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EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

B Check if applicable	C Name of organization	D Employer identification number
[X] Address change	UPMC PINNACLE	
[X] Name change	Doing business as	25-1778658
[ ] Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number
[ ] Final return/ terminated	P.O. BOX 8700	717-231-8245
[ ] Amended return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts $ 511,888,574.
[ ] Application pending	HARRISBURG, PA 17105-8700	H(a) Is this a group return for subordinates? [ ] Yes [X] No
	F Name and address of principal officer WILLIAM H. PUGH SAME AS C ABOVE	H(b) Are all subordinates included? [ ] Yes [ ] No If "No," attach a list (see instructions)
	I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527	H(c) Group exemption number ▶
	J Website: ▶ WWW.UPMCPINNACLE.COM	
	K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶	L Year of formation. 1995 M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE MANAGEMENT AND CONSULTATIVE SERVICES TO AFFILIATED TAX-EXEMPT ENTITIES.		
	2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	746
	6 Total number of volunteers (estimate if necessary)	6	17
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,508.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	3,508.

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	111,587,081.	145,660,448.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,891,295.	8,186,695.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,867,606.	1,053,350.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,345,982.	154,900,493.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71,995,997.	88,812,992.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	45,303,350.	60,993,928.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	117,299,347.	149,806,920.
	19 Revenue less expenses Subtract line 18 from line 12	5,046,635.	5,093,573.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	250,793,721.	1223083851.
	21 Total liabilities (Part X, line 26)	17,369,926.	18,940,716.
	22 Net assets or fund balances Subtract line 21 from line 20	233,423,795.	1204143135.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date 05/14/2019
	▶ WILLIAM H. PUGH, EVP-TREASURER/CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
	KERRI N. BOGDA	Kerri Bogda	5/13/19		P00760402
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP			Firm's EIN ▶	39-0859910
	Firm's address ▶ 221 W. PHILADELPHIA STREET, SUITE 200 YORK, PA 17401			Phone no.	717.846.7000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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

UPMC PINNACLE IS ENGAGED IN AND CONDUCTS CHARITABLE, EDUCATIONAL, AND SCIENTIFIC ACTIVITIES THROUGH THE SUPPORT AND BENEFIT OF PINNACLE HEALTH FOUNDATION, AND PROVIDES MANAGEMENT AND CONSULTATIVE SERVICES TO AFFILIATED ENTITIES THAT QUALIFY FOR FEDERAL INCOME TAX EXEMPTION

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 116,058,182. including grants of $ 0.) (Revenue $ 145,660,448.)

UPMC PINNACLE IS DEDICATED TO THE HEALTH AND WELL-BEING OF THE PEOPLE WE SERVE AND MAKES A CONCERTED EFFORT TO ESTABLISH ENDURING BONDS BETWEEN UPMC PINNACLE AND THE COMMUNITY. UPMC PINNACLE OFFERS AN ARRAY OF COMMUNITY SERVICES AND PROGRAMS TO IMPROVE HEALTH AWARENESS AMONG COMMUNITY GROUPS AND ORGANIZATIONS, PROVIDES OPTIMAL AND TIMELY CARE AND TREATMENT FOR TARGET POPULATIONS AND ADDRESSES DIVERSE COMMUNITY NEEDS. UPMC PINNACLE PROVIDES VARIOUS TRAINING PROGRAMS AND TRACKS AND EVALUATES THE IMPACT OF ITS SERVICES AND PROGRAMS ON THE OVERALL HEALTH OF THE COMMUNITY.

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 ▶ 116,058,182.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26	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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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 [X]

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	500		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	746		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country ▶ BERMUDA				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE F. GRODE	0.20									
DIRECTOR (RESIGNED AUG. '17)	0.20	X						0.	0.	0.
(2) FELIX GUTIERREZ, M.D.	0.10									
DIRECTOR (RESIGNED AUG. '17)	39.90	X						0.	553,182.	28,704.
(3) DEBORAH S. MILLER	0.30									
DIRECTOR (RESIGNED AUG. '17)	0.30	X						0.	0.	0.
(4) DENNIS WALSH	0.10									
DIRECTOR (RESIGNED AUG. '17)	0.20	X						0.	0.	0.
(5) BONY R. DAWOOD	0.30									
DIRECTOR (RESIGNED AUG. '17)	0.30	X						0.	0.	0.
(6) KENNETH OKEN, MD	0.30									
DIRECTOR	0.50	X						0.	100,833.	0.
(7) MICHAEL L. FERNANDEZ, MD	0.10									
DIRECTOR/MEDICAL DIRECTOR	0.20	X						0.	33,917.	0.
(8) PHILIP GUARNESCHELLI	4.00									
PRESIDENT & CEO	36.00	X		X				1,197,495.	0.	35,417.
(9) JOHN C. HICKEY	0.40									
CHAIR	0.50	X		X				0.	0.	0.
(10) CAROLYN KREAMER, PH.D	0.40									
DIRECTOR	0.50	X						0.	0.	0.
(11) CLARENCE ASBURY	0.20									
DIRECTOR (RESIGNED AUG. '17)	0.30	X						0.	0.	0.
(12) CYNTHIA TOLSMA	0.40									
DIRECTOR	0.50	X						0.	0.	0.
(13) E. GERALD WOODWARD, MD	0.10									
DIRECTOR (RESIGNED AUG. '17)	0.30	X						0.	0.	0.
(14) DANIEL KAMBIC, DO	0.10									
DIR./DIR., MED. ED. (RES. AUG. '17)	39.90	X						0.	136,085.	22,782.
(15) MICHAEL MURCHIE	0.10									
DIRECTOR	0.30	X						0.	0.	0.
(16) DOUG NEIDICH	0.40									
VICE CHAIR	0.50	X		X				0.	0.	0.
(17) HAROLD YANG, MD	1.00									
DIRECTOR	39.00	X						0.	516,675.	35,103.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) YVONNE HOLLINS	0.20									
DIRECTOR	0.30	X						0.	0.	0.
(19) LESLIE DAVIS	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(20) RICHARD HAMILTON	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(21) EDWARD KARLOVICH	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(22) DAVID MARTIN	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(23) ROBERT MONTLER	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(24) STEVEN SHAPIRO, MD	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(25) MARK GLESSNER	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(26) PAUL SPEARS, MD	0.10									
DIRECTOR	0.20	X						0.	0.	0.
1b Sub-total ▶								1,197,495.	1,340,692.	122,006.
c Total from continuation sheets to Part VII, Section A ▶								5,212,415.	0.	230,707.
d Total (add lines 1b and 1c) ▶								6,409,910.	1,340,692.	352,713.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 101

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TEKSYSTEMS INC, 4387 STURBRIDGE DR, SUITE 200, HARRISBURG, PA 17110	STAFFING SERVICES	3,399,213.
MEDMATICA CONSULTING ASSOC INC 18 BARRINGTON LN, CHESTER SPRINGS, PA 19425	CONSULTING SERVICES	2,809,307.
MCNEES WALLACE & NURICK PO BOX 1166, HARRISBURG, PA 17108	LEGAL SERVICES	1,817,355.
VERALON, 1628 JOHN F KENNEDY BLVD #500, PHILADELPHIA, PA 19103	HEALTHCARE CONSULTING	1,216,910.
PRICEWATERHOUSE COOPERS LLP 2 NORTH SECOND ST, HARRISBURG, PA 17101	AUDITING AND CONSULTING SERVICES	1,033,669.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 37

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JONATHAN VIPOND III	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(28) JOHN KUNKLE	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(29) JAMES GRANDON	0.10									
DIR./DIR., MED. ED. (RES. AUG. '17)	0.00	X						0.	0.	0.
(30) WILLIAM H. PUGH	25.00									
EVP-TREASURER/CFO	15.00			X				847,217.	0.	24,208.
(31) CHRISTOPHER P MARKLEY, ESQ.	12.00									
SEC'Y/SR VP STAT SVCS/GEN COUNSEL	28.00			X				589,542.	0.	31,098.
(32) JOHN DELORENZO	2.00									
ASSISTANT SECRETARY	38.00			X				196,407.	0.	26,532.
(33) NIRMAL JOSHI, MD	36.00									
SR VP, MEDICAL AFFAIRS	4.00					X		435,189.	0.	19,171.
(34) JOHN GOLDMAN, MD	40.00									
PHYSICIAN						X		472,873.	0.	34,241.
(35) ANN GORMLEY	40.00									
SENIOR VP HUMAN RESOURCES						X		480,289.	0.	31,098.
(36) DOUGLAS DYER	40.00									
VP OF PLANNING & BUS. DEV.						X		429,101.	0.	24,154.
(37) MARK BARABAS	40.00									
SR VP, OPERATIONS (RES. 3/17)						X		541,678.	0.	19,383.
(38) MICHAEL A YOUNG	24.00									
FORMER PRESIDENT & CEO (RES. 3/17)	16.00						X	1,220,119.	0.	20,822.
Total to Part VII, Section A, line 1c								5,212,415.		230,707.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶				
Program Service Revenue		Business Code				
	2a MANAGEMENT & SUPPORT	624100	145,660,448.	145,660,448.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	145,660,448.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	294,054.		4,508.	289,546.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	364,880,722.				
	b Less cost or other basis and sales expenses	356,988,081.				
	c Gain or (loss)	7,892,641.				
	d Net gain or (loss)	▶	7,892,641.			7,892,641.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	900099	703,154.			703,154.
	b LOAN PROCEEDS	900099	206,717.			206,717.
	c CHOLESTEROL SCREENINGS	900099	143,479.			143,479.
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	1,053,350.			
	12 **Total revenue.** See instructions.	▶	154,900,493.	145,660,448.	4,508.	9,235,537.

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 [X]

	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	4,176,190.		4,176,190.	
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	48,276,716.	39,238,405.	9,038,311.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,981,444.	1,825,298.	1,156,146.	
9	Other employee benefits	29,734,469.	17,885,269.	11,849,200.	
10	Payroll taxes	3,644,173.	2,733,130.	911,043.	
11	Fees for services (non-employees)				
a	Management	356,045.		356,045.	
b	Legal	682,146.		682,146.	
c	Accounting	451,370.		451,370.	
d	Lobbying	1,262.		1,262.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,001,816.		1,001,816.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	19,480,795.	17,035,598.	2,445,197.	
12	Advertising and promotion	3,435,544.	3,435,544.		
13	Office expenses	8,543,967.	8,543,967.		
14	Information technology	4,907,855.	4,907,855.		
15	Royalties				
16	Occupancy	1,180,294.	1,180,294.		
17	Travel	294,725.	294,725.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,269,978.	1,269,978.		
20	Interest	39,225.	39,225.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	406,117.	406,117.		
23	Insurance	18,086,046.	16,418,807.	1,667,239.	
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	DUES AND SUBSCRIPTIONS	803,699.	803,699.		
b	MISCELLANEOUS EXPENSES	40,271.	40,271.		
c	CORPORATE TAXES	12,773.		12,773.	
d					
e	All other expenses				
25	**Total functional expenses** Add lines 1 through 24e	149,806,920.	116,058,182.	33,748,738.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		200.	1	200.
	2	Savings and temporary cash investments		15,879,108.	2	39,808,753.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		103,232.	4	1,487,098.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		845,052.	5	905,427.
	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		8,156.	7	1190008156.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,062,403.	9	6,233,932.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,666,165.			
	b	Less accumulated depreciation	10b 8,743,505.	3,164,939.	10c	922,660.
	11	Investments - publicly traded securities		136,624,812.	11	360,069.
	12	Investments - other securities See Part IV, line 11		41,918,559.	12	26,788,902.
	13	Investments - program-related See Part IV, line 11		-71,147,976.	13	-97,517,983.
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		118,335,236.	15	54,086,637.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		250,793,721.	16	1223083851.
Liabilities	17	Accounts payable and accrued expenses		17,369,926.	17	18,940,716.
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		17,369,926.	26	18,940,716.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		233,423,795.	27	1204143135.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	Total net assets or fund balances		233,423,795.	33	1204143135.
	34	Total liabilities and net assets/fund balances		250,793,721.	34	1223083851.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	154,900,493.
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,806,920.
3	Revenue less expenses Subtract line 2 from line 1	3	5,093,573.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233,423,795.
5	Net unrealized gains (losses) on investments	5	-6,869,362.
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	972,495,129.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,204,143,135.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] 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 [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		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 [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis	2b	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	2c	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?	3a		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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

13

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

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

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

12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations 9

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
UPMC PINNACLE HOSPITALS	25-1778644	3		X	0.	
PINNACLE HEALTH MEDICAL SERVICES	25-1709054	3		X	0.	
COMMUNITY LIFE TEAM	23-1890444	10		X	0.	
UPMC PINNACLE LITITZ	82-0844453	3		X	0.	
UPMC PINNACLE MEMORIAL	82-0912090	3		X	0.	
Total					0.	0.

5

SEE PART VI FOR LINE 12G CONTINUATION

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2017.** 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 ▶ ☐

b **33 1/3% support test - 2016.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2017.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2016.** 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

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? *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*	1		X
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a	X	
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		X
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		X
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		X

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test *Complete* **line 2** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* **line 3** *below*

c ☐ The organization supported a governmental entity *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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? *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.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 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	**Total** 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	**Excess distributions carryover to 2018.** 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)

FORM 990 SCHEDULE A, PART I

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

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

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

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

SCHEDULE A, PART IV, LINE 1:

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

SCHEDULE A, PART IV, LINE 5A:

THE ORGANIZATION ADDED SIX NEW SUBSIDIARIES DURING THE CURRENT FISCAL

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)

YEAR:

UPMC PINNACLE CARLISLE

UPMC PINNACLE LANCASTER

UPMC PINNACLE LITITZ

UPMC PINNACLE MEMORIAL

UPMC PINNACLE HANOVER

PINNACLE HEALTH REGIONAL PHYSICIANS

THE ABOVE ORGANIZATIONS WERE ADDED THROUGH THE PURCHASE OF FOR-PROFIT ENTTIES FOR WHICH TAX EXEMPT STATUS WAS RECEIVED. ALL ARE FILING FORMS 990 AS HOSPITALS AND ALL ARE MANAGED BY THE MANAGEMENT TEAM OF THE FILING ORGANIZATION.

SECTION C, LINE 1:

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

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open To Public Inspection

Name of the organization
UPMC PINNACLE

Employer identification number
25-1778658

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
MICHAEL A YOUNG	PRESIDEN	SPLIT DO		X	400,000.	905,427.		X	X		X	
Total					▶ $	905,427.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

SEE PART V FOR CONTINUATIONS

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY LIFE TEAM	R	4,478,607.	COST
(2) PINNACLE HEALTH VENTURES	R	3,717,952.	COST
(3) PINNACLE HEALTH REGIONAL PHYSICIANS	R	59,369,602.	COST
(4) UPMC PINNACLE LANCASTER	R	102,947,701.	COST
(5) UPMC PINNACLE LITITZ	R	56,297,397.	COST
(6) UPMC PINNACLE MEMORIAL	R	89,202,212.	COST

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

Part V Supplemental Information

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

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

(A) NAME OF PERSON: MICHAEL A YOUNG

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT

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

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

(A) NAME OF PERSON: DANIEL PUGH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF OFFICER WILLIAM PUGH

(D) DESCRIPTION OF TRANSACTION: DANIEL PUGH IS A RELATIVE OF WILLIAM PUGH AND IS COMPENSATED BY UPMC PINNACLE AS AN EMPLOYEE. 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 HESS NOR DOES HE PARTICIPATE IN

Part V Supplemental Information

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

DISCUSSIONS ON MICHAEL HESS' COMPENSATION.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
UPMC PINNACLE	25-1778658

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political campaign activity expenditures ▶ $ _____

3 Volunteer hours for political campaign activities _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ [X] if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ [ ] if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,262.	1,262.
c Total lobbying expenditures (add lines 1a and 1b)	1,262.	1,262.
d Other exempt purpose expenditures	148138419.	1520369720.
e Total exempt purpose expenditures (add lines 1c and 1d)	148139681.	1520370982.
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000.	1,000,000.
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.
h Subtract line 1g from line 1a If zero or less, enter -0-	0.	0.
i Subtract line 1f from line 1c If zero or less, enter -0-	0.	0.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? [ ] Yes [ ] No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	67,631.	20,803.	23,609.	1,262.	113,305.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

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

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UPMC PINNACLE

Employer ID Number
25-1778658

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	1,262.	b
Total lobbying expenditures (add lines 1a and 1b)	1,262.	c
Other exempt purpose expenditures	148,138,419.	d
Total exempt purpose expenditures (add lines 1c and 1d)	148,139,681.	e
Lobbying nontaxable amount Enter the amount from the following table		
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

1,000,000. f

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UPMC PINNACLE HOSPITALS

Employer ID Number
25-1778644

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

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	851,968,731.	d
Total exempt purpose expenditures (add lines 1c and 1d)	851,968,731.	e

Lobbying nontaxable amount
Enter the amount from the following table

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

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

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
PINNACLE HEALTH MEDICAL SERVICES

Employer ID Number
25-1709054

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

Electing Member
NO

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	151,089,342.	d
Total exempt purpose expenditures (add lines 1c and 1d)	151,089,342.	e
Lobbying nontaxable amount Enter the amount from the following table		
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

1,000,000. f

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
PINNACLE HEALTH FOUNDATION

Employer ID Number
22-2691718

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

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	1,850,895.	d
Total exempt purpose expenditures (add lines 1c and 1d)	1,850,895.	e
Lobbying nontaxable amount Enter the amount from the following table	242,545.	f
Grassroots nontaxable amount (enter 25% of line 1f)	60,636.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
COMMUNITY LIFE TEAM

Employer ID Number
23-1890444

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

Electing Member
NO

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	11,551,278.	d
Total exempt purpose expenditures (add lines 1c and 1d)	11,551,278.	e

Lobbying nontaxable amount
Enter the amount from the following table

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

	727,564.	f
Grassroots nontaxable amount (enter 25% of line 1f)	181,891.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UPMC PINNACLE LANCASTER

Employer ID Number
82-0896436

Affiliated Group Member Address
250 COLLEGE AVENUE
LANCASTER, PA 17603

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	124,453,352.	d
Total exempt purpose expenditures (add lines 1c and 1d)	124,453,352.	e
Lobbying nontaxable amount Enter the amount from the following table	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UPMC PINNACLE LITITZ

Employer ID Number
82-0844453

Affiliated Group Member Address
1500 HIGHLANDS AVENUE
LITITZ, PA 17543

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	67,894,537.	d
Total exempt purpose expenditures (add lines 1c and 1d)	67,894,537.	e
Lobbying nontaxable amount Enter the amount from the following table	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UPMC PINNACLE CARLISLE

Employer ID Number
82-0880337

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

Electing Member
NO

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	115,859,433.	d
Total exempt purpose expenditures (add lines 1c and 1d)	115,859,433.	e

Lobbying nontaxable amount
Enter the amount from the following table

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

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

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UPMC PINNACLE MEMORIAL

Employer ID Number
82-0912090

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

Electing Member
NO

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	91,903,328.	d
Total exempt purpose expenditures (add lines 1c and 1d)	91,903,328.	e
Lobbying nontaxable amount Enter the amount from the following table	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
PINNACLE HEALTH REGIONAL PHYSICIANS

Employer ID Number
82-0947698

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

Electing Member
NO

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	103,798,824.	d
Total exempt purpose expenditures (add lines 1c and 1d)	103,798,824.	e
Lobbying nontaxable amount Enter the amount from the following table	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
HANOVER HEALTHCARE PLUS, INC.

Employer ID Number
22-2658574

Affiliated Group Member Address
300 HIGHLAND AVENUE
HANOVER, PA 17331

Electing Member
NO

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	36,360.	d
Total exempt purpose expenditures (add lines 1c and 1d)	36,360.	e
Lobbying nontaxable amount Enter the amount from the following table		
Grassroots nontaxable amount (enter 25% of line 1f)	1,818.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

7,272. f

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UPMC PINNACLE HANOVER

Employer ID Number
23-1360851

Affiliated Group Member Address
300 HIGHLAND AVENUE
HANOVER, PA 17331

Electing Member
NO

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	157,641,897.	d
Total exempt purpose expenditures (add lines 1c and 1d)	157,641,897.	e
Lobbying nontaxable amount Enter the amount from the following table	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UPMC PINNACLE

Employer identification number
25-1778658

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

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

☐ 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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

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

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

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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		118,967.	63,033.	55,934.
d Equipment		5,218,022.	4,552,617.	665,405.
e Other		4,329,176.	4,127,855.	201,321.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*			▶	922,660.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

UPMC PINNACLE

Employer identification number

25-1778658

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN -	1	0	CAPTIVE INSURANCE	N/A	20,219,061.
3 a Sub-total	1	0			20,219,061.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	1	0			20,219,061.

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

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

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

3 Enter total number of other organizations or entities ▶

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

Part III can be duplicated if additional space is needed

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 3:

INSURANCE PREMIUMS PAID BASED ON CLAIMS EXPERIENCE

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

UPMC PINNACLE

Employer identification number

25-1778658

Part I Questions Regarding Compensation

			Yes	No
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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	1b		
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?	2		
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			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7	X	
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FELIX GUTIERREZ, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (RESIGNED AUG. '17)	(ii)	402,111.	128,906.	22,165.	16,200.	12,504.	581,886.	0.
(2) PHILIP GUARNESCHELLI	(i)	746,232.	249,290.	201,973.	16,200.	19,217.	1,232,912.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL KAMBIC, DO	(i)	0.	0.	0.	0.	0.	0.	0.
DIR./DIR., MED. ED. (RES. AUG. '17)	(ii)	136,085.	0.	0.	8,371.	14,411.	158,867.	0.
(4) HAROLD YANG, MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	241,165.	25,000.	250,510.	16,200.	18,903.	551,778.	0.
(5) WILLIAM H. PUGH	(i)	545,622.	202,914.	98,681.	16,200.	8,008.	871,425.	0.
EVP-TREASURER/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTOPHER P MARKLEY, ESQ.	(i)	372,245.	133,810.	83,487.	16,200.	14,898.	620,640.	0.
SEC'Y/SR VP STAT SVCS/GEN COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN DELORENZO	(i)	160,286.	32,136.	3,985.	8,570.	17,962.	222,939.	0.
ASSISTANT SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NIRMAL JOSHI, MD	(i)	0.	426,801.	8,388.	0.	19,171.	454,360.	0.
SR VP, MEDICAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN GOLDMAN, MD	(i)	325,427.	100,771.	46,675.	15,024.	19,217.	507,114.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANN GORMLEY	(i)	317,431.	110,835.	52,023.	16,200.	14,898.	511,387.	0.
SENIOR VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DOUGLAS DYER	(i)	296,901.	92,484.	39,716.	11,457.	12,697.	453,255.	0.
VP OF PLANNING & BUS. DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARK BARABAS	(i)	96,206.	379,473.	65,999.	4,170.	15,213.	561,061.	0.
SR VP, OPERATIONS (RES. 3/17)	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL A YOUNG	(i)	308,524.	0.	911,595.	6,423.	14,399.	1,240,941.	0.
FORMER PRESIDENT & CEO (RES. 3/17)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINES 4A-B:

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

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 I, LINE 7:

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

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

RESOURCES. PERFORMANCE IS REWARDED AT THREE LEVELS; THRESHOLD (IMPROVEMENT OVER THE BASELINE), TARGET (SIGNIFICANT IMPROVEMENT OVER THE PRIOR YEAR), AND OPTIMUM (STRETCH).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UPMC PINNACLE

Employer identification number
25-1778658

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

UNDER CODE SECTION 501(C)(3).

FORM 990, PART V, LINE 1:

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

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

THE ORGANIZATION RESTATED ITS BYLAWS TO REFLECT A MERGER WITH UPMC, WITH UPMC BECOMING THE SOLE MEMBER OF THE ORGANIZATION. ALSO, THE ORGANIZATION'S NAME WAS CHANGED FROM PINNACLE HEALTH SYSTEM TO UPMC PINNACLE. THE BYLAWS WERE ALSO UPDATED TO REFLECT NEW RESERVE POWERS OF THE NEW SOLE MEMBER.

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

THE SOLE MEMBER OF UPMC PINNACLE SHALL BE UPMC, A NON-PROFIT ORGANIZATION.

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

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

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

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

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

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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 UPMC PINNACLE BOARD OR COMMITTEE MUST APPROVE, AUTHORIZE, OR RATIFY THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE NON-INTERESTED DIRECTORS OR COMMITTEE MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM. VIOLATIONS OF THIS STATEMENT OF POLICY MAY SUBJECT COVERED PERSONS TO APPROPRIATE SANCTIONS, INCLUDING REMOVAL FROM THEIR POSITIONS WITH UPMC PINNACLE.

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

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

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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 PHS TO ADVISE THE COMMITTEE ON EXECUTIVE AND PHYSICIAN COMPENSATION. 4. PERIODICALLY EVALUATE THE APPROPRIATENESS OF THIS CHARTER AND THE EFFECTIVENESS OF THE PROCESS THE COMMITTEE USES IN GOVERNING EXECUTIVE AND PHYSICIAN COMPENSATION AND REPORT THIS EVALUATION TO THE BOARD. 5. PROVIDE THE BOARD WITH AN ANNUAL REPORT ON THE COMMITTEE'S ACTIONS. 6. MONITOR CHANGES IN LAWS AND REGULATIONS PERTAINING TO EXECUTIVE COMPENSATION AND BENEFITS TO SEE THAT UPMC PINNACLE COMPLIES WITH THEM. 7. SEEK OUTSIDE REVIEW OF COMMITTEE OPERATIONS TO ENSURE COMPLIANCE WITH THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS. 8. REVIEW ACTUAL EXECUTIVE COMPENSATION AND BENEFITS PROVIDED TO CONFIRM CONSISTENCY WITH COMPENSATION AND BENEFITS APPROVED BY THE COMMITTEE.

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

Name of the organization: UPMC PINNACLE

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PROGRAM SERVICE EXPENSES	7,683,292.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,683,292.
CONSULTING:	
PROGRAM SERVICE EXPENSES	6,806,586.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,806,586.
PHYSICIAN FEES:	
PROGRAM SERVICE EXPENSES	12,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,000.
RECRUITING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	890,225.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	890,225.
ACQUISITION FEES:	
PROGRAM SERVICE EXPENSES	2,533,720.
MANAGEMENT AND GENERAL EXPENSES	1,554,972.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,088,692.

Name of the organization: UPMC PINNACLE

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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	19,480,795.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
EQUITY METHOD INCOME - INSURANCE SUB FILING FORM 1120-PC (EIN#13-4224033)	1,259,971.
EQUITY METHOD INCOME - UNITED HEALTH RISK LTD	863,176.
EQUITY METHOD INCOME - PINNACLE HEALTH CARDIOVASCULAR INSTITUTE	-24,122,481.
EQUITY METHOD INCOME - PINNACLE HEALTH VENTURES INC.	-2,940,909.
INTERCOMPANY TRANSFERS	-491,547,657.
PURCHASE ACCOUNTING ADJUSTMENTS FROM UPMC AFFILIATION- JC BLAIR	-582,283.
CAPITAL COMMITMENT FROM UPMC	1,495,000,000.
EQUITY WRITE OFF - JC BLAIR	-5,434,688.
TOTAL TO FORM 990, PART XI, LINE 9	972,495,129.

PART XII, LINE 2C:

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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Open to Public Inspection

Name of the organization
UPMC PINNACLE

Employer identification number
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Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CONCERT LLC - 82-1737307 409 SOUTH SECOND STREET HARRISBURG, PA 17104		PENNSYLVANIA	-423,450.	-423,450.	UPMC PINNACLE

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

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) 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

(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	(g) 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	MANAGMENT 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 GRAMPIAN BOULEVARD, WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
SUSQUEHANNA PHYSICIAN SERVICES* - 23-2449454 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHYSICIAN 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	(g) No
SUSQUEHANNA HEALTH FOUNDATION* - 23-2743470 1100 GRAMPIAN 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 GRAMPIAN 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	(g) 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 LANCASTER - 82-0896436 250 COLLEGE AVENUE LANCASTER, PA 17603	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
UPMC PINNACLE CARLISLE - 82-0880337 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	(g) 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 12B, II	UPMC PINNACLE		X
COMMUNITY LIFE TEAM, INC. - 23-1890444 409 SOUTH SECOND STREET HARRISBURG, PA 17104	MEDICAL TRANSPORT	PENNSYLVANIA	501(C)(3)	LINE 7	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 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	(g) No
WESLEY HILLS* - 25-1507472 600 GRANT STREET PITTSBURGH, PA 15219	INDEPENDENT LIVING	PENNSYLVANIA	501(C)(3)	N/A	ASBURY HEIGHTS		X
ASBURY FOUNDATION* - 25-1555688 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ASBURY HEIGHTS		X
UPMC - 25-1423657 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
WEST SHORE SURGERY CENTER, LTD. - 25-1821415, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	SURGICAL CARE - MEDICAL SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUSQUEHANNA VALLEY SURGICAL CENTER - 25-1847818, 4310 LONDONDERRY ROAD SUITE 1, HARRISBURG, PA 17109	SURGICAL CARE - MEDICAL SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SENECA HILLS ASSISTED LIVING L.P.* - 23-2873106, 600 GRANT STREET, PITTSBURGH, PA 15219	ASSISTED LIVING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. MARGARET MEDICAL ARTS ASSOCIATES* - 25-1786655, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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	(i) 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	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	HOLDING COMPANY	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 ASSOCATION 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
CORE NETWORK LLC* - 25-1786209, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFE HOME CARE LP* - 25-1847839, 600 GRANT STREET, PITTSBURGH, PA 15219	HOMECARE	PA	N/A	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		N/A
CHARTWELL PA LP* - 25-1729714 600 GRANT STREET PITTSBURGH, PA 15219	HOMEHEALTH	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFE CARE HOME SRV OF NW PA* - 25-1536879, 1647 SASSAFRAS STREET, ERIE, PA 16501	HOME, HEALTH SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HAMOT-KCH REAL ESTATE VENTURE* - 26-3691782, 300 STATE STREET, ERIE, PA 16507	MEDICAL OFFICE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HAMOT SURGERY CENTER LLC* - 25-1863661, 200 STATE STREET, ERIE, PA 16507	AMBULATORY SURGERY	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
EPN-HAMOT URGENT CARE LLC* - 27-2147949, 600 GRANT STREET, PITTSBURGH, PA 15219	URGENT CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
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		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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		N/A
COMMUNITY BASKET LLC* - 20-1195736, 1205 GRAMPIAN BOULEVARD, WILLIAMSPORT, PA 17701	REAL ESTATE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HANOVER SURGICENTER REAL ESTATE, LP - 35-2342993, 300 HIGHLAND AVE, HANOVER, PA 17331	INACTIVE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDCARE SUSQUEHANNA VALLEY, LLC - 82-1673688, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	DME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
OMICELO RE I, LP* - 47-5603393, 2525 LIBERTY AVENUE, PITTSBURGH, PA 15222	REAL ESTATE DEVELOPMENT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? 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.* - 25-1883237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH BENEFITS INC.* - 25-1844144 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH 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	(i) Section 512(b)(13) controlled entity? 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

(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	(i) Section 512(b)(13) controlled entity? 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
LEXINGTON TWO INC.* - 25-1555689 HOWARD AVE & 7TH ST ALTOONA, PA 16601	DME	PA	N/A	C CORP	N/A	N/A	N/A		X

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	(i) Section 512(b)(13) controlled entity? 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 WILIMINGTON 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
SUSQUEHANNA VENTURES INC.* - 23-2470623 1201 GRAMPIAN 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

(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	(i) Section 512(b)(13) controlled entity? 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	UPMC PINNACLE	C CORP	-11,534,729.	10,358,670.	100%		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	1,259,971.	25,510,296.	100%		X
PINNACLE HEALTH VENTURES INC. - 61-1677624 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOLDING COMPANY	PA	UPMC PINNACLE	C CORP	-1,017,410.	40,765,847.	100%		X
PINNACLE HEALTH IMAGING INC. - 23-1718571 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMAGING SERVICES	PA	PINNACLE HEALTH VENTURES INC.	C CORP	-797,654.	4,042,478.	100%		X
COLE CARE INC.* - 25-1497347 1001 EAST 2ND STREET COUDERSPORT, PA 16915	DME	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC ITALY HEALTH SERVICES S.R.L* VIA DISCESA DEI GIUDICI, 4 PALERMO, ITALY 90133	HEALTH 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	(i) Section 512(b)(13) controlled entity? No
UPMC INVESTMENTS LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	HOLDING COMPANY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
UPMC PROPERTY LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
UPMC PROPERTY II LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
EURO CARE INFRASTRUCTURE LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	PROPERTY MANAGEMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
EURO CARE PROPERTY MANAGEMENT LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	PROPERTY MANAGEMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
EURO CARE HEALTHCARE LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	HOSPITAL	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
WATERFORD ONCOLOGY ASSOCIATES LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	ONCOLOGY SERVICES	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
UPMC CANCER CENTERS IRELAND LIMITED* 6TH FLOOR BEACON HOSPITAL SANDYFORD, IRELAND DUBLIN 13	CANCER TREATMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
PANTHER REINSURANCE COMPANY LTD* - 98-1402742, P.O. BOX 1109, GRAND CAYMAN, CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
FORBES REINSURANCE COMPANY LTD* - 98-1400710 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
CATHEDRAL (RE) INSURANCE CO* - 98-1400837 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
UPMC IRELAND LIMITED* 6TH FLOOR BEACON HOSPITAL SANDYFORD, IRELAND DUBLIN 13	HEALTHCARE SUPPORT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
UPMC CANADA TECHNOLOGIES LIMITED* 600 GRANT STREET PITTSBURGH, CANADA 15219	SOFTWARE	CANADA	N/A	C CORP	N/A	N/A	N/A		X
SUSQUEHANNA HEALTH SYSTEM INSURANCE NET* P.O. BOX 1159 GRAND CAYMAN, CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
UNITED HEALTH RISK LTD. PO BOX HM 2450 HAMILTON, BERMUDA N/A	INSURANCE	BERMUDA	N/A	C CORP	-1,667,239.	20,219,061.	100%		X
UPMC UNITED KINGDOM LTD* - 98-0571026 C/O NAIR&CO 11TH FLOOR WHITEFRIARS BRISTOL UK, UNITED KINGDOM BS1 2NT	SOFTWARE LICENSING	UNITED KINGDOM	N/A	C CORP	N/A	N/A	N/A		X
UPMC EXCESS PL TRUST* - 82-6254351 600 GRANT STREET PITTSBURGH, PA 15219	N/A	PA	N/A	TRUST	N/A	N/A	N/A		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) PINNACLE HEALTH CARDIOVASCULAR INSTITUTE	R	4,063,934.	COST
(8) PINNACLE HEALTH MEDICAL SERVICES	R	96,730,923.	COST
(9) UPMC PINNACLE HOSPITALS	R	1590104137.	COST
(10) UPMC PINNACLE CARLISLE	R	102,989,120.	COST
(11) UPMC PINNACLE HOSPITALS	S	1837030325.	COST
(12) PINNACLE HEALTH VENTURES	S	22,051,241.	COST
(13) PINNACLE HEALTH CARDIOVASCULAR INSTITUTE	S	38,831,233.	COST
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information.

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

PART V, LINE 2

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

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.

Entity# . 2669164
Date Filed : 08/31/2017
Effective Date : 09/01/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

[ ]Return document by mail to:
CSC order #791242-25 LBL
Name

CSC
(xx)Return document by email to: cscpa@cscglobal.com

Articles of Amendment
Domestic Corporation
DSCB:15-1915/5915 (rev 7/2015)

TCO170831JF1152

Read all instructions prior to completing. This form may be s

Fee: $70

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

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

1. The name of the corporation is:
Pinnacle Health System

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

(a) Number and Street	City	State	Zip	County
409 South Second Street	Harrisburg	Pennsylvania	17105	Dauphin

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

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

4. The date of its incorporation: 12/29/1995 (MM/DD/YYYY)

5. *Check, and if appropriate complete, one of the following:*
____ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.
✓ The amendment shall be effective on: 09/01/2017 (Date (MM/DD/YYYY)) at 12:01 am (Hour (if any))

2017 AUG 31 PM 1:19
PA DEPT. OF STATE