

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
UPMC PINNACLE LANCASTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 8700

City or town, state or province, country, and ZIP or foreign postal code  
HARRISBURG, PA 171058700

**D** Employer identification number  
82-0896436

**E** Telephone number  
(717) 231-8245

**G** Gross receipts \$ 110,915,119

**F** Name and address of principal officer  
WILLIAM H PUGH  
PO BOX 8700  
HARRISBURG, PA 171058700

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.UPMCPINNACLE.COM

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

**L** Year of formation 2017 **M** State of legal domicile PA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
INPATIENT AND OUTPATIENT HEALTHCARE FOR CITIZENS OF THE LOCAL & SURROUNDING COMMUNITIES

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	16
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	593
<b>6</b> Total number of volunteers (estimate if necessary)	70
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	86,896
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	170

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		0
<b>9</b> Program service revenue (Part VIII, line 2g)		110,100,912
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64,057
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		175,808
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		110,340,777
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,400
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		41,331,793
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,116,159
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		124,453,352
<b>19</b> Revenue less expenses Subtract line 18 from line 12		-14,112,575

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)		69,572,442
<b>21</b> Total liabilities (Part X, line 26)		12,932,442
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		56,640,000

**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 2019-05-13

WILLIAM H PUGH EVP-TREASURER/CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name KERRI N BOGDA CPA	Preparer's signature KERRI N BOGDA CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00760402
Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP			Firm's EIN ▶ 39-0859910	
Firm's address ▶ 1650 MARKET STREET SUITE 4500 PHILADELPHIA, PA 191037341			Phone no (215) 972-0701	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 97,744,380 including grants of \$ 5,400 ) (Revenue \$ 110,014,016 )  
See Additional Data

**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 ▶ 97,744,380

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (PA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (WILLIAM H PUGH EVP-TREASURER CFO PO BOX 8700 HARRISBURG, PA 171058700 (717) 231-8245).

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP GUARNESCHELLI PRESIDENT/CEO	4 00 ..... 36 00	X		X				0	1,197,495	35,417
(2) KENNETH OKEN MD DIRECTOR	0 10 ..... 0 70	X						0	100,833	0
(3) MICHAEL L FERNANDEZ MD DIRECTOR/MEDICAL DIRECTOR	0 10 ..... 0 60	X						0	33,917	0
(4) JOHN C HICKEY CHAIR	0 10 ..... 0 60	X		X				0	0	0
(5) CAROLYN KREAMER PHD DIRECTOR	0 10 ..... 0 60	X						0	0	0
(6) CYNTHIA TOLSMA DIRECTOR	0 10 ..... 0 60	X						0	0	0
(7) MICHAEL MURCHIE DIRECTOR	0 10 ..... 0 60	X						0	0	0
(8) DOUG NEIDICH VICE CHAIR	0 10 ..... 0 60	X		X				0	0	0
(9) HAROLD YANG MD DIRECTOR	0 10 ..... 39 90	X						0	516,675	35,103
(10) YVONNE HOLLINS DIRECTOR	0 10 ..... 0 60	X						0	0	0
(11) LESLIE DAVIS DIRECTOR	0 10 ..... 0 60	X						0	0	0
(12) RICHARD HAMILTON DIRECTOR	0 10 ..... 0 60	X						0	0	0
(13) EDWARD KARLOVICH DIRECTOR	0 10 ..... 0 60	X						0	0	0
(14) DAVID MARTIN DIRECTOR	0 10 ..... 0 60	X						0	0	0
(15) ROBERT MONTLER DIRECTOR	0 10 ..... 0 60	X						0	0	0
(16) STEVEN SHAPIRO MD DIRECTOR	0 10 ..... 0 60	X						0	0	0
(17) MARK GLESSNER DIRECTOR	0 10 ..... 0 60	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) PAUL SPEARS MD ..... DIRECTOR	0 10 ..... 0 60	X						0	0	0
(19) JONATHAN VIPOND III ..... DIRECTOR	0 10 ..... 0 60	X						0	0	0
(20) JOHN KUNKLE ..... DIRECTOR	0 10 ..... 0 60	X						0	0	0
(21) M BROOKS TURKEL ..... SVP & PRESIDENT/BOARD PRES AND SEC	19 00 ..... 21 00			X				269,915	0	14,626
(22) WILLIAM H PUGH ..... EVP-TREASURER/CFO	7 00 ..... 33 00			X				0	847,217	24,208
(23) CHRISTOPHER P MARKLEY ESQ ..... ASST SEC'Y/SR VP STAT SVC/GEN COUNSEL	8 00 ..... 32 00			X				0	589,542	31,098
(24) N ANTHONY MASTROPIETRO ..... DIR, MED STAFF CRED & CMO-LANC	40 00 ..... 0 00					X		111,507	0	12,569
(25) MICHAEL A YOUNG ..... FORMER PRESIDENT/CEO (RES 3/17)	0 00 ..... 0 00						X	0	1,220,119	20,822
<b>1b Sub-Total</b> . . . . .										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>1d Total (add lines 1b and 1c)</b> . . . . .								381,422	4,505,798	173,843

**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 **▶ 2**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHARED SERVICES CENTER FORT SMITH 4600 TOWSON AVE FORT SMITH, AR 72901	BILLING/COLLECTIONS	2,254,820
CHSPSC LLC CANE RIDGE PARKWAY ANTIOCH, TN 37013	IT SUPPORT SERVICES	1,715,459
ALLIED RESOURCES MEDICAL STAFFING 4949 LIBERTY LANE ALLEN TOWN, PA 18106	TEMPORARY STAFFING	1,041,345
HOSPITAL HOUSEKEEPING SYSTEMS 12495 SILVER CREEK RD DRIPPING SPRINGS, TX 78620	HOUSEKEEPING SERVICES	618,748
PHYSICIANS' ALLIANCE LTD 1600 CLOISTER DR A LANCASTER, PA 17601	CONTRACTED HEALTH SVCS	487,800

**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 **▶ 25**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .					
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> PATIENT REVENUE, NET	621500	109,829,404	109,742,508	86,896	
	<b>b</b> MEANINGFUL USE INCOME	621990	137,898	137,898		
	<b>c</b> COMMUNITY PROGRAM INCOME	900099	82,915	82,915		
	<b>d</b> RADIOLOGY AND LAB SVCS	621500	29,821	29,821		
	<b>e</b> MISC INPATIENT/OUTPATIENT	621990	20,874	20,874		
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		110,100,912				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,057		5,057	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
			669,670			
		<b>b</b> Less rental expenses	574,342			
		<b>c</b> Rental income or (loss)	95,328			
	<b>d</b> Net rental income or (loss) . . . . .		95,328		95,328	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		59,000		
		<b>b</b> Less cost or other basis and sales expenses		0		
		<b>c</b> Gain or (loss)		59,000		
	<b>d</b> Net gain or (loss) . . . . .		59,000		59,000	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> CAFETERIA SALES	900099	49,643		49,643		
<b>b</b> MED STAFF DUES	900099	17,100		17,100		
<b>c</b> MISCELLAENOUS INCOME	900099	8,248		8,248		
<b>d</b> All other revenue . . . . .		5,489		5,489		
<b>e Total.</b> Add lines 11a-11d . . . . .		80,480				
<b>12 Total revenue.</b> See Instructions . . . . .		110,340,777	110,014,016	86,896	239,865	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,400	5,400		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	556,838		556,838	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	34,172,570	31,419,317	2,753,253	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,331,595	1,223,544	108,051	
<b>9</b> Other employee benefits	3,019,704	2,745,478	274,226	
<b>10</b> Payroll taxes	2,251,086	2,038,402	212,684	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	11,498,453		11,498,453	
<b>b</b> Legal	2,151		2,151	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,591,732	10,535,760	8,055,972	
<b>12</b> Advertising and promotion	208,255	207,630	625	
<b>13</b> Office expenses	3,670,918	3,417,901	253,017	
<b>14</b> Information technology	1,682,380	1,451,339	231,041	
<b>15</b> Royalties				
<b>16</b> Occupancy	7,923,501	5,467,971	2,455,530	
<b>17</b> Travel	241,433	231,045	10,388	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	76,743	63,417	13,326	
<b>20</b> Interest	51,824	50,269	1,555	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	5,013,893	4,950,296	63,597	
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> CORPORATE TAXES	100,000		100,000	
<b>b</b> MEDICAL SUPPLIES	23,461,195	23,461,195		
<b>c</b> PHARMACY	6,619,389	6,619,389		
<b>d</b> MEDICAID MODERNIZATION	2,194,500	2,194,500		
<b>e</b> All other expenses	1,779,792	1,661,527	118,265	
<b>25</b> Total functional expenses. Add lines 1 through 24e	124,453,352	97,744,380	26,708,972	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	265	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	13,614,376	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	3,416,800	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	1,039,959	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 56,094,975			
	<b>b</b> Less accumulated depreciation	<b>10b</b> 5,015,938	0	<b>10c</b>	51,079,037
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>		
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets See Part IV, line 11 . . . . .		0	<b>15</b>	422,005
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		0	<b>16</b>	69,572,442	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	12,441,018	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	491,424	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .		0	<b>26</b>	12,932,442
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets		<b>27</b>	56,640,000	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b> Permanently restricted net assets		<b>29</b>		
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .		0	<b>33</b>	56,640,000
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .		0	<b>34</b>	69,572,442

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	110,340,777
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	124,453,352
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-14,112,575
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	0
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	70,752,575
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	56,640,000

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>		No
<b>b</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	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 82-0896436

**Name:** UPMC PINNACLE LANCASTER

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

UPMC PINNACLE LANCASTER IS A FULL-SERVICE ACUTE CARE HOSPITAL WITH 214 LICENSED BEDS OFFERING A RANGE OF SERVICES INCLUDING BEHAVIORAL HEALTH, EMERGENCY CARE, CARDIAC CARE, A CERTIFIED PRIMARY STROKE CENTER, IMAGING SERVICES, AN ORTHOPEDIC AND SPINE PROGRAM, AND SURGERY THE HOSPITAL SERVES THE GREATER LANCASTER COUNTY AREA AND PROVIDES CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY SUBSEQUENT TO THE FILING OF THIS 990 AND AFTER CAREFUL ASSESSMENT OF HEALTH CARE SERVICES IN AND AROUND LANCASTER COUNTY, A DECISION WAS MADE TO CONSOLIDATE UPMC PINNACLE LANCASTER AND UPMC PINNACLE LITITZ, MOVING INPATIENT SERVICES FROM UPMC PINNACLE LANCASTER TO UPMC PINNACLE LITITZ AND COMBINE THE STRENGTHS OF THE OUTSTANDING PATIENT CARE TEAMS FROM BOTH HOSPITALS, UNIFYING EMPLOYEES AND EXPANDING UPMC PINNACLE'S HIGH QUALITY OF INPATIENT CARE AND EFFICIENT OPERATIONS IN THE MOST MODERN FACILITY AS A RESULT OF THIS MOVE, UPMC PINNACLE LANCASTER HOSPITAL CLOSED ON FEB 28, 2019

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
UPMC PINNACLE LANCASTER

Employer identification number

82-0896436

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

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

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

- 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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

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

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

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

**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 on line 12 of 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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 line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 82-0896436

**Name:** UPMC PINNACLE LANCASTER

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

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
UPMC PINNACLE LANCASTER

**Employer identification number**  
82-0896436

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

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

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

Preservation of land for public use (e g , recreation or education)       Preservation of an 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 Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		2,720,500		2,720,500
<b>b</b> Buildings . . . . .		26,427,979	1,307,858	25,120,121
<b>c</b> Leasehold improvements		231,632	13,146	218,486
<b>d</b> Equipment . . . . .		18,368,087	2,479,704	15,888,383
<b>e</b> Other . . . . .		8,346,777	1,215,230	7,131,547
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				51,079,037

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

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

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

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

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

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 82-0896436

**Name:** UPMC PINNACLE LANCASTER

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	TAX BENEFITS ARE RECOGNIZED WHEN IT IS MORE-LIKELY-THAN-NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION SUCH TAX POSITIONS ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY TO BE REALIZED UPON ULTIMATE SETTLEMENT WITH THE TAX AUTHORITIES ASSUMING FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS CERTAIN OF THE COMPANY'S SUBSIDIARIES ARE SUBJECT TO TAXATION IN THE UNITED STATES, VARIOUS STATES AND FOREIGN JURISDICTIONS AS OF DECEMBER 31, 2017, THE COMPANY'S RETURNS FOR THE FISCAL YEARS ENDED JUNE 30, 2014, 2015, AND 2016 ARE OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 UPMC PINNACLE LANCASTER

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**  
 82-0896436

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	No
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			475,385		475,385	0 380 %
<b>b</b> Medicaid (from Worksheet 3, column a)			13,835,731	10,529,343	3,306,388	2 660 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			14,311,116	10,529,343	3,781,773	3 040 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)						
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits						
<b>k Total.</b> Add lines 7d and 7j			14,311,116	10,529,343	3,781,773	3 040 %

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,470,302
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME).	5	20,000,000
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	28,622,601
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-8,622,601
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

UPMC PINNACLE LANCASTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW UPMCPINNACLE COM</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW UPMCPINNACLE COM</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW UPMCPINNACLE COM</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

UPMC PINNACLE LANCASTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

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

UPMC PINNACLE LANCASTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No



**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	THE COST OF CHARITY CARE AND UNREIMBURSED MEDICAID COSTS ARE CALCULATED BY THE HOSPITAL'S COST COST TO CHARGE RATIO FOR EACH OF THE INDIVIDUAL SERVICES PROVIDED TO THE PATIENT IT UTILIZES HOSPITAL EXPENSES FROM THE GENERAL LEDGER AND REVENUE DETAILS FROM THE PATIENT ACCOUNTING SYSTEM EACH DEPARTMENT WITHIN THE HOSPITAL IS CLASSIFIED AS EITHER INDIRECT (OVERHEAD) OR DIRECT (PATIENT CARE AREAS) EXPENSES ARE CLASSIFIED AS FIXED OR VARIABLE AS THEY RELATE TO PATIENT VOLUME LOGICAL STATISTICS ARE USED TO ALLOCATE OVERHEAD EXPENSES TO THE PATIENT CARE DEPARTMENTS USING EITHER A RATIO OF COST-TO-CHARGE OR RVUS (RELATIVE VALUE UNITS), THE DIRECT AND INDIRECT COSTS FOR EACH DEPARTMENT ARE ALLOCATED TO THE SERVICES THEY PROVIDE
PART I, LN 7 COL(F)	BAD DEBT EXPENSE OF \$5,470,302 IS INCLUDED IN NET PATIENT REVENUE ON FORM 990, PART VIII LINE 2A, AND THEREFORE IS NOT INCLUDED FOR THE PURPOSES OF CALCULATING THE APPLICABLE EXPENSE PERCENTAGES OF SCHEDULE H

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE ORGANIZATION IS CURRENTLY DEVELOPING AN IMPLEMENTATION PLAN TO ESTABLISH ITS COMMUNITY OUTREACH EFFORTS
PART III, LINE 3	MANAGEMENT IS IN THE PROCESS OF ESTABLISHING A METHODOLOGY TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER UPMC PINNACLE'S FINANCIAL ASSISTANCE POLICY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	THE FINANCIAL STATEMENTS DO NOT HAVE A SPECIFIC NOTE ON BAD DEBT EXPENSE, RATHER THE FINANCIAL STATEMENTS EVALUATE BAD DEBTS ON ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS THE FOOTNOTE RELATED TO THE ALLOWANCE IS SUMMARIZED AS FOLLOWS ACCOUNTS RECEIVABLE ARE RECORDED AT THEIR ESTIMATED NET REALIZABLE VALUE THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS ESTIMATED BASED UPON HISTORICAL COLLECTION RATES THE BAD DEBT EXPENSE ON PART III, LINE 2 WAS CALCULATED BY TAKING THE AMOUNT WRITTEN OFF TO BAD DEBT FOR EACH ACCOUNT AND CONVERTING IT TO CHARGES BY APPROPRIATELY ADJUSTING THE AMOUNT BY THE PAYOR REIMBURSEMENT PERCENTAGE FOR THAT ACCOUNT THEN, THE COST/CHARGE RATIO METHODOLOGY FOR EACH SPECIFIC ACCOUNT, UTILIZING THE COSTS FROM THE HOSPITAL COST ACCOUNTING SYSTEM (DESCRIBED IN DETAIL ABOVE), WAS APPLIED TO THIS CALCULATED PORTION OF THE TOTAL CHARGES
PART III, LINE 8	THE MEDICARE COSTS WERE DETERMINED BASED ON THE HOSPITALS' COST TO CHARGE RATIO FOR THE SERVICES RENDERED

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	<p>PATIENTS ARE NOTIFIED OF OUR CHARITY CARE POLICY IN A VARIETY OF WAYS THERE ARE POSTERS INFORMING PATIENTS OF OUR CHARITY CARE POLICY AND A PLAIN LANGUAGE VERSION OF THE POLICY HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES ALL OF OUR PATIENT ACCOUNT STATEMENTS CONTAIN LANGUAGE THAT INDICATES THERE IS FINANCIAL AID AVAILABLE FOR QUALIFYING INDIVIDUALS IN ADDITION, THE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL WEBSITE IN BOTH ENGLISH AND SPANISH PATIENTS WHO APPLY FOR FINANCIAL ASSISTANCE AND PROVIDE ALL THE NECESSARY DOCUMENTATION REQUIREMENTS ARE NOTIFIED WITHIN THIRTY DAYS OF THE HOSPITAL'S DECISION WHEN THE APPROVAL IS DETERMINED, THE APPROPRIATE DISCOUNT IS POSTED TO THE PATIENT ACCOUNT IMMEDIATELY THE FINANCIAL ASSISTANCE DISCOUNT WILL BE APPLIED TO SERVICE FOR THE PREVIOUS TWELVE MONTHS AND SUBSEQUENT SIX MONTHS THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE NO ADDITIONAL COLLECTION EFFORTS ARE MADE APPLICANTS APPROVED FOR ONLY PARTIAL DISCOUNT WILL BE REQUIRED TO MAKE REASONABLE PAYMENT ARRANGEMENTS ON THEIR BALANCE IN ACCORDANCE WITH THE HOSPITAL'S CREDIT AND COLLECTION POLICY THIS POLICY DOES PERMIT THE USE OF BOTH INTERNAL COLLECTION STAFF AND EXTERNAL COLLECTION AGENCIES WHO WILL ENGAGE IN STANDARD ACCEPTABLE BUSINESS PRACTICES WHICH INCLUDE PHONE CALLS, MAILING AND THE REPORTING OF UNPAID DEBT TO THE CREDIT REPORTING AGENCIES, BUT UNDER NO CIRCUMSTANCES WILL THE HOSPITALS OR ITS CONTRACTED COLLECTION AGENCY ADOPT "EXTRAORDINARY COLLECTION ACTIONS" THAT ENTAIL ANY LEGAL COURSE OF ACTION OR JUDICIAL PROCESSES SUCH AS LAWSUITS OR LIENS</p>
PART VI, LINE 2	<p>UPMC PINNACLE LANCASTER FIRST PARTICIPATED IN A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") JUST AFTER THE ENDING OF ITS FIRST YEAR AS A NON-PROFIT HOSPITAL ORGANIZATION TO IMPROVE THE HEALTH OF THE RESIDENTS OF THE COMMUNITIES IT SERVES, UPMC PINNACLE LANCASTER PROVIDES EXTENSIVE HEALTH EDUCATION AND WELLNESS OPPORTUNITIES FOR MEMBERS OF THE COMMUNITY THROUGH, DIABETES EDUCATION, OPIOID ADDICTION EDUCATION, AND JOINT AND SPINE CARE EDUCATION TO PROMOTE SENIOR HEALTH, COMMUNITY SEMINARS ARE CONDUCTED ON THE FLU, DEMENTIA, VASCULAR HEALTH, HEARING LOSS, BALANCE AND STABILITY, AND FREE HEALTH SCREENINGS ARE ALSO OFFERED UPMC PINNACLE LANCASTER PROVIDES HEALTH EDUCATION SUPPORT TO THE AMERICAN HEART ASSOCIATION, THE LONG HOME, AMERICAN CANCER SOCIETY, THE ALZHEIMER'S ASSOCIATION, BRIGHT SIDE OPPORTUNITIES CENTER, LANCASTER SCHOOL DISTRICT AND YWCA OF LANCASTER UPMC PINNACLE PARTICIPATED IN A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH PENN MEDICINE LANCASTER GENERAL HEALTH AND WELLSPAN HEALTH THE HEALTH CARE ORGANIZATIONS PROVIDED LEADERSHIP AND OVERSIGHT IN CONDUCTING THIS COUNTY WIDE ASSESSMENT THIS COMMUNITY HEALTH NEEDS ASSESSMENT RELIED ON COUNTY-LEVEL DATA AND INPUT FROM INDIVIDUALS AND ORGANIZATIONS TO IDENTIFY THE MOST PRESSING COMMUNITY HEALTH NEEDS INFORMATION WAS RECEIVED BY THE COMMUNITY AND A SURVEY WAS CONDUCTED AT COMMUNITY EVENTS IN THE SUMMER OF 2018, 258 SURVEYS WERE RECEIVED FROM MEMBERS OF THE COALITION TO END HOMELESSNESS AND LIGHTEN UP LANCASTER COUNTY COALITION, STAFF FROM COMMUNITY ACTION PARTNERSHIP AND HEALTHY BEGINNINGS PLUS, THE LANCASTER COUNTY OFFICE OF AGING, AND COMMUNITY MEMBERS WHO TOOK THE SURVEY ONLINE OR AT LANCASTER COUNTY'S PRIDE DAY CELEBRATION THE GOAL OF THE SURVEY WAS TO SAMPLE FROM SELECTED LOCATIONS, ORGANIZATIONS, AND COALITIONS TO GATHER FEEDBACK FROM TRADITIONALLY MARGINALIZED COMMUNITIES, INCLUDING PEOPLE OF COLOR, PEOPLE OF HISPANIC/LATINO ETHNICITY, AND INDIVIDUALS WHO IDENTIFY AS GAY, LESBIAN, BISEXUAL AND/OR TRANSGENDER IN ADDITION TO THE COMMUNITY SURVEY, UPMC PINNACLE, PENN MEDICINE LANCASTER GENERAL HEALTH AND WELLSPAN JOINTLY HOSTED A COMMUNITY FORUM ON DECEMBER 17, 2018 THE THREE PRIMARY GOALS OF THE FORUM WERE TO 1 EXPLAIN THE CHNA PROCESS AND THE ROLE OF THE COMMUNITY STAKEHOLDERS2 PRESENT THE ANALYTICS FRAMEWORK AND PRELIMINARY COMMUNITY HEALTH DATA3 GATHER INPUT FROM COMMUNITY STAKEHOLDERS, PARTICULARLY THOSE WITH PUBLIC HEALTH EXPERTISE AND INDIVIDUALS AND ORGANIZATIONS SERVING MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS IN LANCASTER COUNTY, ABOUT THE COMMUNITY HEALTH NEEDS AND COMMUNITY RESOURCES BASED ON THE SCOPE, SEVERITY, AND COMMUNITY PERCEPTIONS OF SEVERITY AND POTENTIAL IMPACT, LANCASTER COUNTY'S MOST SIGNIFICANT NEEDS FOCUS ON TWO SOCIAL DETERMINANTS OF TWO BEHAVIORAL HEALTH PRIORITIES ESTABLISHING AND MAINTAINING THE BASIC CONDITIONS THAT SUPPORT HEALTH, INCLUDING ACCESS TO CARE, FAMILY-SUSTAINING INCOMES, ACCESSIBLE TRANSPORTATION, AFFORDABLE AND QUALITY HOUSING, VIOLENCE REDUCTION, AND REDUCTION IN EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCESADVOCATING FOR IMPROVEMENTS IN THE COUNTY'S PHYSICAL ENVIRONMENT, EMPHASIZING IMPROVED AIR AND WATER QUALITY, SUPPORTING IMPROVED MENTAL HEALTH INCLUDING REDUCING AND TREATING SUBSTANCE USE AND SUPPORTING ACTIVE LIVING, HEALTH EATING, AND LESS OBESITY THESE PRIORITIES WERE ADOPTED BY THE UPMC LANCASTER BOARD OF DIRECTORS AND AN INFRASTRUCTURE HAS BEEN PUT IN PLACE TO DEVELOP AN IMPLEMENTATION PLAN AROUND THESE PRIORITIES IN 2019</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENTS ARE INFORMED OF AVAILABLE ASSISTANCE IN NUMEROUS WAYS SIGNAGE IS POSTED AND LITERATURE IS HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES INDICATING TO THE PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE ALL UNINSURED PATIENTS WHO ARE SCHEDULED FOR HIGH DOLLAR TESTS AND SURGERIES ARE CONTACTED BY ONE OF THE HOSPITAL'S FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE OPTIONS AVAILABLE TO THEM THE FINANCIAL ASSISTANCE POLICY IS ALSO DISCLOSED ON THE HOSPITAL WEBSITE, ALONG WITH THE APPLICATION, IN BOTH ENGLISH AND SPANISH IN ADDITION, ALL INPATIENTS WHO ARE RESIDENTS OF PENNSYLVANIA ARE PROVIDED PERSONAL ASSISTANCE IN THE COMPLETION OF THE MEDICAL ASSISTANCE APPLICATION AS PART OF THE DISCHARGE PROCESS IN THE EMERGENCY DEPARTMENT, ALL UNINSURED PATIENTS ARE SCREENED FOR CHARITY CARE ELIGIBILITY UNDER THE HOSPITAL POLICY, AND IF APPROPRIATE PROVIDED ASSISTANCE IN APPLYING FOR MEDICAID OR OBTAINING INSURANCE THROUGH HEALTHCARE GOV LASTLY, INFORMATION ABOUT FINANCIAL ASSISTANCE IS INCLUDED ON THE PATIENT BILLING STATEMENTS PROGRAMS DISCUSSED INCLUDE THE PENNSYLVANIA STATE MEDICAID PROGRAM (MEDICAL ASSISTANCE), HOSPITAL CHARITY CARE PROGRAM, AND FUNDS AVAILABLE THROUGH HOSPITAL ENDOWMENT FUNDS IN INSTANCES WHEN AN UNINSURED PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY CARE/FINANCIAL ASSISTANCE DISCOUNT, BUT LACKS DOCUMENTATION TO SUPPORT IT, CONSIDERATION WILL BE GIVEN BASED ON CIRCUMSTANCES PRESENTED OR CREDIT AGENCY INCOME DATA FOR PRESUMPTIVE CHARITY CARE/FINANCIAL ASSISTANCE THIS WILL INCLUDE, BUT IS NOT LIMITED TO, HOMELESSNESS, NO INCOME, PARTICIPATION IN WOMEN INFANTS AND CHILDREN PROGRAMS (WIC) FOOD STAMP ELIGIBILITY AND OTHER STATE OR LOCAL ASSISTANCE THAT ARE UNFUNDED (E G MEDICAID SPEND-DOWN), INFORMATION FROM FAMILY OR FRIENDS, LOW INCOME HOUSING PROVIDED AS A VALID ADDRESS, PATIENT DECEASED WITH NO KNOWN ESTATE, ELIGIBLE FOR STATE FUNDED PRESCRIPTION PROGRAM, AND CREDIT BUREAU SOFT CREDIT CHECKS THAT ARE ONLY SEEN BY THE PATIENT/ GUARANTOR</p>
PART VI, LINE 4	THE ORGANIZATION IS DEVELOPING ITS COMMUNITY INFORMATION AS PART OF ITS IMPLEMENTATION PLAN WHICH WILL BE BASED ON THE CHNA PERFORMED IN LATE 2018

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	THE ORGANIZATION IS DEVELOPING AN IMPLEMENTATION PLAN BASED ON ITS CHNA, PERFORMED IN LATE 2018, WHICH WILL PROVIDE DETAILED INFORMATION ON HOW IT INTENDS TO PROMOTE COMMUNITY HEALTH FOR THE POTENTIAL PATIENT POPULATION
PART VI, LINE 6	<p>UPMC PINNACLE LANCASTER IS PART OF UPMC PINNACLE, A FULLY INTEGRATED, AFFILIATED HEALTH CARE SYSTEM UPMC PINNACLE IS COMPRISED OF A NUMBER OF WHOLLY OWNED ENTITIES AS WELL AS A VARIETY OF AFFILIATED JOINT VENTURES THE ORGANIZATION'S MISSION IS TO MAINTAIN AND IMPROVE THE HEALTH AND QUALITY OF LIFE FOR EVERYONE IN CENTRAL PENNSYLVANIA UPMC PINNACLE IS ENGAGED IN AND CONDUCTS CHARITABLE, EDUCATIONAL, AND SCIENTIFIC ACTIVITIES THROUGH THE SUPPORT AND BENEFIT OF PINNACLE HEALTH FOUNDATION, AND PROVIDES MANAGEMENT AND CONSULTATIVE SERVICES TO AFFILIATED ENTITIES PINNACLE HEALTH MEDICAL SERVICES IS PRIMARILY ENGAGED IN THE PROVISION OF PHYSICIAN SERVICES TO SUPPORT AND ENHANCE THE SERVICES WITHIN UPMC PINNACLE HOSPITALS AND UPMC PINNACLE THE PINNACLE HEALTH CARDIOVASCULAR INSTITUTE IS ENGAGED IN PROVIDING COMPREHENSIVE CARDIAC CARE, INCLUDING TECHNOLOGICAL ADVANCES, IN ORDER TO PROVIDE THE BEST CLINICAL OUTCOMES TO THE COMMUNITY COMMUNITY LIFE TEAM IS ENGAGED IN PROVIDING COMMUNITY BASED, EFFICIENT AND COST EFFECTIVE MEDICAL TRANSPORT SERVICES AND PRE-HOSPITAL EMERGENCY MEDICAL SERVICES FOR THE RESIDENTS AND COMMUNITIES OF THE CENTRAL PENNSYLVANIA REGION PINNACLE HEALTH VENTURES (VENTURES) WAS FORMED IN 2012 TO CONSOLIDATE VARIOUS ENTITIES THAT FUNCTION IN SUPPORT OF THE UPMC PINNACLE NETWORK CURRENTLY INCLUDED IN VENTURES ARE PINNACLE HEALTH IMAGING, MEDCARE SUSQUEHANNA VALLEY, PINNACLE HEALTH ALLBETTERCARE, AND MEDICAL ARTS BUILDING UNITED HEALTH RISK IS A WHOLLY-OWNED, FOR-PROFIT, OFFSHORE CAPTIVE INSURANCE COMPANY, AND UNITED CENTRAL PENNSYLVANIA RECIPROCAL RISK RETENTION GROUP IS A WHOLLY OWNED, FOR-PROFIT, VERMONT CAPTIVE INSURANCE COMPANY BOTH INSURANCE ENTITIES OPERATE FOR THE BENEFIT OF UPMC PINNACLE UPMC PINNACLE AND ITS AFFILIATES ARE ACTIVELY INVOLVED IN THE CENTRAL PENNSYLVANIA REGION THROUGH VARIOUS CHARITY AND COMMUNITY BENEFIT ACTIVITIES THE ENTITIES WITHIN THE SYSTEM PROVIDED \$18,455,622 OF CHARITY CARE RECORDED AT CHARGES THE FOLLOWING LISTS THE VARIETY OF COMMUNITY BENEFITS PERFORMED WITHIN UPMC PINNACLE, THAT HAD THEY BEEN PERFORMED AT THE HOSPITAL LEVEL, WOULD HAVE BEEN INCLUDIBLE ON SCHEDULE H UPMC PINNACLE - \$ 6,265,094 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY HEALTH EDUCATION, COMMUNITY BASED CLINICAL SERVICES AND HEALTH CARE SUPPORT SERVICES, \$7,365,143 IN HEALTH PROFESSIONS EDUCATION (PHYSICIANS/MEDICAL STUDENTS), \$416,716 IN SUBSIDIZED HEALTH SERVICES, \$162,142 IN FINANCIAL AND IN-KIND CONTRIBUTIONS, \$4,198,059 IN COMMUNITY BUILDING ACTIVITIES- COMMUNITY SUPPORT, COMMUNITY HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT/PROFESSIONS EDUCATION, COMMUNITY BENEFIT OPERATIONS, COMMUNITY BUILDING ACTIVITIES, AND CASH AND IN-KIND CONTRIBUTIONS -PINNACLE HEALTH FOUNDATION- \$837,359 IN COMMUNITY BENEFIT OPERATIONS AND FINANCIAL CONTRIBUTIONS</p>

Schedule H (Form 990) 2017

**Additional Data****Software ID:****Software Version:****EIN:** 82-0896436**Name:** UPMC PINNACLE LANCASTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	UPMC PINNACLE LANCASTER 250 COLLEGE AVE LANCASTER, PA 17603 WWW UPMCPINNACLE COM 195801	X	X					X			

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
UPMC PINNACLE LANCASTER	<p>PART V, SECTION B, LINE 2 EFFECTIVE JULY 1, 2017, UPMC PINNACLE (THEN PINNACLE HEALTH SYSTEM) ACQUIRED LANCASTER REGIONAL MEDICAL CENTER, NOW NAMED UPMC PINNACLE LANCASTER WITH THIS ACQUISITION, UPMC PINNACLE LANCASTER HAS ADOPTED UPMC PINNACLE'S CHARITY CARE POLICIES AND ASSUMES UPMC PINNACLE'S NON-PROFIT STATUS, AS WELL AS ITS MISSION, VISION AND VALUES BRINGING THIS HOSPITAL INTO THE UPMC PINNACLE NETWORK IS A SIGNIFICANT OPPORTUNITY TO SERVE MORE COMMUNITIES, ACHIEVE OUR MISSION OF PROVIDING THE HIGHEST QUALITY CARE, AND INCREASE ACCESS TO CARE ACROSS THE REGION TO IMPROVE THE HEALTH OF THE RESIDENTS OF THE COMMUNITIES IT SERVES, UPMC PINNACLE LANCASTER PROVIDES EXTENSIVE HEALTH EDUCATION AND WELLNESS OPPORTUNITIES FOR MEMBERS OF THE COMMUNITY THROUGH, DIABETES EDUCATION, OPIOID ADDICTION EDUCATION, AND JOINT AND SPINE CARE EDUCATION TO PROMOTE SENIOR HEALTH, COMMUNITY SEMINARS ARE CONDUCTED ON THE FLU, DEMENTIA, VASCULAR HEALTH, HEARING LOSS, BALANCE AND STABILITY, AND FREE HEALTH SCREENINGS ARE ALSO OFFERED UPMC PINNACLE LANCASTER PROVIDES HEALTH EDUCATION SUPPORT TO THE AMERICAN HEART ASSOCIATION, THE LONG HOME, AMERICAN CANCER SOCIETY, THE ALZHEIMER'S ASSOCIATION, BRIGHT SIDE OPPORTUNITIES CENTER, LANCASTER SCHOOL DISTRICT AND YWCA OF LANCASTER UPMC PINNACLE PARTICIPATED IN A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH PENN MEDICINE LANCASTER GENERAL HEALTH AND WELLSPAN HEALTH THE HEALTH CARE ORGANIZATIONS PROVIDED LEADERSHIP AND OVERSIGHT IN CONDUCTING THIS COUNTY WIDE ASSESSMENT THIS COMMUNITY HEALTH NEEDS ASSESSMENT RELIED ON COUNTY-LEVEL DATA AND INPUT FROM INDIVIDUALS AND ORGANIZATIONS TO IDENTIFY THE MOST PRESSING COMMUNITY HEALTH NEEDS INFORMATION WAS RECEIVED BY THE COMMUNITY AND A SURVEY WAS CONDUCTED AT COMMUNITY EVENTS IN THE SUMMER OF 2018, 258 SURVEYS WERE RECEIVED FROM MEMBERS OF THE COALITION TO END HOMELESSNESS AND LIGHTEN UP LANCASTER COUNTY COALITION, STAFF FROM COMMUNITY ACTION PARTNERSHIP AND HEALTHY BEGINNINGS PLUS, THE LANCASTER COUNTY OFFICE OF AGING, AND COMMUNITY MEMBERS WHO TOOK THE SURVEY ONLINE OR AT LANCASTER COUNTY'S PRIDE DAY CELEBRATION THE GOAL OF THE SURVEY WAS TO SAMPLE FROM SELECTED LOCATIONS, ORGANIZATIONS, AND COALITIONS TO GATHER FEEDBACK FROM TRADITIONALLY MARGINALIZED COMMUNITIES, INCLUDING PEOPLE OF COLOR, PEOPLE OF HISPANIC/LATINO ETHNICITY, AND INDIVIDUALS WHO IDENTIFY AS GAY, LESBIAN, BISEXUAL AND/OR TRANSGENDER IN ADDITION TO THE COMMUNITY SURVEY, UPMC PINNACLE, PENN MEDICINE LANCASTER GENERAL HEALTH AND WELLSPAN JOINTLY HOSTED A COMMUNITY FORUM ON DECEMBER 17, 2018 THE THREE PRIMARY GOALS OF THE FORUM WERE TO 1 EXPLAIN THE CHNA PROCESS AND THE ROLE OF THE COMMUNITY STAKEHOLDERS 2 PRESENT THE ANALYTICS FRAMEWORK AND PRELIMINARY COMMUNITY HEALTH DATA 3 GATHER INPUT FROM COMMUNITY STAKEHOLDERS, PARTICULARLY THOSE WITH PUBLIC HEALTH EXPERTISE AND INDIVIDUALS AND ORGANIZATIONS SERVING MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS IN LANCASTER COUNTY, ABO</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
UPMC PINNACLE LANCASTER	<p>UT THE COMMUNITY HEALTH NEEDS AND COMMUNITY RESOURCES BASED ON THE SCOPE, SEVERITY, AND C OMMUNITY PERCEPTIONS OF SEVERITY AND POTENTIAL IMPACT, LANCASTER COUNTY'S MOST SIGNIFICANT NEEDS FOCUS ON TWO SOCIAL DETERMINANTS OF TWO BEHAVIORAL HEALTH PRIORITIES ESTABLISHING AND MAINTAINING THE BASIC CONDITIONS THAT SUPPORT HEALTH, INCLUDING ACCESS TO CARE, FAMILY -SUSTAINING INCOMES, ACCESSIBLE TRANSPORTATION, AFFORDABLE AND QUALITY HOUSING, VIOLENCE R EDUCTION, AND REDUCTION IN EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCESADVOCATING FOR IMPROVE MENTS IN THE COUNTY'S PHYSICAL ENVIRONMENT, EMPHASIZING IMPROVED AIR AND WATER QUALITY, SU PPORTING IMPROVED MENTAL HEALTH INCLUDING REDUCING AND TREATING SUBSTANCE USE AND SUPPORTI NG ACTIVE LIVING, HEALTH EATING, AND LESS OBESITY THESE PRIORITIES WERE ADOPTED BY THE UP MC LANCASTER BOARD OF DIRECTORS AND AN INFRASTRUCTURE HAS BEEN PUT IN PLACE TO DEVELOP AN IMPLEMENTATION PLAN AROUND THESE PRIORITIES IN 2019</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
UPMC PINNACLE LANCASTER	PART V, SECTION B, LINE 20E ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UPMC PINNACLE LANCASTER

Employer identification number  
82-0896436

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
<b>b</b>	If any of the boxes in 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	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	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		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	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		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
	If "Yes," on line 5a or 5b, describe in Part III		
<b>6</b>	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		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
	If "Yes," on line 6a or 6b, describe in Part III		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	No
<b>8</b>	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	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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.

Return Reference	Explanation
PART I, LINE 3	UPMC PINNACLE LANCASTER RELIES ON UPMC PINNACLE, A RELATED ORGANIZATION, TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO. METHODS USED TO ESTABLISH COMPENSATION BY THE RELATED ORGANIZATION INCLUDE * COMPENSATION COMMITTEE * INDEPENDENT COMPENSATION CONSULTANT * COMPENSATION SURVEY OR STUDY * APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD.
PART I, LINES 4A-B	MICHAEL YOUNG, THE FORMER CEO, RECEIVED A SEVERANCE PAYMENT OF \$701,954 UPON HIS DEPARTURE. 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.

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UPMC PINNACLE LANCASTER

Employer identification number  
82-0896436

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

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

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

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

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DANIEL PUGH	RELATIVE OF OFFICER WILLIAM PUGH	102,509	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		No
(2) MICHAEL HESS	RELATIVE OF OFFICER PHILIP GUARNESCHELLI	58,954	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 DISCUSSIONS ON MICHAEL HESS' COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2017****Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UPMC PINNACLE LANCASTER

Employer identification number

82-0896436

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 1	UPMC PINNACLE, THE PARENT ENTITY OF A GROUP OF TAX-EXEMPT ORGANIZATIONS, IS THE COMMON REPORTING AGENT FOR THE GROUP AND FILES ALL 1099 FORMS FOR UPMC PINNACLE LANCASTER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CORPORATION IS UPMC PINNACLE, A NONPROFIT CORPORATION (EIN 25-1778658)

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AS SOLE MEMBER OF THE ORGANIZATION, UPMC PINNACLE SHALL ELECT THE BOARD OF DIRECTORS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE AUTHORITY AND RESPONSIBILITY FOR REVIEW OF THE FORM 990 FOR UPMC PINNACLE AND SUBSIDIARIES IS DELEGATED TO THE FINANCE COMMITTEE OF THE UPMC BOARD IN ORDER TO ACCOMPLISH THIS, ALL MEMBERS OF THE FINANCE COMMITTEE ARE PROVIDED WITH A REASONABLE OPPORTUNITY TO REVIEW AND COMMENT TO EXECUTIVE LEADERSHIP ON THE IRS FORMS 990 OF UPMC PINNACLE AND ITS SUBSIDIARIES IN ADDITION, EACH MEMBER OF EACH RESPECTIVE BOARD OF DIRECTORS WILL BE GIVEN ACCESS TO VIEW THEIR INDIVIDUAL FORM 990 VIA A SHARED, PASSWORD-PROTECTED WEBSITE BEFORE THE RETURNS ARE FILED WITH THE INTERNAL REVENUE SERVICE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>IN THE PERFORMANCE OF THEIR DUTIES TO UPMC PINNACLE, COVERED PERSONS SHALL SEEK TO ACT IN THE BEST INTERESTS OF UPMC PINNACLE, AND SHALL EXERCISE GOOD FAITH, LOYALTY, DILIGENCE AND HONESTY A COVERED PERSON IS ANY INDIVIDUAL WHO SERVES IN A FIDUCIARY CAPACITY TO, OR WHO HAS LEGAL AUTHORITY TO REPRESENT OR OBLIGATE, UPMC PINNACLE OR ANY OF ITS AFFILIATED ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS COVERED PERSONS ALSO INCLUDE A) IMMEDIATE FAMILIES (SPOUSES, CHILDREN, SIBLINGS, PARENTS, OR SPOUSE'S PARENTS), B) ANY ORGANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILIES DIRECTLY OR INDIRECTLY I) HAVE A MATERIAL FINANCIAL OR BENEFICIAL INTEREST, OR II) SERVE AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, ATTORNEY OR SIMILAR CAPACITY A COVERED PERSON SHALL DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS OR RELATIONSHIPS WHICH MAY BE IN CONFLICT WITH THE INTERESTS OF UPMC PINNACLE, INCLUDING, BUT NOT LIMITED TO (A) ENGAGING IN OR SEEKING TO BE ENGAGED IN (I) THE DELIVERY OF HEALTH CARE SERVICES OR (II) THE DELIVERY OF GOODS OR SERVICES TO UPMC PINNACLE, OR (B) ANY TRANSACTION OR ARRANGEMENT WITH UPMC PINNACLE WHICH WOULD RESULT IN BENEFIT TO COVERED PERSONS THE GOVERNANCE COMMITTEE OF THE UPMC PINNACLE BOARD REVIEWS ALL CONFLICT OF INTEREST STATEMENTS AND DETERMINES WHETHER EACH DIRECTOR ON THE BOARD IS INDEPENDENT COVERED PERSONS WHO ARE DIRECTORS MUST COMPLY WITH 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</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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</p> <ol style="list-style-type: none"> <li>1 FOLLOW A PROCESS THAT ESTABLISHES AND MAINTAINS A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL EXECUTIVES AND PHYSICIANS POTENTIALLY SUBJECT TO INTERMEDIATE SANCTIONS</li> <li>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</li> <li>3 SELECT AND DIRECTLY ENGAGE AND SUPERVISE ANY CONSULTANT HIRED BY UPMC PINNACLE TO ADVISE THE COMMITTEE ON EXECUTIVE AND PHYSICIAN COMPENSATION</li> <li>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</li> <li>5 PROVIDE THE BOARD WITH AN ANNUAL REPORT ON THE COMMITTEE'S ACTIONS</li> <li>6 MONITOR CHANGES IN LAWS AND REGULATIONS PERTAINING TO EXECUTIVE COMPENSATION AND BENEFITS TO SEE THAT UPMC PINNACLE COMPLIES WITH THEM</li> <li>7 SEEK OUTSIDE REVIEW OF COMMITTEE OPERATIONS TO ENSURE COMPLIANCE WITH THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS</li> <li>8 REVIEW ACTUAL EXECUTIVE COMPENSATION AND BENEFITS PROVIDED TO CONFIRM CONSISTENCY WITH COMPENSATION AND BENEFITS APPROVED BY THE COMMITTEE</li> </ol>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION THE ORGANIZATION INCLUDES A COPY OF ITS FINANCIAL STATEMENTS WITH THE STATE REGISTRATION FILED WITH THE PENNSYLVANIA DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS THESE DOCUMENTS ARE A MATTER OF PUBLIC RECORD AND CAN BE VIEWED AT THE BUREAU OFFICE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 653,105 MANAGEMENT AND GENERAL EXPENSES 40,097 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 693,202 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 583,891 MANAGEMENT AND GENERAL EXPENSES 1,133,435 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,717,326 CONSULTING PROGRAM SERVICE EXPENSES 57,571 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 57,571 DICTATION/TRANSCRIPT FEES PROGRAM SERVICE EXPENSES 173,317 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 173,317 I/C LOSS TRANSFERS PROGRAM SERVICE EXPENSES 4,734,194 MANAGEMENT AND GENERAL EXPENSES 1,841,076 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,575,270 OUTSOURCING PROGRAM SERVICE EXPENSES 3,297,144 MANAGEMENT AND GENERAL EXPENSES 4,945,717 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,242,861 CLEANING SERVICES PROGRAM SERVICE EXPENSES 41,346 MANAGEMENT AND GENERAL EXPENSES 844 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 42,190 LAB FEES PROGRAM SERVICE EXPENSES 318,160 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 318,160 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 451,747 MANAGEMENT AND GENERAL EXPENSES 92,527 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 544,274 TEMPORARY HELP PROGRAM SERVICE EXPENSES 225,285 MANAGEMENT AND GENERAL EXPENSES 2,276 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 227,561</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CONTRIBUTED NET ASSETS 70,752,575

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART XII, LINE 2C	UPMC IS AUDITED ON A CONSOLIDATED BASIS THEREFORE, THERE ARE NO SEPARATE AUDITED FINANCIAL STATEMENTS FOR UPMC PINNACLE AND ITS SUBSIDIARIES

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UPMC PINNACLE LANCASTER

**Employer identification number**

82-0896436

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**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.

See Additional Data Table

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

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

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

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



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

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

<b>Return Reference</b>	<b>Explanation</b>
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.

Schedule Form 990 2012

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 82-0896436  
**Name:** UPMC PINNACLE LANCASTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
600 GRANT STREET PITTSBURGH, PA 15219 25-1574736	SENIOR LIVING	PA	501(C)(3)	LINE 10	UPMC		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1335247	CCRC	PA	501(C)(3)	LINE 10	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 25-0965334	SENIOR LIVING	PA	501(C)(3)	LINE 10	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 72-1562844	SENIOR LIVING	PA	501(C)(3)	LINE 10	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 26-0303394	FOUNDATION	PA	501(C)(3)	LINE 12A, I	UPMC		No
600 GRANT STREET PITTSBURGH, PA 15219 25-0613830	INACTIVE	PA	501(C)(3)	LINE 3	UPMC		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1753852	SENIOR CARE MANAGEMENT	PA	501(C)(3)	LINE 10	UPMC		No
600 GRANT STREET PITTSBURGH, PA 15219 45-2178782	RESEARCH	PA	501(C)(3)	LINE 7	UPMC		No
532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232 25-1290546	FOUNDATION	PA	501(C)(3)	LINE 12C, III-FI	UPMC PRESBY		No
9100 BABCOCK BLVD PITTSBURGH, PA 15237 25-1407815	FOUNDATION	PA	501(C)(3)	LINE 12B, II	UPMC PASS		No
100 FARFIELD DRIVE SENECA, PA 16346 25-1483624	FOUNDATION	PA	501(C)(3)	LINE 12D, III-O	UPMC NORTHWE		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1520340	FOUNDATION	PA	501(C)(3)	LINE 7	UPMC ST MARG		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1865744	FOUNDATION	PA	501(C)(3)	LINE 7	UPMC CHP		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1462312	FOUNDATION	PA	501(C)(3)	LINE 7	N/A		No
600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219 46-4186362	PHYSICIAN SERVICES	NY	501(C)(3)	LINE 3	REGNL HEALTH		No
302 FRENCH STREET ERIE, PA 16507 25-1400999	FOUNDATION	PA	501(C)(3)	LINE 12B, II	UPMC HAMOT		No
1211 WILMINGTON AVE NEW CASTLE, PA 16105 25-0965406	HEALTHCARE	PA	501(C)(3)	LINE 3	UPMC		No
1211 WILMINGTON AVE NEW CASTLE, PA 16105 25-1536037	FOUNDATION	PA	501(C)(3)	LINE 12B, II	UPMC JAMESON		No
1211 WILMINGTON AVE NEW CASTLE, PA 16105 03-0486993	SUPPORTING ORG	PA	501(C)(3)	LINE 12B, II	UPMC JAMESON		No
1107 WILMINGTON AVE NEW CASTLE, PA 16105 25-1581304	COORDINATION SERVICES	PA	501(C)(3)	LINE 7	UPMC JAMESON		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
600 GRANT STREET 58TH FL PITTSBURGH, PA 15219 20-1459415	ONCOLOGY SERVICES	PA	501(C)(3)	LINE 10	UPMC JAMESON		No
1211 WILMINGTON AVE NEW CASTLE, PA 16105 26-0462696	PHYSICIAN SERVICES	PA	501(C)(3)	LINE 10	UPMC JAMESON		No
1211 WILMINGTON AVE NEW CASTLE, PA 16105 23-2871396	SENIOR SERVICES	PA	501(C)(3)	LINE 10	UPMC SR COMM		No
700 HIGH STREET WILLIAMSPORT, PA 17701 23-2751183	MANAGMENT SUPPORT	PA	501(C)(3)	LINE 3	UPMC		No
215 EAST WATER STREET MUNCY, PA 17756 24-0806023	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC SUSQUEH		No
1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 24-0799343	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC SUSQUEH		No
1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2449454	PHYSICIAN SERVICES	PA	501(C)(3)	LINE 3	UPMC SUSQUEH		No
700 HIGH STREET WILLIAMSPORT, PA 17701 47-1600873	SUPPORT SERVICES	PA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		No
1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2743470	FOUNDATION	PA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		No
700 HIGH STREET WILLIAMSPORT, PA 17701 24-0795508	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC SUSQUEH		No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 23-1403678	REAL ESTATE	PA	501(C)(3)	N/A	UPMC SUSQUEH		No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 25-1644910	MANAGEMENT SERVICES	PA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		No
22 WALNUT STREET WELLSBORO, PA 16901 24-0795488	SUPPORT SERVICES	PA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 23-2176963	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC SUSQUEH		No
37 CENTRAL AVENUE WELLSBORO, PA 16901 24-0804365	SKILLED NURSING	PA	501(C)(3)	LINE 10	UPMC SUSQUEH		No
1201 GRAMPIAN BOULEVARD WELLSBORO, PA 17701 25-1765538	HEALTHCARE	PA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		No
700 HIGH STREET WILLIAMSPORT, PA 17701 23-2416166	AMBULANCE SERVICES	PA	501(C)(3)	LINE 10	WILLIAM HOSP		No
700 HIGH STREET WILLIAMSPORT, PA 17701 82-1600494	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC SUSQUEH		No
700 HIGH STREET WILLIAMSPORT, PA 17701 82-1592230	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC SUSQUEH		No
207 FOOTE AVENUE JAMESTOWN, NY 14701 16-0743226	HOSPITAL	NY	501(C)(3)	LINE 3	UPMC CHAUTAU		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
207 FOOTE AVENUE JAMESTOWN, NY 14701 22-2392582	HOLDING COMPANY	NY	501(C)(3)	LINE 12B, II	CHAUT AT WCA		No
135 ALLEN STREET JAMESTOWN, NY 14701 16-1557878	AIR AMBULANCE	NY	501(C)(3)	LINE 7	CHAUT AT WCA		No
3410 W PITTSBURG ROAD NEW CASTLE, PA 16101 25-1701701	SNF & AL	PA	501(C)(3)	LINE 10	UPMC SR COMM		No
745 GREENVILLE ROAD MERCER, PA 16137 25-1701700	SNF & IL	PA	501(C)(3)	LINE 10	UPMC SR COMM		No
4372 ROUTE 6 KANE, PA 16735 26-3906925	FOUNDATION	PA	501(C)(3)	LINE 12B, II	N/A		No
1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 25-6005313	SUPPORT	PA	501(C)(3)	LINE 12D, III-O	N/A		No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 25-1810488	FOUNDATION	PA	501(C)(3)	LINE 12B, II	N/A		No
300 FOOTE AVENUE PO BOX 840 JAMESTOWN, NY 14702 22-2393584	FOUNDATION	PA	501(C)(3)	LINE 12C, III-FI	N/A		No
491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323 25-1472179	FOUNDATION	PA	501(C)(3)	LINE 12D, III-O	N/A		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1778658	SUPPORTING ORG	PA	501(C)(3)	LINE 12B, II	UPMC		No
361 ALEXANDER SPRING ROAD CARLISLE, PA 17105 82-0880337	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC PINNACLE		No
1500 HIGHLANDS AVENUE LITITZ, PA 17543 82-0844453	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC PINNACLE		No
325 SOUTH BELMONT STREET YORK, PA 17405 82-0912090	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC PINNACLE		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 82-0947698	PHYSICIAN SERVICES	PA	501(C)(3)	LINE 3	UPMC PINNACLE		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 22-2691718	FOUNDATION	PA	501(C)(3)	LINE 12A, I	UPMC PINNACLE		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1890444	MEDICAL TRANSPORT	PA	501(C)(3)	LINE 7	UPMC PINNACLE		No
300 HIGHLAND AVENUE HANOVER, PA 17331 22-2658574	SUPPORTING ORG	PA	501(C)(3)	LINE 12A, I	UPMC PINNACLE		No
300 HIGHLAND AVENUE HANOVER, PA 17331 23-1360851	HOSPITAL	PA	501(C)(3)	LINE 3	HANNOVER HEALTH		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1778644	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC PINNACLE		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1709054	PHYSICIAN SERVICES	PA	501(C)(3)	LINE 3	UPMC PINNACLE		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
600 GRANT STREET PITTSBURGH, PA 15219 25-1555687	SUPPORTING ORG	PA	501(C)(3)	LINE 12B, II	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 25-0969472	CCRC	PA	501(C)(3)	LINE 10	ASBURY HEIGHTS		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1819952	PERSONAL CARE	PA	501(C)(3)	LINE 10	ASBURY HEIGHTS		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1729266	PERSONAL CARE	PA	501(C)(3)	LINE 10	ASBURY HEIGHTS		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1507472	INDEPENDENT LIVING	PA	501(C)(3)	N/A	ASBURY HEIGHTS		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1555688	FOUNDATION	PA	501(C)(3)	LINE 7	ASBURY HEIGHTS		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1423657	SUPPORTING ORG	PA	501(C)(3)	LINE 12C, III-FI	N/A		No





Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
HCPHARMACY CENTRAL INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1364192	PHARMACY CO-O	PA	N/A	C					No
CHILDREN'S COMMUNITY CARE 600 GRANT STREET PITTSBURGH, PA 15219 25-1781887	PHYSICIAN SERVICES	PA	N/A	C					No
UPMC PHYSICIAN SERVICES HOLDING COMPANY INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1877017	HOLDING COMPANY	PA	N/A	C					No
HEMATOLOGY ONCOLOGY ASSOCIATION INC 600 GRANT STREET PITTSBURGH, PA 15219 42-1648357	PHYSICIAN SERVICES	PA	N/A	C					No
ONCOLOGY HEMATOLOGY ASSOCIATION INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1762980	PHYSICIAN SERVICES	PA	N/A	C					No
TRI-STATE NEUROSURGICAL ASSOCIATES - UPMC INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1458655	PHYSICIAN SERVICES	PA	N/A	C					No
RENAISSANCE FAMILY PRACTICE - UPMC INC 600 GRANT STREET PITTSBURGH, PA 15219 26-2942406	PHYSICIAN SERVICES	PA	N/A	C					No
UPMC HOLDING COMPANY INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777713	HOLDING COMPANY	PA	N/A	C					No
UPMC COVERAGE PRODUCTS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777710	HOLDING COMPANY	PA	N/A	C					No
FREEDOM INSURANCE COMPANY 600 GRANT STREET PITTSBURGH, PA 15219 03-0308944	INSURANCE	VT	N/A	C					No
TRI-CENTURY INSURANCE CO 600 GRANT STREET PITTSBURGH, PA 15219 25-1500739	INSURANCE	PA	N/A	C					No
UPMC DNA INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1883237	INSURANCE	PA	N/A	C					No
UPMC HEALTH BENEFITS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1844144	HEALTH INSURANCE	PA	N/A	C					No
UPMC HEALTH NETWORK INC 600 GRANT STREET PITTSBURGH, PA 15219 72-1527566	HEALTH INSURANCE	PA	N/A	C					No
UPMC HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2813536	HEALTH INSURANCE	PA	N/A	C					No

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								Yes	No
UPMC BENEFIT MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1769564	WORKERS' COMP	PA	N/A	C					No
UPMC DIVERSIFIED SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1778454	HOLDING COMPANY	PA	N/A	C					No
MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA 15219 25-1666087	AMB SURGERY	PA	N/A	C					No
MEDICAL ARCHIVAL SYSTEMS INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2912501	SOFTWARE DEVELOPMENT	DE	N/A	C					No
PRESBY HEALTH RESOURCE MGMT 600 GRANT STREET PITTSBURGH, PA 15219 25-1422155	INACTIVE	PA	N/A	C					No
RX PARTNERS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1801966	PHARMACY	PA	N/A	C					No
BIOTRONICS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1843500	EQUIPMENT MAINTENANCE	PA	N/A	C					No
MEDICAL CENTER PROPERTIES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1796940	REAL ESTATE	PA	N/A	C					No
ASKESIS DEVELOPMENT GROUP INC 600 GRANT STREET PITTSBURGH, PA 15219 54-1625585	SOFTWARE DEVELOPMENT	DE	N/A	C					No
UPMC INTERNATIONAL HEALTH INITIATIVES 600 GRANT STREET PITTSBURGH, PA 15219 84-1706741	INACTIVE	PA	N/A	C					No
BAYFRONT REGIONAL DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401388	REAL ESTATE HOLDING COMPANY	PA	N/A	C					No
BAYSIDE DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401386	REAL ESTATE	PA	N/A	C					No
UPMC WORK ALLIANCE INC 600 GRANT STREET PITTSBURGH, PA 15219 45-2825053	INSURANCE	PA	N/A	C					No
ALLIED ORTHOPEDICS APPLIANCES INC 335 E 3RD STREET JAMESTOWN, NY 14701 16-1092951	INACTIVE	NY	N/A	C					No
UPMC HEALTH COVERAGE INC 600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219 46-2824537	INSURANCE	PA	N/A	C					No

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								Yes	No
UPMC HEALTH OPTIONS INC 600 GRANT STREET PITTSBURGH, PA 15219 46-2824626	INSURANCE	PA	N/A	C					No
UPMC COMPLETE CARE INC 5215 CENTRE AVENUE PITTSBURGH, PA 15232 46-3605753	PHYSICIAN SERVICES	PA	N/A	C					No
AMERICAN HOME HEALTH SERVICES 868 CORPORATE WAY WESTLAKE, OH 44145 31-1521422	HOME HEALTH CARE	OH	N/A	C					No
HEALTH FIDELITY INC 210 S B STREET SAN MATEO, CA 94401 45-2538963	TECHNOLOGY SERVICES	CA	N/A	C					No
FLUENCE HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 47-2684174	SOFTWARE	DE	N/A	C					No
CURAVI HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 81-1217377	HEALTHCARE	DE	N/A	C					No
PENSIAMO INC 600 GRANT STREET 59TH FL PITTSBURGH, PA 15219 81-2069236	SUPPLY CHAIN	DE	N/A	C					No
ALTOONA FAMILY INC 620 HOWARD AVE ALTOONA, PA 16601 25-1444935	MANAGEMENT SERVICES	PA	N/A	C					No
LEXINGTON HOLDINGS INC 620 HOWARD AVE ALTOONA, PA 16601 25-1794386	HOLDING COMPANY	PA	N/A	C					No
LEXINGTON ONE INC 620 HOWARD AVE ALTOONA, PA 16601 25-1468889	RENTAL	PA	N/A	C					No
LEXINGTON TWO INC HOWARD AVE 7TH ST ALTOONA, PA 16601 25-1555689	DME	PA	N/A	C					No
LEXINGTON FOUR INC 620 HOWARD AVE ALTOONA, PA 16601 25-1793736	HOLDING COMPANY	DE	N/A	C					No
ALLEGHENY HEALTHCARE STAFFING INC 620 HOWARD AVE ALTOONA, PA 16601 27-1657362	INACTIVE	PA	N/A	C					No
UPMC ALTOONA REGIONAL HEALTH SERVICES 1414 9TH AVENUE ALTOONA, PA 16602 25-1219302	PHYSICIAN SERVICES	PA	N/A	C					No
LEXINGTON ANESTHESIA ASSOCIATES INC 620 HOWARD AVE ALTOONA, PA 16601 25-1897765	PHYSICIAN SERVICES	PA	N/A	C					No

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								Yes	No
NORTHERN CAMBRIA MEDICAL CENTER INC 620 HOWARD AVE ALTOONA, PA 16601 25-1530860	INACTIVE	PA	N/A	C					No
PATTON FAMILY MEDICAL CENTER INC 620 HOWARD AVE 5TH FL ALTOONA, PA 16601 25-1793735	INACTIVE	PA	N/A	C					No
MEDCPU INC 100 WALL STREET SUITE 2202 NEW YORK, NY 10005 38-3805381	SOFTWARE DEVELOPMENT	DE	N/A	C					No
RXANTE INC 511 CONGRESS STREET 803 PORTLAND, ME 04101 45-4040219	MEDICATION MANAGEMENT	DE	N/A	C					No
VINCENT PAYMENT SOLUTIONS INC BAKERY SQUARE 6425 PENN AVENUE STE PITTSBURGH, PA 15206 82-1101143	PAYMENT SYSTEM	DE	N/A	C					No
J HEALTH VENTURES INC 1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105 25-1607893	INACTIVE	PA	N/A	C					No
JER MEDICAL ASSOCIATES INC 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 25-1609398	INACTIVE	PA	N/A	C					No
SUSQUEHANNA VENTURES INC 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2470623	PHARMACY	PA	N/A	C					No
TYOGA CARENET 114 EAST AVENUE WELLSBORO, PA 16901 25-1810967	INACTIVE	PA	N/A	C					No
WCA SERVICE CORPORATION INC 207 FOOTE AVENUE JAMESTOWN, NY 14701 16-1151438	SUPPORT	NY	N/A	C					No
ITTCCO I INC 600 GRANT STREET PITTSBURGH, PA 15219 82-2590699	INACTIVE	DE	N/A	C					No
ITTCCO II INC 600 GRANT STREET PITTSBURGH, PA 15219 82-2597388	INACTIVE	DE	N/A	C					No
PINNACLE HEALTH CARDIOVASCULAR INSTITUTE INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 32-0321362	PHYSICIAN SERVICES	PA	N/A	C					No
HANOVER HEALTH CORPORATION 300 HIGHLAND AVENUE HANOVER, PA 17331 90-0498067	HOLDING COMPANY	PA	N/A	C					No
HANOVER APOTHECARY INC 310 STOCK STREET SUITE 1 HANOVER, PA 17331 03-0594526	PHARMACY	PA	N/A	C					No

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								Yes	No
UNITED CENTRAL PA RECIPROCAL RISK RETENTION GROUP 76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401 13-4224033	INSURANCE	VT	N/A	C					No
PINNACLE HEALTH VENTURES INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 61-1677624	HOLDING COMPANY	PA	N/A	C					No
PINNACLE HEALTH IMAGING INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1718571	IMAGING SERVICES	PA	N/A	C					No
COLE CARE INC 1001 EAST 2ND STREET COUDERSPORT, PA 16915 25-1497347	DME	PA	N/A	C					No
UPMC ITALY HEALTH SERVICES SRL VIA DISCESA DEI GIUDICI 4 PALERMO 90133 IT	HEALTH SERVICES	IT	N/A	C					No
UPMC INVESTMENTS LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	HOLDING COMPANY	EI	N/A	C					No
UPMC PROPERTY LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	PROPERTY	EI	N/A	C					No
UPMC PROPERTY II LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	PROPERTY	EI	N/A	C					No
EURO CARE INFRASTRUCTURE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	PROPERTY MANAGEMENT	EI	N/A	C					No
EURO CARE PROPERTY MANAGEMENT LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	PROPERTY MANAGEMENT	EI	N/A	C					No
EURO CARE HEALTHCARE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	HOSPITAL	EI	N/A	C					No
WATERFORD ONCOLOGY ASSOCIATES LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	ONCOLOGY SERVICES	EI	N/A	C					No
UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	CANCER TREATMENT	EI	N/A	C					No
PANTHER REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN N/A CJ 98-1402742	INSURANCE	CJ	N/A	C					No
FORBES REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN N/A CJ 98-1400710	INSURANCE	CJ	N/A	C					No

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								Yes	No
CATHEDRAL (RE) INSURANCE CO PO BOX 1109 GRAND CAYMAN N/A CJ 98-1400837	INSURANCE	CJ	N/A	C					No
UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	HEALTHCARE SUPPORT	EI	N/A	C					No
UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH 15219 CA	SOFTWARE	CA	N/A	C					No
SUSQUEHANNA HEALTH SYSTEM INSURANCE NET PO BOX 1159 GRAND CAYMAN N/A CJ	INSURANCE	CJ	N/A	C					No
UNITED HEALTH RISK LTD PO BOX HM 2450 HAMILTON N/A BD	INSURANCE	BD	N/A	C					No
UPMC UNITED KINGDOM LTD C/O NAIRCO 11TH FLOOR WHITEFRIARS BRISTOL UK BS1 2NT UK 98-0571026	SOFTWARE LICENSING	UK	N/A	C					No
UPMC EXCESS PL TRUST 600 GRANT STREET PITTSBURGH, PA 15219 82-6254351	N/A	PA	N/A	T					No