE REMAINING 1/3 OF THE BOARD OF DIRECTORS MEMBERS ARE NOMINATED BY A NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS AND ARE ELECTED BY THE BOARD AT LARGE NO GOVERNANCE DECISIONS OF UPMC ARE RESERVED TO OR SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDER OR PERSONS OTHER THAN THE BOARD OF DIRECTORS SECTION B, LINE 11 The completed Form 990 was reviewed by the Chief Financial Officer, members of the Corporate Tax Department, members of the Corporate Legal Department, and other members of UPMC management prior to its filing Various sections of the 990 were also reviewed by the Chief Executive Officer and committees of the filing organization's Board of Directors, as applicable For example, the Executive Compensation Committee of the Board reviewed sections related to compensation and related party transactions In addition, the Board of Directors established a 990 Subcommittee, comprised of the Chairs of the Board, Executive Compensation Committee, Ethics and Compliance Committee, Finance Committee and Audit Committee, which reviewed the entire completed Form 990 prior to filing Additionally, the Form 990 is reviewed by an outside independent public accounting firm who as part of the process signs the return as Paid Preparer After this review but prior to filing, the full Board of Directors was notified that the completed Form 990 was available for review on the Board's secure website Also prior to filing, management provided the opportunity for all board members of the full UPMC board to ask any questions or raise any comments on the full return they were provided SECTION B, Line 12c UPMC, as a system-wide practice, requires key employed and non-employed personnel to comply with its conflict of interest policies when they engage in UPMC-related business Individuals covered by the policies include UPMC board members, corporate officers, and key employees, UPMC physicians and non-physician employees who hold a position of influence, Identified Non-employed members of the UPMC medical staff who hold a position of influence, and Individuals conducting clinical research at UPMC, whether or not they are employed by UPMC These individuals are required to complete a questionnaire at least annually, which along with other data is used to identify possible individual and institutional conflicts of interest If a potential conflict is identified regarding a specific UPMC activity, the corporate compliance department, with the assistance of the legal department, either develops a written plan designed to prevent the conflict from influencing decisions related to that activity, or requires that the conflicting relationship be divested, as appropriate For employed personnel and non-Board member, non-employed personnel, the conflict of interest identification and management process is ultimately overseen by an Ethics and Compliance committee of the UPMC board of directors on behalf of UPMC and all of its subsidiaries Potential conflict of interest transactions involving UPMC Board members and entities with which they are affiliated are monitored and subject to pre-approval by the Governance and Nominating Committee of the UPMC Board of Directors In addition to the general corporate and Board policies described above, UPMC has also developed and implemented a separate tax questionnaire distributed to Officers, Directors, Trustees, and Key Employees annually that specifically addresses disclosure requirements of Form 990</p>

Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, DISCLOSURE	<p>SECTION B, LINE 15A &amp; B, 16A &amp; B Section B, Line 15a and b As a system-wide practice, to support UPMC's mission and as set forth in the UPMC Bylaws, the Board of Directors has formed an Executive Compensation Committee ("Committee") and delegated to it the responsibility for establishment and implementation of officer and key employee total compensation programs As part of this responsibility, the Committee reports regularly to the Board of Directors With Board of Directors approval, the Committee has adopted a formal Charter, which includes the establishment of a compensation philosophy and related policies with respect to the total compensation paid by UPMC to its officers and key employees The UPMC total compensation program for officers and key employees is predicated upon an incentive compensation component This component is based upon the accomplishment of predetermined performance goals and objectives which focus on the achievement of multiple annual and three year individual and group performance criteria in the context of appropriate risk taking These criteria directly support UPMC's mission and include patient quality and satisfaction, community benefits, operational and financial strength, leadership development, and strategic business initiatives among others The total compensation program is integrated with and reinforces the UPMC business planning cycle as well as management development and succession planning processes It is the Committee's judgment that the structure of the total compensation program is vital to, and strongly supportive of, the high level of ongoing success of UPMC and fosters the retention of critical officer and key employee talent The total compensation determination process utilized by the Committee is intended to satisfy the "rebuttable presumption of reasonableness" as set forth in the regulations to Section 4958 of the Internal Revenue Code ("Code") This means that compensation programs and levels are approved in advance by the Committee which is composed entirely of outside Directors who do not have a conflict of interest, as defined by the Code, with respect to the compensation program and levels The Committee obtains and relies upon a broad range of appropriate data as to comparability prior to making its determinations The Committee then contemporaneously documents, in formal meeting minutes, the basis and reasons for its determinations The total compensation program is designed and administered in accordance with the UPMC Bylaws, sound business practices, the tenets of common law business judgment and fiduciary responsibility as well as adherence to all relevant federal, state and local laws In addition to Code Section 4958, as set forth above, this includes but is not limited to Code Section 501(c)(3) and the applicable regulations thereunder as well as all laws and regulations prohibiting private inurement, private benefit transactions and discrimination Further, the Committee has identified and adopted, as appropriately modified for UPMC, compensation program "best practices" from the business world (e.g. Sarbanes Oxley, other SEC regulations, etc) The Committee believes that while these practices are not required in the tax exempt sector, they are in the best interests of the organization and further support UPMC's nonprofit mission In accordance with the above, determination of total compensation for the CEO is made exclusively by the Committee Determination of total compensation for other officers and key employees is recommended by the CEO and subject to review and approval by the Committee The Committee, which meets at least four times a year, obtains professional advice from its own experts, including accountants, executive compensation consultants and legal counsel</p> <p>SECTION B, LINE 16A AND B UPMC has a formal written policy pertaining to joint ventures between UPMC Tax-Exempt entities and taxable entities The policy employs an internal procedure for review of all transactions involving potential participation in joint ventures and similar arrangements to ensure that such entities operate in accordance with applicable IRS policies and within UPMC's charitable purposes UPMC's Public Website (www.upmc.com) makes its financial results, conflict of interest process, and various information about governance and oversight available to the public Additional information may be supplied upon specific request for data not posted to the web site</p>

Return Reference	Explanation
PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES	SECTION A AND SECTION B SECTION A Pursuant to Treasury Regulation Section 1.6033-2(d)(5), UPMC has elected to report compensation and Schedule J other information about officers, directors, trustees, key employees and certain other highly paid employees on a consolidated basis for all of the members of the UPMC Group, including this parent organization which is the sponsor or central organization of the Group, on the return of UPMC Group, EIN 20-8295721 SECTION B Pursuant to Treasury Regulation Section 1.6033-2(d)(5), UPMC has elected to report certain professional contractors and certain other contractors on a consolidated basis for all of the members of the UPMC Group, including this parent organization which is the sponsor or central organization of the Group, on the return of UPMC Group, EIN 20-8295721



Return Reference	Explanation
PART VIII STATEMENT OF REVENUE	Line 1 - Contributions and grants Pursuant to Treasury Regulation Section 1.6033-2(d)(5), UPMC has elected to report information related to its contributions and grants received on a consolidated basis for all of the members of the UPMC Group, including this parent organization, on the return of UPMC Group, EIN 20-8295721

Return Reference	Explanation
PART XI RECONCILIATION OF NET ASSETS	LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES Return of Capital from Exempt Subsidiary 25,000,000 Minimum Pension Liability (166,874,723) Net Transfers from Exempt Subsidiaries 84,763,680 Dividends/Transfers from Subsidiary 5,145,580 Investment in Affiliate 11,393,653 Other Changes to Fund Balance (44,281) TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES (40,616,091)

Return Reference	Explanation
PART XII FINANCIAL STATEMENTS AND REPORTING	QUESTION 2B AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UPMC

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
25-1423657

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

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

s

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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.

[illegible]

**Part VII**    **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS	THE FOLLOWING IS A LIST OF RELATED ORGANIZATIONS THAT ARE PART OF THE UPMC GROUP EXEMPTION    University of Pitts    Cancer Institute Cancer Srvcs    University of Pittsburgh Physicians UPMC Community Provider Services UPMC Community Medicine, Inc    UPMC Emergency Medicine, Inc    UPMC Horizon UPMC Horizon Community Health Foundation UPMC International Holdings, Inc    UPMC Overseas, Inc    Cranberry Place Sugar Creek Station The Heritage Shadyside University Health Center of Pittsburgh UPMC Bedford UPMC Northwest UPMC Visiting Nurses Association UPMC Center for Health Security Magee-Womens Hospital of UPMC Passavant Professional Associates, Inc    UPMC Passavant UPMC St Margaret Childrens' Hospital of Pittsburgh of UPMC UPMC Braddock UPMC McKeesport UPMC Presbyterian Shadyside UPMC Mercy UPMC IMITS CENTER UPMC East UPMC FOR YOU, INC    Community Care Behavioral Health Organization Center for Emergency Medicine of Western PA Erie Physicians Network - UPMC, Inc    Donohue & Allen Cardiolgy - UPMC Inc    UPMC HAMOT REGIONAL HEALTH SERVICES, INC    UPMC ADVANCED PRACTICE PROVIDERS HOME NURSING AGENCY AFFILIATES HOME NURSING AGENCY AND VISITING NURSE ASSOCIATION HOME NURSING AGENCY COMMUNITY SERVICES HOME NURSING AGENCY FOUNDATION HOME NURSING AGENCY HOSPICE UPMC ALTOONA UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY CENTRAL PENNSYLVANIA MEDICAL FOUNDATIN, INC    UPMC ALTOONA FOUNDATION BUTLER HEALTH SYSTEM/UPMC MUSCULOSKELETAL JOINT VENTURE, INC    UPMC CHAUTAUQUA SERVICES, INC
PART V TRANSACTIONS WITH RELATED ORGANIZATIONS	PART V In general the cash management policy of UPMC is to transfer all excess funds available from exempt subsidiaries to UPMC, the parent entity These are not considered a transfer of net assets for which disclosure is required if 25% or more of net assets are transferred



Additional Data

Software ID:  
Software Version:  
EIN: 25-1423657  
Name: UPMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
UPMC SENIOR COMMUNITIES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1574736	SR LIVING	PA	501(c)(3)	9	UPMC	Yes	
PITTSBURGH LIFETIME CARE COMMUNITY 600 GRANT STREET PITTSBURGH, PA 15219 25-1335247	CCRC	PA	501(c)(3)	9	UPMC SENIOR	Yes	
CANTERBURY PLACE 600 GRANT STREET PITTSBURGH, PA 15219 25-0965334	SR LIVING	PA	501(c)(3)	9	UPMC SENIOR	Yes	
SENECA PLACE 600 GRANT STREET PITTSBURGH, PA 15219 72-1562844	SR LIVING	PA	501(c)(3)	9	UPMC SENIOR	Yes	
SHADYSIDE HOSPITAL SUPPORTING FOUNDATION 600 GRANT STREET PITTSBURGH, PA 15219 26-0303394	FOUNDATION	PA	501(c)(3)	11(A) I	NA	Yes	
UPMC LEE 600 GRANT STREET PITTSBURGH, PA 15219 25-0613830	INACTIVE	PA	501(c)(3)	3	UPMC	Yes	
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260 25-0965591	UNIVERSITY	PA	501(c)(3)	2	NA		No
PITTSBURGH CARE PARTNERSHIP INC 2400 ARDMORE BOULEVARD PITTSBURGH, PA 15221 25-1753852	HEALTHCARE	PA	501(c)(3)	9	UPMC	Yes	
UPMC CENTER FOR HIGH VALUE HEALTHCARE 600 GRANT STREET PITTSBURGH, PA 15219 45-2178782	RESEARCH	PA	501(c)(3)	7	UPMC	Yes	
KANE COMMUNITY HOSPITAL 4372 ROUTE 6 KANE, PA 16735 25-0998168	HOSPITAL	PA	501(c)(3)	3	UPMC HAMOT		No
GREAT LAKES PHYSICIAN PRACTICE PC 600 GRANT STREET PITTSBURGH, PA 15219 46-4186362	PHYSICIANS	NY	501(C)(3)	3	REGNL HEALTH	Yes	
SAFE HARBOR BEHAVIORAL HEALTH OF UPMC 1330 WEST 26TH STREET ERIE, PA 16508 25-1317492	MENTAL HEALTH	PA	501(C)(3)	7	UPMC HAMOT	Yes	
UPMC JAMESON 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 25-0965406	HEALTHCARE	PA	501(C)(3)	3	UPMC	Yes	
JAMESON HEALTH CARE FOUNDATION 1211 WILMINGTON AVENUE NEW CASTLE, PA 161052595 25-1536037	FOUNDATION	PA	501(C)(3)	11 (B) 2	UPMC JAMESON	Yes	
JAMESON HEALTH SERVICES INC 1211 WILIMINGTON AVENUE NEW CASTLE, PA 161052595 03-0486993	HEALTHCARE	PA	501(C)(3)	11(B) 2	UPMC JAMESON	Yes	
CHILDREN'S ADOVCACY CENTER OF LAWRENCE 1211 WILMINGTON AVENUE NEW CASTLE, PA 161052595 25-1581304	SUPPORT SYS	PA	501(C)(3)	7	UPMC JAMESON	Yes	
UPMCJAMESON CANCER CENTER 600 GRANT STREET PITTSBURGH, PA 15219 20-1459415	ONCOLOGY SVC	PA	501(C)(3)	9	UPMC JAMESON	Yes	
JAMESON MEDICAL CARE INC 1211 WILMINGTON AVENUE NEW CASTLE, PA 161052595 26-0462696	HEALTHCARE	PA	501(C)(3)	9	UPMC JAMESON	Yes	
JAMESON CARE CENTER INC 1221 WILMINGTON AVENUE NEW CASTLE, PA 16105 23-2871396	HEALTHCARE	PA	501(C)(3)	9	UPMC SENIOR	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SENECA HILLS ASSISTED LIVING LP  600 GRANT STREET PITTSBURGH, PA 15219 23-2873106	ASST LIVING	PA	UPMC SR COMMUNI	RELATED	-72,525	7,319,365		No		Yes		100 000 %
ST MARGARET MEDICAL ARTS ASSOCIATES  600 GRANT STREET PITTSBURGH, PA 15219 25-1786655	MOB	PA	UPMC SR COMMUNI	RELATED	210,053	3,129,891		No		Yes		100 000 %
CORE NETWORK LLC  600 GRANT STREET PITTSBURGH, PA 15219 25-1786209	PHYSICAL THER	PA	UPMC COMM PROVI	RELATED	3,061,189	10,118,705		No			No	76 009 %
LIFE HOME CARE LP  600 GRANT STREET PITTSBURGH, PA 15219 25-1847839	HEALTHCARE SV	PA	UPMC COMM PROV	RELATED	0	0		No		Yes		100 000 %
SHADYSIDE MEDICAL CENTER ASSOCIATES  600 GRANT STREET PITTSBURGH, PA 15219 25-1608318	MOB	PA	MEDICAL CTR PRO	RELATED	925,278	15,880,874		No		Yes		100 000 %
CHARTWELL PA LP  600 GRANT STREET PITTSBURGH, PA 15219 25-1729714	HOME THERAPY	PA	UPMC COMM PROV	RELATED	18,168,350	40,795,705		No		Yes		94 986 %
HAMOT-KCH REAL ESTATE VENTURE LLC  300 STATE STREET ERIE, PA 16507 26-3691782	MEDICAL OFFIC	PA	UPMC HAMOT	RELATED	6,177	217,869		No		Yes		51 000 %
HAMOT SURGERY CENTER LLC  200 STATE STREET ERIE, PA 16507 25-1863661	AMBULATORY SU	PA	UPMC HAMOT	RELATED	1,481,684	3,328,736		No		Yes		50 940 %
LIFE CARE HOME SERVICES OF NW  1647 SASSAFRAS STREET ERIE, PA 16501 25-1536879	HOME HEALTH S	PA	UPMC HAMOT	RELATED	4,479,623	12,438,839		No		Yes		100 000 %
EPN-HAMOT URGENT CARE LLC  600 GRANT STREET PITTSBURGH, PA 15219 27-2147949	URGENT CARE	PA	VARIOUS	RELATED	59,336	3,707,578		No		Yes		100 000 %
MOUNTAIN VIEW MEDICAL ONCOLOGY  600 GRANT STREET PITTSBURGH, PA 15219 46-1449241	HEALTHCARE	PA	UPMC MCKEESPORT	RELATED	0	0		No		Yes		51 000 %
LAWRENCE COUNTY MRI & DIAGNOSTIC LLC  2526 WILMINGTON AVENUE NEW CASTLE, PA 16105 27-0219891	IMAGING CENTER	PA	UPMC JAMESON	RELATED	-13,724	506,204		No		Yes		50 500 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HC PHARMACY CENTRAL INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1364192	PHARMACY CO OP	PA	VARIOUS	C	2,723,094	227,269	78 571 %	Yes	
(1) CHILDREN'S COMMUNITY CARE 600 GRANT STREET PITTSBURGH, PA 15219 25-1781887	PEDIATRIC SVC	PA	CHILDREN'S HOSP	C	106,500,351	17,620,303	100 000 %	Yes	
UPMC CANCER CENTERS IRELAND (2) LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	CANCER TREATM	EI	UPMC INT'L HOLD	C	1,737,185	3,408,524	100 000 %	Yes	
UPMC PHYSICIAN SERVICES (3) HOLDING CO INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1877017	HOLDING CO	PA	UPMC	C	0	142,916,054	100 000 %	Yes	
(4) HEMATOLOGY ONCOLOGY ASSOC 600 GRANT STREET PITTSBURGH, PA 15219 42-1648357	HEALTHCARE	PA	PHY SER HOLDING	C	-22,611	1,888,107	100 000 %	Yes	
(5) ONCOLOGY HEMATOLOGY ASSOC 600 GRANT STREET PITTSBURGH, PA 15219 25-1762980	HEALTHCARE	PA	PHY SER HOLDING	C	48,240,453	3,482,319	100 000 %	Yes	
(6) TRI-STATE NEUROSURGICAL ASSOC- UPMC INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1458655	HEALTHCARE	PA	PHY SER HOLDING	C	5,468,192	3,958,389	100 000 %	Yes	
(7) RENAISSANCE FAMILY PRACTICE- UPMC INC 600 GRANT STREET PITTSBURGH, PA 15219 26-2942406	HEALTHCARE	PA	PHY SER HOLDING	C	16,510,857	2,418,993	100 000 %	Yes	
(8) UPMC HOLDING COMPANY INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777713	HOLDING CORP	PA	UPMC	C	33,550,933	576,940,837	100 000 %	Yes	
(9) UPMC COVERAGE PRODUCTS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777710	HOLDING CORP	PA	UPMC HOLDING CO	C	0	303,415,878	100 000 %	Yes	
(10) FREEDOM INSURANCE COMPANY 600 GRANT STREET PITTSBURGH, PA 15219 03-0308944	INSURANCE	VT	UPMC COV PRODS	C	431,018	1,786,922	100 000 %	Yes	
(11) TRI-CENTURY INSURANCE CO 600 GRANT STREET PITTSBURGH, PA 15219 25-1500739	INSURANCE	PA	UPMC COV PRODS	C	588,110	27,116,737	100 000 %	Yes	
(12) UPMC DNA INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1883237	INSURANCE	PA	UPMC COV PRODS	C	0	0	100 000 %	Yes	
(13) UPMC HEALTH BENEFITS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1844144	HEALTH INSURA	PA	UPMC COV PRODS	C	116,921,220	153,292,197	100 000 %	Yes	
(14) UPMC HEALTH NETWORK INC 600 GRANT STREET PITTSBURGH, PA 15219 72-1527566	HEALTH INSURA	PA	UPMC COV PRODS	C	86,172,466	321,739,951	100 000 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) UPMC HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2813536	HEALTH INSURA	PA	UPMC COV PRODS	C	1,280,115,572	381,190,051	88 660 %	Yes	
UPMC BENEFIT MANAGEMENT (1) SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1769564	WORKER'S COMP	PA	UPMC COV PRODS	C	91,184,022	50,079,199	100 000 %	Yes	
(2) UPMC DIVERSIFIED SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1778454	HOLDING CORP	PA	UPMC HOLDING CO	C	33,378,516	67,073,035	100 000 %	Yes	
(3) MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA 15219 25-1666087	HEALTHCARE	PA	UPMC HOLDING	C	7,070,725	11,278,824	100 000 %	Yes	
(4) MEDICAL ARCHIVAL SYSTEMS 600 GRANT STREET PITTSBURGH, PA 15219 23-2912501	SOFTWARE DEV&	DE	UPMC HOLDING CO	C	271,216	824	90 000 %	Yes	
(5) PRESBY HEALTH RESOURCE MGMT 600 GRANT STREET PITTSBURGH, PA 15219 25-1422155	HEALTHCARE	PA	UPMC DIVERSIFIE	C	0	0	100 000 %	Yes	
(6) BIOTRONICS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1843500	EQUIP MAINTEN	PA	UPMC DIVERSIFIE	C	8,262,713	2,141,885	100 000 %	Yes	
(7) MEDICAL CENTER PROPERTIES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1796940	REAL ESTATE	PA	UPMC HOLDING CO	C	1,082,925	16,691,833	100 000 %	Yes	
(8) RX PARTNERS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1801966	RETAIL SERVIC	PA	UPMC DIVERSIFIE	C	10,318,229	4,345,720	100 000 %	Yes	
(9) ASKESIS DEVELOPMENT GROUP INC 600 GRANT STREET PITTSBURGH, PA 15219 54-1625585	SOFTWARE DEVE	DE	NA	C	5,725,547	2,989,358	70 000 %	Yes	
(10) PANTHER REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	CATHEDRAL (RE)	C	3,475,130	47,385,865	100 000 %	Yes	
(11) FORBES REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	UPMC	C	45,898,932	209,792,027	100 000 %	Yes	
CATHEDRAL (RE)INSURANCE (12) COMPANY LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	FORBES REINSURA	C	42,296,258	194,132,547	100 000 %	Yes	
UPMC INTERNATIONAL HEALTH (13) INITIATIVES 600 GRANT STREET PITTSBURGH, PA 15219 84-1706741	INACTIVE	PA	UPMC INT'L HOLD	C	0	0	100 000 %	Yes	
(14) UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	HEALTHCARE SU	EI	UPMC INT'L HOLD	C	0	3,604,985	100 000 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(31) UPMC UNITED KINGDOM LTD C/O NAIRCO 11TH FLOOR WHITEFRIARS LEWINS MEAD, BRISTOL BS1 2NT UK 98-0571026	SOFTWARE LICE	UK	UPMC INT'L HOLD	C	873,511	1,461,814	100 000 %	Yes	
(1) UPMC CYPRUS HOLDINGS LTD JULIA HOUSE 3 THEMISTOCLES DERVIS NICOSIA CY 1066 CY	HEALTHCARE SU	CY	UPMC INT'L HOLD	C	0	0	100 000 %	Yes	
(2) UPMC CYPRUS LTD JULIA HOUSE 3 THEMISTOCLES DERVIS NICOSIA CY 1066 CY	HEALTHCARE SU	CY	UPMC CYPRUS HOL	C	0	0	100 000 %	Yes	
(3) BAYFRONT REGIONAL DEVELOPMENT CORP 300 STATE STREET SUITE 100 ERIE, PA 16507 25-1401388	RE HOLDINGS C	PA	UPMC HAMOT	C	307,209	12,929,201	100 000 %	Yes	
(4) BAYSIDE DEVELOPMENT CORP 300 STATE STREET SUITE 100 ERIE, PA 16507 25-1401386	REAL ESTATE/P	PA	BAYFRONT REG DE	C	2,731,077	9,513,189	100 000 %	Yes	
(5) UPMC WORK ALLIANCE INC 600 GRANT STREET PITTSBURGH, PA 15219 45-2825053	INSURANCE	PA	UPMC COV PRODS	C	2,468,261	4,920,249	100 000 %	Yes	
UPMC CANADA TECHNOLOGIES (6) LIMITED 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE	CA	UPMC INT'L HOLD	C	0	2,929,256	100 000 %	Yes	
(7) ALLIED ORTHOPEDICS APPLIANCES INC 335 E 3RD STREET JAMESTOWN, NY 14701 16-1092951	MED APPLIANCE	PA	LIFE CARE HOME	C	0	0	100 000 %	Yes	
(8) UPMC HEALTH COVERAGE INC 600 GRANT STREET PITTSBURGH, PA 15219 46-2824537	INSURANCE	PA	UPMC COV PRODS	C	27,651,313	14,284,218	100 000 %	Yes	
(9) UPMC HEALTH OPTIONS INC 600 GRANT STREET PITTSBURGH, PA 15219 46-2824626	INSURANCE	PA	UPMC HEALTH NET	C	1,493,746,581	368,041,605	100 000 %	Yes	
(10) UPMC COMPLETE CARE INC 5215 CENTRE AVENUE PITTSBURGH, PA 15232 46-3605753	HEALTHCARE	PA	PHY SER HOLDING	C	1,443,140	137,666	100 000 %	Yes	
(11) HEALTH FIDELITY INC 600 GRANT STREET PITTSBURGH, PA 15219 45-2538963	SOFTWARE DEVE	CA	UPMC	C	580,529	2,791,415	69 840 %	Yes	
(12) FLUENCE HEALTH INC 600 GRANT STREET PITTSBURGH, PA 15219 47-2684174	SOFTWARE DEVE	DE	UPMC HOLDING	C	0	0	100 000 %	Yes	
(13) AMERICAN HOME HEALTH SERVICES 868 CORPORATE WAY WESTLAKE, OH 44145 31-1521422	HOME HEALTH	OH	QUALITY FIRST	C	0	0	100 000 %	Yes	
(14) CURAVI HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 81-1217377	HEALTHCARE	DE	UPMC	C	0	1,363,831	100 000 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(46) PENSIAMO INC 600 GRANT STREET 59TH FLOOR PITTSBURGH, PA 15219 81-2069236	SUPPLY CHAIN	DE	UPMC	C	0	0	90 000 %	Yes	
(1) MEDCPU INC 100 WALL STREET SUITE 2202 NEW YORK, NY 10005 38-3805381	SOFTWARE DEVELOP	DE	UPMC	C	0	0	63 300 %	Yes	
(2) ALTOONA FAMILY INC 620 HOWARD AVENUE ALTOONA, PA 16601 25-1444935	MGMT SVCS	PA	UPMC ALTOONA	C	104,798	42,357	100 000 %	Yes	
(3) LEXINGTON HOLDINGS INC 620 HOWARD AVENUE ALTOONA, PA 16601 25-1794386	MEDICAL SVCS	PA	CTRL PA MED FND	C	6,280,000	120,166,255	100 000 %	Yes	
(4) LEXINGTON ONE INC 620 HOWARD AVENUE ALTOONA, PA 16601 25-1468889	RENTAL	PA	LEXINGTON HOLD	C	1,863,181	3,528,267	100 000 %	Yes	
(5) LEXINGTON TWO INC HOWARD AVE 7TH STREET ALTOONA, PA 16601 25-1555689	RENTAL EQUIPMENT	PA	LEXINGTON HOLD	C	2,121,915	394,287	100 000 %	Yes	
(6) LEXINGTON FOUR INC 620 HOWARD AVENUE ALTOONA, PA 16601 25-1793736	HOLDING CO	PA	LEXINGTON HOLD	C	10,000,000	116,974,795	100 000 %	Yes	
(7) ALLEGHENY HEALTHCARE STAFFING INC 620 HOWARD AVENUE ALTOONA, PA 16601 27-1657362	EMPLOYMENT SVC	PA	LEXINGTON HOLD	C	0	0	100 000 %	Yes	
(8) UPMC ALTOONA REGIONAL HEALTH SERVICES 1414 9TH AVENUE ALTOONA, PA 16602 25-1219302	MEDICAL SVCS	PA	LEXINGTON FOUR	C	70,661,105	12,363,117	100 000 %	Yes	
LEXINGTON ANESTHESIA (9) ASSOCIATES INC 620 HOWARD AVENUE ALTOONA, PA 16601 25-1897765	MEDICAL SVCS	PA	LEXINGTON FOUR	C	6,759,193	31,085	100 000 %	Yes	
NORTHERN CAMBRIA MEDICAL (10) CENTER INC 620 HOWARD AVENUE ALTOONA, PA 16601 25-1530860	MEDICAL SVCS	PA	LEXINTON FOUR	C	60,875	0	100 000 %	Yes	
(11) PATTON FAMILY MEDICAL CENTER INC 620 HOWARD AVENUE 5TH FLOOR ALTOONA, PA 16601 25-1793735	MEDICAL SVCS	PA	LEXINGTON FOUR	C	652	0	100 000 %	Yes	
(12) UPMC EXCESS PL TR 600 GRANT STREET PITTSBURGH, PA 15219 82-6254351	TRUST	PA	UPMC	TRUST	3,901	1,429,185	100 000 %	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ASKESIS DEVELOPMENT GROUP INC	A	9,420	COST
(1)	UPMC BEDFORD	A	46,533	COST
(2)	CENTER FOR EMERGENCY MEDICINE OF WESTERN PA	A	2,857,221	COST
(3)	COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION	A	3,261,920	COST
(4)	MEDICAL ARCHIVAL SYSTEM INC	A	99,067	COST
(5)	PITTSBURGH LIFETIME CARE COMMUNITY	A	542,750	COST
(6)	CHARTWELL PA LP	A	64,637	COST
(7)	CHILDREN'S COMMUNITY CARE	A	173,241	COST
(8)	CORE NETWORK LLC	A	439,968	COST
(9)	CURAVI HEALTH INC	A	12,636	COST
(10)	UPMC EAST	A	225,709	COST
(11)	EBENEFITS SOLUTIONS LLC	A	107,393	COST
(12)	UPMC EMERGENCY MEDICINE INC	A	136,700	COST
(13)	HC PHARMACY CENTRAL INC	A	344,867	COST
(14)	UPMC COMMUNITY PROVIDER SERVICES	A	315,609	COST
(15)	UPMC BENEFIT MANAGEMENT SERVICES INC	A	632,336	COST
(16)	UPMC HEALTH PLAN INC	A	10,598,240	COST
(17)	MAGEE-WOMENS HOSPITAL OF UPMC	A	1,217,546	COST
(18)	UPMC VISITING NURSES ASSOCIATION	A	32,574	COST
(19)	ONCOLOGY-HEMATOLOGY ASSOCIATION INC	A	31,122	COST
(20)	UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CAN	A	189,571	COST
(21)	UPMC PRESBYTERIAN SHADYSIDE	A	19,000,648	COST
(22)	SAFE HARBOR BEHAVIORIAL HEALTH OF UPMC HAMOT	A	60,771	COST
(23)	STRATEGIC BUSINESS INITIATIVES LLC	A	9,298	COST
(24)	SBI QUALIFYING SOLUTIONS LLC	A	353,819	COST

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	UPMC ST MARGARET	A	283,736	COST
(1)	UNIVERSITY PITTSBURGH PHYSICIANS	A	3,931,489	COST
(2)	UPMC COMMUNITY MEDICINE INC	A	1,056,752	COST
(3)	MONROEVILLE SPECIALTY CLINIC INC	A	832,984	COST
(4)	TRI-STATE NEUROSURGICAL ASSOCIATES - UPMC	A	17,725	COST
(5)	UNIVERSITY OF PITTSBURGH PHYSICIANS	B	2,321,725	ACTUAL
(6)	UPMC PHYSICIAN SERVICES HOLDING COMPANY INC	B	30,000,000	ACTUAL
(7)	UPMC HOLDING COMPANY INC	B	193,000,000	ACTUAL
(8)	UNIVERSITY OF PITTSBURGH PHYSICIANS	B	25,785,353	ACTUAL
(9)	HEALTH FIDELITY INC	B	10,000,000	ACTUAL
(10)	MEDCPU INC	B	48,223,243	ACTUAL
(11)	UPMC INTERNATIONAL HOLDINGS INC	B	1,559,988	ACTUAL
(12)	CATHEDRAL (RE)INSURANCE COMPANY LTD	B	30,859,247	ACTUAL
(13)	HC PHARMACY CENTRAL INC	P	168,286	COST
(14)	UPMC ALTOONA	Q	6,524,073	COST
(15)	UPMC BEDFORD	Q	712,258	COST
(16)	CHARTWELL PA LP	Q	102,640	COST
(17)	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	Q	12,780,348	COST
(18)	CORE NETWORK LLC	Q	53,506	COST
(19)	UPMC EAST	Q	1,237,555	COST
(20)	ERIE PHYSICIANS NETWORK - UPMC INC	Q	60,601	COST
(21)	UPMC HAMOT	Q	2,792,423	COST
(22)	CATHEDRAL (RE)INSURANCE COMPANY LTD	Q	104,610	COST
(23)	FORBES REINSURANCE COMPANY LTD	Q	82,436	COST
(24)	HEMATOLOGY ONCOLOGY ASSOCIATION	Q	124,187	COST



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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	UPMC COMMUNITY PROVIDER SERVICES	Q	1,273,181	COST
(1)	UPMC HEALTH BENEFITS INC	Q	67,227	COST
(2)	UPMC BENEFIT MANAGEMENT SERVICES INC	Q	500,017	COST
(3)	COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION	Q	1,087,696	COST
(4)	UPMC HEALTH PLAN INC	Q	979,982	COST
(5)	UPMC HEALTH NETWORK INC	Q	58,391	COST
(6)	UPMC HEALTH OPTIONS INC	Q	1,040,000	COST
(7)	UPMC FOR YOU INC	Q	1,786,817	COST
(8)	UPMC HORIZON	Q	583,119	COST
(9)	STRATEGIC BUSINESS INITIATIVES LLC	Q	153,333	COST
(10)	MAGEE - WOMENS HOSPITAL OF UPMC	Q	26,710,627	COST
(11)	UPMC MCKEESPORT	Q	1,130,829	COST
(12)	UPMC MERCY	Q	1,826,874	COST
(13)	BUTLER HEALTH SYSTEMUPMC MUSCULOSKELETAL	Q	208,582	COST
(14)	UPMC PASSAVANT	Q	2,669,226	COST
(15)	UPMC NORTHWEST	Q	1,242,166	COST
(16)	UPMC VISITING NURSES ASSOCIATION	Q	297,912	COST
(17)	ONCOLOGY-HEMATOLOGY ASSOCIATION INC	Q	374,730	COST
(18)	UNIVERSITY OF PITTS CANCER INST CANCER SVCS	Q	572,226	COST
(19)	UPMC OVERSEAS INC	Q	235,247	COST
(20)	UPMC PRESBYTERIAN SHADYSIDE	Q	17,083,265	COST
(21)	RENAISSANCE FAMILY PRACTICE - UPMC INC	Q	175,688	COST
(22)	SENECA PLACE	Q	150,754	COST
(23)	UPMC ST MARGARET	Q	1,710,774	COST
(24)	UPMC HOLDING COMPANY INC	Q	1,162,392	COST

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	UNIVERSITY OF PITTSBURGH PHYSICIANS	Q	11,497,376	COST
(1)	UPMC COMMUNITY MEDICINE INC	Q	2,671,772	COST
(2)	FREEDOM INSURANCE COMPANY	R	390,000	ACTUAL
(3)	SUGARCREEK STATION	S	1,000,000	ACTUAL
(4)	UPMC ALTOONA	S	18,366,405	ACTUAL
(5)	COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION	S	25,000,000	ACTUAL
(6)	UPMC HOLDING COMPANY INC	S	1,700,000	ACTUAL
(7)	UPMC HAMOT	S	33,994,485	ACTUAL
(8)	UPMC PRESBYTERIAN SHADYSIDE	S	32,402,790	ACTUAL
(9)	UPMC INTERNATIONAL HOLDINGS INC	S	3,445,580	ACTUAL
(10)	CENTER FOR EMERGENCY MEDICINE OF WESTERN PA	S	85,000	ACTUAL
(11)	HEMATOLOGY ONCOLOGY ASSOCIATION	S	71,450	ACTUAL
(12)	ONCOLOGY-HEMATOLOGY ASSOCIATION INC	S	85,883	ACTUAL
(13)	CHILDREN'S COMMUNITY CARE	S	436,501	ACTUAL
(14)	UPMC COMMUNITY MEDICINE INC	S	1,980,600	ACTUAL
(15)	ERIE PHYSICIANS NETWORK-UPMC INC	S	59,171	ACTUAL
(16)	RENAISSANCE FAMILY PRACTICE-UPMC INC	S	127,208	ACTUAL
(17)	UPMC EMERGENCY MEDICINE INC	S	823,241	ACTUAL
(18)	UNIVERSITY OF PITTSBURGH PHYSICIANS	S	9,294,055	ACTUAL
(19)	UPMC ALTOONA	S	1,692,311	ACTUAL
(20)	UPMC BEDFORD	S	70,152	ACTUAL
(21)	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	S	1,833,729	ACTUAL
(22)	UPMC EAST	S	251,063	ACTUAL
(23)	UPMC HAMOT	S	2,950,662	ACTUAL
(24)	UPMC HORIZON	S	329,502	ACTUAL

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101) KANE COMMUNITY HOSPITAL	S	92,902	ACTUAL
(1) MAGEE WOMEN'S HOSPITAL OF UPMC	S	2,454,253	ACTUAL
(2) UPMC MCKEESPORT	S	415,444	ACTUAL
(3) UPMC MERCY	S	1,460,724	ACTUAL
(4) UPMC NORTHWEST	S	200,531	ACTUAL
(5) UPMC PASSAVANT	S	680,882	ACTUAL
(6) UPMC PRESBYTERIAN SHADYSIDE	S	4,850,003	ACTUAL
(7) UPMC ST MARGARET	S	474,375	ACTUAL
(8) UPMC SENIOR COMMUNITIES INC	S	90,465	ACTUAL