

EXTENDED TO MAY 15, 2019

**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**  
Open to Public Inspection

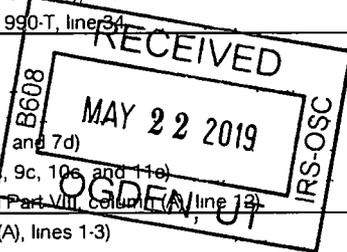
**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY LIFE TEAM</b>		<b>D</b> Employer identification number <b>23-1890444</b>	
	Doing business as		<b>E</b> Telephone number <b>(717) 231-8245</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>10,855,843.</b>	
	P.O. BOX 8700		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code <b>HARRISBURG, PA 17105-8700</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>F</b> Name and address of principal officer <b>WILLIAM H. PUGH</b>		If "No," attach a list (see instructions)		
<b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.UPMCPINNACLE.COM</b>				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation <b>1960</b> <b>M</b> State of legal domicile <b>PA</b>	

<b>Part I Summary</b>		<b>1</b> Briefly describe the organization's mission or most significant activities <b>TO PROVIDE RELIABLE EMERGENCY MEDICAL TRANSPORT SERVICES TO THE GREATER HARRISBURG AREA.</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>193</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year
<b>9</b> Program service revenue (Part VIII, line 2g)		33.	30.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,176,080.	10,852,631.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-20,237.	0.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,103.	3,182.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,158,979.	10,855,843.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		4,891,466.	8,570,557.
<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,340,778.	2,980,721.
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	7,232,244.	11,551,278.
	<b>19</b> Revenue less expenses - Subtract line 18 from line 12	-1,073,265.	-695,435.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	3,295,398.	10,399,558.
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	832,363.	1,222,931.
		2,463,035.	9,176,627.

<b>Part II Signature Block</b>				
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.				
<b>Sign Here</b>	Signature of officer	Date <b>05/14/2019</b>		
	<b>WILLIAM H. PUGH, EVP-TREASURER/CFO</b>	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>KERRI N. BOGDA</b>	<i>Kerri Bogda</i>	<b>5/13/19</b>	<b>P00760402</b>
Firm's name ▶ <b>BAKER TILLY VIRCHOW KRAUSE, LLP</b>		Firm's EIN ▶ <b>39-0859910</b>		
Firm's address ▶ <b>221 W. PHILADELPHIA STREET, SUITE 200 YORK, PA 17401</b>		Phone no. <b>717.846.7000</b>		

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



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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

TO PROVIDE COMMUNITY-BASED, EFFICIENT, AND COST-EFFECTIVE EMERGENCY MEDICAL TRANSPORT SERVICES, PRE-HOSPITAL EMS (EMERGENCY MEDICAL SERVICES) FOR THE RESIDENTS AND COMMUNITIES OF THE PENNSYLVANIA CAPITAL AND YORK REGIONS. WE SHALL STRIVE TO BE THE PROVIDER OF CHOICE

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

Yes No X

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

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

Yes No X

If "Yes," describe these changes on Schedule O

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

4a (Code ) (Expenses \$ 7,916,055. including grants of \$ 0. ) (Revenue \$ 10,852,631. ) COMMUNITY LIFE TEAM PROVIDED EMERGENCY MEDICAL SERVICES TO THE GREATER HARRISBURG AND YORK AREAS UPON REQUEST AND AS NEEDED INCLUDING BASIC AND ASSISTED LIFE SUPPORT SERVICES FOR EMERGENCY AND NON-EMERGENCY CASES. TOTAL SERVICES CALLS WERE 29,924.

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 7,916,055.

ADJLR0

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c)</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	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.		
<b>b</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.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain 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 **▶**  
**WILLIAM H. PUGH, EVP-TREASURER/CFO - 717-231-8245**  
**P.O. BOX 8700, HARRISBURG, PA 17105-8700**





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	30.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f					
	h	<b>Total.</b> Add lines 1a-1f		30.			
Program Service Revenue	2 a	TRANSPORT REVENUE	Business Code 621910	8,658,164.	8,658,164.		
	b	STANDBY REVENUE	621910	1,957,925.	1,957,925.		
	c	MEMBERSHIP REVENUE	621910	236,329.	236,329.		
	d	COMMUNITY CPR TRAINING	621910	213.	213.		
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		10,852,631.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	357.			
			(ii) Personal	0.			
				357.			
					357.		357.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
			b	Less direct expenses			
			c	Net income or (loss) from fundraising events			
	9 a	Gross income from gaming activities See Part IV, line 19	a				
b			Less direct expenses				
c			Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	MEDICAL RECORDS	900099	2,596.			2,596.	
b	MISCELLANEOUS INCOME	900099	229.			229.	
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		2,825.				
12	<b>Total revenue.</b> See instructions		10,855,843.	10,852,631.	0.	3,182.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,939.		149,939.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,842,118.	5,692,803.	1,149,315.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	275,103.	216,721.	58,382.	
9 Other employee benefits	801,707.	636,931.	164,776.	
10 Payroll taxes	501,690.	391,318.	110,372.	
11 Fees for services (non-employees)				
a Management	1,383,441.		1,383,441.	
b Legal	3,422.		3,422.	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	359,544.		359,544.	
12 Advertising and promotion	4,712.		4,712.	
13 Office expenses	134,572.	21,838.	112,734.	
14 Information technology	35,664.		35,664.	
15 Royalties				
16 Occupancy	168,140.	118,758.	49,382.	
17 Travel	162,708.	162,582.	126.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,791.		24,791.	
20 Interest	3,540.		3,540.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	407,279.	385,895.	21,384.	
23 Insurance	1,727.		1,727.	
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 <b>MEDICAL SUPPLIES</b>	289,209.	289,209.		
b <b>ACQUISITION COSTS</b>	1,167.		1,167.	
c <b>DUES</b>	805.		805.	
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>11,551,278.</b>	<b>7,916,055.</b>	<b>3,635,223.</b>	<b>0.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 858-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	725,190.	1	432,732.
	2	Savings and temporary cash investments	52,787.	2	52,787.
	3	Pledges and grants receivable - net		3	
	4	Accounts receivable - net	1,653,390.	4	5,012,694.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees - Complete Part II of Schedule L		5	
	6	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 instr) - Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	16,134.	8	16,134.
	9	Prepaid expenses and deferred charges	250.	9	12,653.
	10a	Land, buildings, and equipment - cost or other basis - Complete Part VI of Schedule D	10a 5,024,867.		
	10b	Less: accumulated depreciation	10b 3,013,436.	10c	2,011,431.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities - See Part IV, line 11		12	
	13	Investments - program-related - See Part IV, line 11		13	
	14	Intangible assets	25,000.	14	2,861,127.
	15	Other assets - See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,295,398.	16	10,399,558.	
Liabilities	17	Accounts payable and accrued expenses	719,973.	17	1,214,781.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability - Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons - Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	112,390.	23	8,150.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) - Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	832,363.	26	1,222,931.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,463,035.	27	9,176,627.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	2,463,035.	33	9,176,627.
34	<b>Total liabilities and net assets/fund balances</b>	3,295,398.	34	10,399,558.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,855,843.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,551,278.
3	Revenue less expenses Subtract line 2 from line 1	3	-695,435.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,463,035.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,409,027.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,176,627.

**Part XII Financial Statements and Reporting**

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

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



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,173.	89,000.	17,895.	33.	30.	124,131.
<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	5531709.	6463743.	6863274.	6176080.	10852631.	35887437.
<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	5548882.	6552743.	6881169.	6176113.	10852661.	36011568.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6)						36011568.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6	5548882.	6552743.	6881169.	6176113.	10852661.	36011568.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,569.	7,995.			357.	11,921.
<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	3,569.	7,995.			357.	11,921.
<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.)	1,824.	184,047.	21,109.	3,103.	2,825.	212,908.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	5554275.	6744785.	6902278.	6179216.	10855843.	36236397.

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.38 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	16	99.30 %

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.03 %
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	18	.04 %

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.35	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

**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)

**SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**

**MEDICAL RECORDS**

2013 AMOUNT: \$ 1,824.

2014 AMOUNT: \$ 1,998.

2015 AMOUNT: \$ 2,519.

2016 AMOUNT: \$ 2,258.

2017 AMOUNT: \$ 2,596.

**OTHER INCOME**

2014 AMOUNT: \$ 182,049.

2015 AMOUNT: \$ 18,590.

2016 AMOUNT: \$ 845.

2017 AMOUNT: \$ 229.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No 1545-0047

**2017**

Open to Public Inspection

Name of the organization **COMMUNITY LIFE TEAM** Employer identification number **23-1890444**

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

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_%
  - b Permanent endowment ▶ \_\_\_\_\_%
  - c 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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		202,814.	51,127.	151,687.
c Leasehold improvements		48,793.	32,538.	16,255.
d Equipment		4,703,984.	2,929,771.	1,774,213.
e Other		49,276.		49,276.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,011,431.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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. CERTAIN OF THE COMPANY'S SUBSIDIARIES ARE SUBJECT TO TAXATION IN THE UNITED STATES, VARIOUS STATES AND FOREIGN JURISDICTIONS. AS OF DECEMBER 31, 2017, THE COMPANY'S RETURNS FOR THE FISCAL YEARS ENDED JUNE 30, 2014, 2015, AND 2016 ARE OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2017**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY LIFE TEAM**

Employer identification number

**23-1890444**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017



Part III Supplemental Information

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

PART I, LINE 3:

COMMUNITY LIFE TEAM RELIES ON UPMC PINNACLE, A RELATED ORGANIZATION, TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO. METHODS USED TO ESTABLISH COMPENSATION BY THE RELATED ORGANIZATION INCLUDE:

- \* COMPENSATION COMMITTEE
- \* INDEPENDENT COMPENSATION CONSULTANT
- \* COMPENSATION SURVEY OR STUDY
- \* APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD

PART I, LINES 4A-B:

MICHAEL YOUNG, THE FORMER CEO, RECEIVED A SEVERANCE PAYMENT OF \$701,954 UPON HIS DEPARTURE IN MARCH 2017.

MICHAEL YOUNG PARTICIPATED IN A SPLIT INTEREST LIFE INSURANCE POLICY WHEREBY THE ORGANIZATION PAID THE PREMIUMS AND MR. YOUNG REPORTED THE PREMIUMS AS OTHER REPORTABLE COMPENSATION. UPON MR. YOUNG'S DEATH, THE ORGANIZATION WOULD HAVE RECOVERED ITS PREMIUMS BEFORE ANY PROCEEDS COULD BE RELEASED TO THE BENEFICIARIES.



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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DANIEL PUGH	RELATIVE OF OFFICER	102,509.	DANIEL PUGH		X
MICHAEL HESS	RELATIVE OF OFFICER	58,954.	MICHAEL HES		X
CHRISTIAN CAICEDO	OWNER OF EC2 SOLUTI	1,607,907.	SOFTWARE SU		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: DANIEL PUGH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF OFFICER WILLIAM PUGH

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

PUGH AND IS COMPENSATED BY UPMC PINNACLE AS AN EMPLOYEE. WILLIAM PUGH

DOES NOT SUPERVISE DANIEL PUGH NOR DOES HE PARTICIPATE IN DISCUSSIONS ON

DANIEL PUGH'S COMPENSATION.

(A) NAME OF PERSON: MICHAEL HESS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF OFFICER PHILIP GUARNESCHELLI

(D) DESCRIPTION OF TRANSACTION: MICHAEL HESS IS A RELATIVE OF PHILIP

GUARNESCHELLI AND IS COMPENSATED BY UPMC PINNACLE AS AN EMPLOYEE. PHILIP

GUARNESCHELLI DOES NOT SUPERVISE MICHAEL NOR DOES HE PARTICIPATE IN

DISCUSSIONS ON MICHAEL HESS' COMPENSATION.

(A) NAME OF PERSON: CHRISTIAN CAICEDO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER OF EC2 SOLUTIONS/CIS PA LLC



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

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

COMMUNITY LIFE TEAM

Employer identification number  
23-1890444

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR CONSUMERS, HEALTHCARE INSTITUTIONS, INSURERS, AND HEALTH  
MAINTENANCE ORGANIZATIONS THROUGH A COMMITMENT TO CONSTANT QUALITY  
IMPROVEMENT AND COST-EFFECTIVE SERVICE, MEETING THE NEEDS OF OUR  
COMMUNITIES.

FORM 990, PART V, LINE 1:

UPMC PINNACLE (EIN 25-1778658), THE PARENT ENTITY OF A GROUP OF  
TAX-EXEMPT ORGANIZATIONS, IS THE COMMON REPORTING AGENT FOR ITS  
AFFILIATES AND FILES ALL 1099 FORMS FOR COMMUNITY LIFE TEAM UNDER ITS  
OWN EIN.

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

THE ORGANIZATION RESTATED ITS BYLAWS TO REFLECT A MERGER WITH UPMC AS WELL  
AS THE SOLE MEMBER OF THE ORGANIZATION UNDERGOING A NAME CHANGE. THE SOLE  
MEMBER ORGANIZATION'S NAME WAS CHANGED FROM PINNACLE HEALTH SYSTEM TO UPMC  
PINNACLE.

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

THE SOLE MEMBER OF THE CORPORATION IS UPMC PINNACLE, A NONPROFIT  
CORPORATION (EIN 25-1778658).

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

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

Name of the organization

COMMUNITY LIFE TEAM

Employer identification number

23-1890444

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

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

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

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

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

IN THE PERFORMANCE OF THEIR DUTIES TO UPMC PINNACLE AND SUBSIDIARIES, COVERED PERSONS SHALL SEEK TO ACT IN THE BEST INTERESTS OF UPMC PINNACLE, AND SHALL EXERCISE GOOD FAITH, LOYALTY, DILIGENCE AND HONESTY. A COVERED PERSON IS ANY INDIVIDUAL WHO SERVES IN A FIDUCIARY CAPACITY TO, OR WHO HAS LEGAL AUTHORITY TO REPRESENT OR OBLIGATE, THE UPMC PINNACLE OR ANY OF ITS AFFILIATED ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS. COVERED PERSONS ALSO INCLUDE A) IMMEDIATE FAMILIES (SPOUSES, CHILDREN, SIBLINGS, PARENTS, OR SPOUSE'S PARENTS), B) ANY ORGANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILIES DIRECTLY OR INDIRECTLY I) HAVE A MATERIAL FINANCIAL OR BENEFICIAL INTEREST, OR II)

Name of the organization

COMMUNITY LIFE TEAM

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

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

THE COMPENSATION COMMITTEE OF THE UPMC PINNACLE BOARD HAS THE AUTHORITY TO DEVELOP AND MAINTAIN EXECUTIVE AND PHYSICIAN COMPENSATION TO BE APPROVED BY THE UPMC PINNACLE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE WILL FOLLOW A DILIGENT PROCESS THAT MEETS REGULATORY REQUIREMENTS FOR A REBUTTABLE PRESUMPTION OF REASONABLENESS AND PROMOTES EFFECTIVE GOVERNANCE OF EXECUTIVE COMPENSATION, CONSISTENT WITH THE UPMC PINNACLE COMPENSATION PHILOSOPHY. 1. FOLLOW A PROCESS THAT ESTABLISHES AND MAINTAINS A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL EXECUTIVES AND PHYSICIANS

Name of the organization

COMMUNITY LIFE TEAM

Employer identification number

23-1890444

POTENTIALLY SUBJECT TO INTERMEDIATE SANCTIONS. 2. PREPARE MINUTES FOR EACH MEETING TO RECORD THE TERMS OF THE COMMITTEE'S DECISIONS AND THE PROCESS FOLLOWED IN REACHING THOSE DECISIONS. THESE MINUTES MUST INCLUDE INDICATIONS THAT THE COMMITTEE IS FOLLOWING GOOD PRACTICES IN DEALING WITH CONFLICTS OF INTEREST AND IN OBTAINING AND RELYING ON APPROPRIATE COMPARABILITY DATA ON TOTAL COMPENSATION. 3. SELECT AND DIRECTLY ENGAGE AND SUPERVISE ANY CONSULTANT HIRED BY UPMC PINNACLE TO ADVISE THE COMMITTEE ON EXECUTIVE AND PHYSICIAN COMPENSATION. 4. PERIODICALLY EVALUATE THE APPROPRIATENESS OF THIS CHARTER AND THE EFFECTIVENESS OF THE PROCESS THE COMMITTEE USES IN GOVERNING EXECUTIVE AND PHYSICIAN COMPENSATION AND REPORT THIS EVALUATION TO THE BOARD. 5. PROVIDE THE BOARD WITH AN ANNUAL REPORT ON THE COMMITTEE'S ACTIONS. 6. MONITOR CHANGES IN LAWS AND REGULATIONS PERTAINING TO EXECUTIVE COMPENSATION AND BENEFITS TO SEE THAT UPMC PINNACLE COMPLIES WITH THEM. 7. SEEK OUTSIDE REVIEW OF COMMITTEE OPERATIONS TO ENSURE COMPLIANCE WITH THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS. 8. REVIEW ACTUAL EXECUTIVE COMPENSATION AND BENEFITS PROVIDED TO CONFIRM CONSISTENCY WITH COMPENSATION AND BENEFITS APPROVED BY THE COMMITTEE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE ORGANIZATION INCLUDES A COPY OF ITS FINANCIAL STATEMENTS WITH THE STATE REGISTRATION FILED WITH THE PENNSYLVANIA DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS. THESE DOCUMENTS ARE A MATTER OF PUBLIC RECORD AND CAN BE VIEWED AT THE BUREAU OFFICE.

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

FUND BALANCE TRANSFER - UPMC PINNACLE

5,789,107.

Name of the organization <b>COMMUNITY LIFE TEAM</b>	Employer identification number <b>23-1890444</b>
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FUND BALANCE TRANSFER - UPMC PINNACLE HOSPITALS	1,597,911.
FUND BALANCE TRANSFER - PINNACLE HEALTH MEDICAL SERVICES	1,476.
FUND BALANCE TRANSFER - UPMC PINNACLE MEMORIAL	-81,140.
FUND BALANCE TRANSFER - PINNACLE HEALTH FND	-75,552.
FUND BALANCE TRANSFER - UPMC PINNACLE CARLISLE	202,225.
GOODWILL TRANSFER	-25,000.
TOTAL TO FORM 990, PART XI, LINE 9	7,409,027.

PART XII, LINE 2C:

UPMC IS AUDITED ON A CONSOLIDATED BASIS. THEREFORE, THERE ARE NO SEPARATE AUDITED FINANCIAL STATEMENTS FOR UPMC PINNACLE AND ITS SUBSIDIARIES.



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SHADYSIDE HOSPITAL SUPPORTING FOUNDATION* - 26-0303394, 600 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC		X
UPMC LEE* - 25-0613830 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
PITTSBURGH CARE PARTNERSHIP INC.* - 25-1753852, 600 GRANT STREET, PITTSBURGH, PA 15219	SENIOR CARE MANAGEMENT	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC		X
UPMC CENTER FOR HIGH VALUE HEALTHCARE* - 45-2178782, 600 GRANT STREET, PITTSBURGH, PA 15219	RESEARCH	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC		X
SHADYSIDE HOSPITAL FOUNDATION* - 25-1290546 532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	UPMC PRESBY		X
PASSAVANT HOSPITAL FOUNDATION* - 25-1407815 9100 BABCOCK BLVD PITTSBURGH, PA 15237	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC PASS		X
UPMC NORTHWEST FOUNDATION* - 25-1483624 100 FARFIELD DRIVE SENECA, PA 16346	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	UPMC NORTHWE		X
ST. MARGARET FOUNDATION* - 25-1520340 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC ST MARG		X
CHILDREN'S HOSPITAL OF PITTSBURGH FND - 25-1865744, 600 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC CHP		X
MAGEE-WOMEN RES INST AND FOUNDATION* - 25-1462312, 600 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X
GREAT LAKES PHYSICIAN PRACTICE P.C.* - 46-4186362, 600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219	PHYSICIAN SERVICES	NEW YORK	501(C)(3)	LINE 3	REGNL HEALTH		X
HAMOT HEALTH FOUNDATION* - 25-1400999 302 FRENCH STREET ERIE, PA 16507	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC HAMOT		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
UPMC JAMESON* - 25-0965406 1211 WILMINGTON AVE NEW CASTLE, PA 16105	HEALTHCARE	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
JAMESON HEALTHCARE FOUNDATION* - 25-1536037 1211 WILMINGTON AVE NEW CASTLE, PA 16105	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC JAMESON		X
JAMESON HEALTH SERVICES INC.* - 03-0486993 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC JAMESON		X
CHILDREN'S ADVOCACY CENTER OF LAWRENCE* - 25-1581304, 1107 WILMINGTON AVE, NEW CASTLE, PA 16105	COORDINATION SERVICES	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC JAMESON		X
UPMC/JAMESON CANCER CENTER* - 20-1459415 600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219	ONCOLOGY SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC JAMESON		X
JAMESON MEDICAL CARE INC.* - 26-0462696 1211 WILMINGTON AVE NEW CASTLE, PA 16105	PHYSICIAN SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC JAMESON		X
JAMESON CARE CENTER INC.* - 23-2871396 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SENIOR SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
UPMC SUSQUEHANNA* - 23-2751183 700 HIGH STREET WILLIAMSPORT, PA 17701	MANAGEMENT SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
MUNCY VALLEY HOSPITAL* - 24-0806023 215 EAST WATER STREET MUNCY, PA 17756	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
DIVINE PROVIDENCE HOSPITAL OF THE SISTER* - 24-0799343, 1100 GRAMPAN BOULEVARD, WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
SUSQUEHANNA PHYSICIAN SERVICES* - 23-2449454 1201 GRAMPAN BOULEVARD WILLIAMSPORT, PA 17701	PHYSICIAN SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
SUSQUEHANNA HEALTH SYSTEM INNOVATION CTR* - 47-1600873, 700 HIGH STREET, WILLIAMSPORT, PA 17701	SUPPORT SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SUSQUEHANNA HEALTH FOUNDATION* - 23-2743470 1100 GRAMPPIAN BOULEVARD WILLIAMSPORT, PA 17701	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		X
THE WILLIAMSPORT HOSPITAL* - 24-0795508 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
LAUREL REALTY INC.* - 23-1403678 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	REAL ESTATE	PENNSYLVANIA	501(C)(3)	N/A	UPMC SUSQUEH		X
LAUREL MANAGEMENT SERVICES INC.* - 25-1644910, 32-36 CENTRAL AVENUE, WELLSBORO, PA 16901	MANAGEMENT SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
LAUREL HEALTH SYSTEM* - 24-0795488 22 WALNUT STREET WELLSBORO, PA 16901	SUPPORT SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
SOLDIERS AND SAILORS MEMORIAL HOSPITAL* - 23-2176963, 32-36 CENTRAL AVENUE, WELLSBORO, PA 16901	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
THE GREEN HOME* - 24-0804365 37 CENTRAL AVENUE WELLSBORO, PA 16901	SKILLED NURSING	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SUSQUEH		X
TIOGA HEALTH CARE PROVIDERS* - 25-1765538 1201 GRAMPPIAN BOULEVARD WELLSBORO, PA 17701	HEALTHCARE	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
WILLIAMSPORT AREA AMBULANCE SERVICE COOP* - 23-2416166, 700 HIGH STREET, WILLIAMSPORT, PA 17701	AMBULANCE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	WILLIAM HOSP		X
UPMC SUSQUEHANNA LOCK HAVEN* - 82-1600494 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
UPMC SUSQUEHANNA SUNBURY* - 82-1592230 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
UPMC CHAUTAUQUA AT WCA* - 16-0743226 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	UPMC CHAUTAU		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
W.C.A. GROUP INC. - 22-2392582 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOLDING COMPANY	NEW YORK	501(C)(3)	LINE 12B, II	CHAUT AT WCA		X
STARFLIGHT INC.* - 16-1557878 135 ALLEN STREET JAMESTOWN, NY 14701	AIR AMBULANCE	NEW YORK	501(C)(3)	LINE 7	CHAUT AT WCA		X
SOUTH CENTRAL ALPHA HOUSING & HEALTH* - 25-1701701, 3410 W PITTSBURG ROAD, NEW CASTLE, PA 16101	SNF & AL	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
SOUTH WESTERN ALPHA HOUSING & HEALTH* - 25-1701700, 745 GREENVILLE ROAD, MERCER, PA 16137	SNF & IL	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
KANE COMMUNITY HOSPITAL FOUNDATION* - 26-3906925, 4372 ROUTE 6, KANE, PA 16735	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X
JUNIOR GUILD OF THE JAMESON MEMORIAL HOS* - 25-6005313, 1211 WILMINGTON AVENUE, NEW CASTLE, PA 16105	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	N/A		X
LAUREL HEALTH FOUNDATION* - 25-1810488 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X
W.C.A. FOUNDATION INC.* - 22-2393584 300 FOOTE AVENUE; P.O. BOX 840 JAMESTOWN, NY 14702	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X
VENANGO V.N.A. FOUNDATION* - 25-1472179 491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	N/A		X
UPMC PINNACLE - 25-1778658 409 SOUTH SECOND STREET HARRISBURG, PA 17104	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC		X
UPMC PINNACLE CARLISLE - 82-0380337 361 ALEXANDER SPRING ROAD CARLISLE, PA 17105	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
UPMC PINNACLE LITITZ - 82-0844453 1500 HIGHLANDS AVENUE LITITZ, PA 17543	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
UPMC PINNACLE MEMORIAL - 82-0912090 325 SOUTH BELMONT STREET YORK, PA 17405	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
PINNACLE HEALTH REGIONAL PHYSICIANS - 82-0947698, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
PINNACLE HEALTH FOUNDATION - 22-2691718 409 SOUTH SECOND STREET HARRISBURG, PA 17104	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC PINNACLE		X
UPMC PINNACLE LANCASTER - 82-0896436 250 COLLEGE AVENUE LANCASTER, PA 17603	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
HANOVER HEALTHCARE PLUS, INC. - 22-2658574 300 HIGHLAND AVENUE HANOVER, PA 17331	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC PINNACLE		X
UPMC PINNACLE HANOVER - 23-1360851 300 HIGHLAND AVENUE HANOVER, PA 17331	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	HANNOVER HEALTH		X
UPMC PINNACLE HOSPITALS - 25-1778644 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
PINNACLE HEALTH MEDICAL SERVICES - 25-1709054, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
ASBURY HEIGHTS OF UPMC* - 25-1555687 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SR COMM		X
ASBURY HEALTH CENTER* - 25-0969472 600 GRANT STREET PITTSBURGH, PA 15219	CCRC	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGHTS		X
ASBURY VILLAS* - 25-1819952 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGHTS		X
ASBURY PLACE* - 25-1729266 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGHTS		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WEST SHORE SURGERY CENTER, LTD. - 25-1821415, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	SURGICAL CARE - MEDICAL SERVICES	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SENECA HILLS ASSISTED LIVING L.P.* - 23-2873106, 600 GRANT STREET, PITTSBURGH, PA 15219	ASSISTED LIVING	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ST. MARGARET MEDICAL ARTS ASSOCIATES* - 25-1786655, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CORE NETWORK LLC* - 25-1786209, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

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

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LIFE HOME CARE LP* - 25-1847839, 600 GRANT STREET, PITTSBURGH, PA 15219	HOMECARE	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SHADYSIDE MEDICAL CENTER ASSOCIATION* - 25-1608318, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
CHARTWELL PA LP* - 25-1729714 600 GRANT STREET PITTSBURGH, PA 15219	HOMHEALTH	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
LIFE CARE HOME SRV OF NW PA* - 25-1536879, 1647 SASSAFRAS STREET, ERIE, PA 16501	HOME HEALTH SERVICES	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
HAMOT-KCH REAL ESTATE VENTURE* - 26-3691782, 300 STATE STREET, ERIE, PA 16507	MEDICAL OFFICE	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
HAMOT SURGERY CENTER LLC* - 25-1863661, 200 STATE STREET, ERIE, PA 16507	AMBULATORY SURGERY	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
EPN-HAMOT URGENT CARE LLC* - 27-2147949, 600 GRANT STREET, PITTSBURGH, PA 15219	URGENT CARE	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MOUNTAIN VIEW MEDICAL ONCOLOGY* - 46-1449241, 600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
LAWRENCE COUNTY MRI & DIAGNOSTIC IMAGING* - 27-0219891, 2526 WILMINGTON AVE, NEW CASTLE, PA 16105	IMAGING CENTER	PA	N/A	N/A	N/A	N/A			N/A		N/A	N/A



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TRI-STATE NEUROSURGICAL ASSOCIATES - UPMC INC. * - 25-1458655, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
RENAISSANCE FAMILY PRACTICE - UPMC INC. * - 26-2942406, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HOLDING COMPANY INC. * - 25-1777713 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC COVERAGE PRODUCTS INC. * - 25-1777710 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
FREEDOM INSURANCE COMPANY * - 03-0308944 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A		X
TRI-CENTURY INSURANCE CO * - 25-1500739 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC DNA INC. * - 25-1881237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH BENEFITS INC. * - 25-1844144 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH NETWORK INC. * - 72-1527566 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH PLAN INC. * - 23-2813536 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC BENEFIT MANAGEMENT SERVICES INC. * - 25-1769564, 600 GRANT STREET, PITTSBURGH, PA 15219	WORKERS' COMP	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC DIVERSIFIED SERVICES INC. * - 25-1778454 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MONROEVILLE SPECIALTY CLINIC* - 25-1666087 600 GRANT STREET PITTSBURGH, PA 15219	AMB SURGERY	PA	N/A	C CORP	N/A	N/A	N/A		X
MEDICAL ARCHIVAL SYSTEMS INC.* - 23-2912501 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVELOPMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
PRESBY HEALTH RESOURCE MGMT* - 25-1422155 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
RX PARTNERS INC.* - 25-1801966 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
BIOTRONICS INC.* - 25-1843500 600 GRANT STREET PITTSBURGH, PA 15219	EQUIPMENT MAINTENANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
MEDICAL CENTER PROPERTIES INC.* - 25-1796940 600 GRANT STREET PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
ASKESIS DEVELOPMENT GROUP INC.* - 54-1625585 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVELOPMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
UPMC INTERNATIONAL HEALTH INITIATIVES* - 84-1706741, 600 GRANT STREET, PITTSBURGH, PA 15219	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
BAYFRONT REGIONAL DEVELOPMENT CORP* - 25-1401388, 300 STATE STREET, ERIE, PA 16507	REAL ESTATE HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
BAYSIDE DEVELOPMENT CORP* - 25-1401386 300 STATE STREET ERIE, PA 16507	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC WORK ALLIANCE INC.* - 45-2825053 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
ALLIED ORTHOPEDICS APPLIANCES INC.* - 16-1092951, 335 E 3RD STREET, JAMESTOWN, NY 14701	INACTIVE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

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								Yes	No
UPMC HEALTH COVERAGE INC. * - 46-2824537 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH OPTIONS INC. * - 46-2824626 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC COMPLETE CARE INC. * - 46-3605753 5215 CENTRE AVENUE PITTSBURGH, PA 15232	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
AMERICAN HOME HEALTH SERVICES* - 31-1521422 868 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH CARE	OH	N/A	C CORP	N/A	N/A	N/A		X
HEALTH FIDELITY INC. * - 45-2538963 210 S. B STREET SAN MATEO, CA 94401	TECHNOLOGY SERVICES	CA	N/A	C CORP	N/A	N/A	N/A		X
FLUENCE HEALTH INC. * - 47-2684174 6425 PENN AVENUE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X
CURAVI HEALTH INC. * - 81-1217377 6425 PENN AVENUE PITTSBURGH, PA 15206	HEALTHCARE	DE	N/A	C CORP	N/A	N/A	N/A		X
PENSIAMO INC. * - 81-2069236 600 GRANT STREET, 59TH FL PITTSBURGH, PA 15219	SUPPLY CHAIN	DE	N/A	C CORP	N/A	N/A	N/A		X
ALTOONA FAMILY INC. * - 25-1444935 620 HOWARD AVE ALTOONA, PA 16601	MANAGEMENT SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LEXINGTON HOLDINGS INC. * - 25-1794386 620 HOWARD AVE ALTOONA, PA 16601	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
LEXINGTON ONE INC. * - 25-1468889 620 HOWARD AVE ALTOONA, PA 16601	RENTAL	PA	N/A	C CORP	N/A	N/A	N/A		X
HOWARD AVE & 7TH ST ALTOONA, PA 16601	DME	PA	N/A	C CORP	N/A	N/A	N/A		X

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

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								Yes	No
LEXINGTON FOUR INC.* - 25-1793736 620 HOWARD AVE ALTOONA, PA 16601	HOLDING COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		X
ALLEGHENY HEALTHCARE STAFFING INC.* - 27-1657362, 620 HOWARD AVE, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC ALTOONA REGIONAL HEALTH SERVICES* - 25-1219302, 1414 9TH AVENUE, ALTOONA, PA 16602	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LEXINGTON ANESTHESIA ASSOCIATES INC.* - 25-1897765, 620 HOWARD AVE, ALTOONA, PA 16601	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
NORTHERN CAMBRIA MEDICAL CENTER INC.* - 25-1530860, 620 HOWARD AVE, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
PATTON FAMILY MEDICAL CENTER INC.* - 25-1793735, 620 HOWARD AVE, 5TH FL, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
MEDCPU INC.* - 38-3805381 100 WALL STREET, SUITE 2202 NEW YORK, NY 10005	SOFTWARE DEVELOPMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
RXANTE INC.* - 45-4040219 511 CONGRESS STREET #803 PORTLAND, ME 04101	MEDICATION MANAGEMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
VINCENT PAYMENT SOLUTIONS INC.* - 82-1101143 BAKERY SQUARE; 6425 PENN AVENUE; STE 200 PITTSBURGH, PA 15206	PAYMENT SYSTEM	DE	N/A	C CORP	N/A	N/A	N/A		X
J. HEALTH VENTURES INC.* - 25-1607893 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
J.E.R. MEDICAL ASSOCIATES INC.* - 25-1609398 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
SUSQBHANNA VENTURES INC.* - 23-2470623 1201 GRAMPAN BOULEVARD WILLIAMSPORT, PA 17701	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X

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

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								Yes	No
TYOGA CARENET* - 25-1810967 114 EAST AVENUE WELLSBORO, PA 16901	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
W.C.A. SERVICE CORPORATION INC.* - 16-1151438, 207 FOOTE AVENUE, JAMESTOWN, NY 14701	SUPPORT	NY	N/A	C CORP	N/A	N/A	N/A		X
ITTCCO I INC.* - 82-2590699 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
ITTCCO II INC.* - 82-2597388 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH CARDIOVASCULAR INSTITUTE INC. - 32-0321362, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
HANOVER HEALTH CORPORATION - 90-0498067 300 HIGHLAND AVENUE HANOVER, PA 17331	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
HANOVER APOTHECARY INC. - 03-0594526 310 STOCK STREET SUITE 1 HANOVER, PA 17331	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
UNITED CENTRAL PA RECIPROCAL RISK RETENTION GROUP - 13-4224033, 76 SAINT PAUL STREET SUITE 500, BURLINGTON, VT 05401	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH VENTURES INC. - 61-1677624 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH IMAGING INC. - 23-1718571 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMAGING SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
COLE CARE INC.* - 25-1497347 1001 EAST 2ND STREET COUDERSPORT, PA 16915	DME	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC ITALY HEALTH SERVICES S.R.L.* VIA DISCESA DEI GIUDICI, 4 PALERMO, ITALY 90133	HEALTH SERVICES	ITALY	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UPMC INVESTMENTS LTD.*									
C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT	HOLDING COMPANY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
WATERFORD, IRELAND X91 DH9W									
UPMC PROPERTY LTD.*	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT									
WATERFORD, IRELAND X91 DH9W									
UPMC PROPERTY II LTD.*	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT									
WATERFORD, IRELAND X91 DH9W									
EURO CARE INFRASTRUCTURE LTD.*	PROPERTY MANAGEMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT									
WATERFORD, IRELAND X91 DH9W									
EURO CARE PROPERTY MANAGEMENT LTD.*	PROPERTY MANAGEMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT									
WATERFORD, IRELAND X91 DH9W									
EURO CARE HEALTHCARE LTD.*	HOSPITAL	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT									
WATERFORD, IRELAND X91 DH9W									
WATERFORD ONCOLOGY ASSOCIATES LTD.*	ONCOLOGY SERVICES	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT									
WATERFORD, IRELAND X91 DH9W									
UPMC CANCER CENTERS IRELAND LIMITED*	CANCER TREATMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
5TH FLOOR BEACON HOSPITAL									
SANDYFORD, IRELAND DUBLIN 18									
PANTHER REINSURANCE COMPANY LTD* -	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
98-1402742, P.O. BOX 1109, GRAND CAYMAN,									
CAYMAN ISLANDS N/A									
FORBES REINSURANCE COMPANY LTD* - 98-1400710	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
P.O. BOX 1109									
GRAND CAYMAN, CAYMAN ISLANDS N/A									
CATHEDRAL (RE) INSURANCE CO* - 98-1400837	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
P.O. BOX 1109									
GRAND CAYMAN, CAYMAN ISLANDS N/A									
UPMC IRELAND LIMITED*	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
6TH FLOOR BEACON HOSPITAL									
SANDYFORD, IRELAND DUBLIN 18	HEALTHCARE SUPPORT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X



**Part IV 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		X
1b		X
1c		X
1d		X
1e	X	
1f		X
1g	X	
1h	X	
1i		X
1j		X
1k		X
1l		X
1m	X	
1n		X
1o	X	
1p	X	
1q	X	
1r	X	
1s	X	

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

(1)	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information.

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

FORM 990, SCHEDULE R, PARTS I THROUGH IV

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

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

INSTRUCTIONS. HOWEVER, THEY ARE DISCLOSED ON SCHEDULE R TO REFLECT THAT

THEY ARE A PART OF THE UPMC SYSTEM OF ENTITIES, AS THEY ALL SHARE UPMC

AS THEIR ULTIMATE PARENT CORPORATION. THE DISCLOSURE IS IN THE INTEREST

OF TRANSPARENCY.