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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

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 MEMORIAL

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

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 ▶

D Employer identification number

82-0912090

E Telephone number

(717) 231-8245

G Gross receipts \$ 85,574,746

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROMOTING, IMPROVING AND ENHANCING THE HEALTH AND WELL-BEING OF THE COMMUNITY WE SERVE

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

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

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

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2019-05-13

Date

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 ☐ 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

Phone no (215) 972-0701

PHILADELPHIA, PA 191037341

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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 MEMORIAL 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 \$ 69,616,302	including grants of \$ 35,180)	(Revenue \$ 84,470,385)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	69,616,302
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	692
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ WILLIAM H PUGH EVP-TREASURER CFO PO BOX 8700 HARRISBURG, PA 171058700 (717) 231-8245

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

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

Form **990** (2017)

[illegible]

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 ▶ 4

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SHARED SERVICES CENTER BETHLEHEM 1605 VALLEY CENTER PKWY BETHLEHEM, PA 18017	BILLING/COLLECTIONS	3,062,558
CHSPSC LLC CANE RIDGE PARKWAY ANTIOCH, TN 37013	IT SUPPORT SERVICES	1,744,074
ALLIED RESOURCES MEDICAL STAFFING 4949 LIBERTY LANE ALLENTOWN, PA 18106	TEMPORARY STAFFING	1,145,034
HOSPITAL HOUSEKEEPING SYSTEMS 12495 SILVER CREEK RD DRIPPING SPRINGS, TX 78620	HOUSEKEEPING SERVICES	862,295
NORTH AMERICAN PARTNERS IN ANESTHESIA 68 S SERVICE ROAD SUITE 350 MELVILLE, NY 11747	MEDICAL BILLING	761,438

Form **990** (2017)

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns . . .	1a			
b Membership dues . . .	1b			
c Fundraising events . . .	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f			
g Noncash contributions included in lines 1a-1f \$ _____				
h Total. Add lines 1a-1f ▶				

Program Service Revenue

	Business Code				
2a PATIENT REVENUE, NET	621500	84,748,994	84,060,137	688,857	
b OUTCOMES MANAGEMENT	900099	261,187	261,187		
c TUITION REVENUES	900099	134,015	134,015		
d MISC INPATIENT/OUTPATIENT	621990	12,162	12,162		
e OTHER PROGRAM REVENUE	900099	2,764	2,764		
f All other program service revenue		120	120		
g Total. Add lines 2a-2f ▶		85,159,242			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶					
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	61,538				
b Less rental expenses	24,193				
c Rental income or (loss)	37,345				
d Net rental income or (loss) ▶			37,345		37,345
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		19,000			
b Less cost or other basis and sales expenses		0			
c Gain or (loss)		19,000			
d Net gain or (loss) ▶			19,000		19,000
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b					
c Net income or (loss) from fundraising events . . . ▶					
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances . . . a					
b Less cost of goods sold . . . b					
c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
11a CAFETERIA SALES	900099	248,494			248,494
b MANAGEMENT SUPPORT	900099	82,081			82,081
c DICTATION/TRANSCRIPTION	900099	4,391			4,391
d All other revenue					
e Total. Add lines 11a-11d ▶		334,966			
12 Total revenue. See Instructions ▶		85,550,553	84,470,385	688,857	391,311

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	35,180	35,180		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	325,158		325,158	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	35,250,960	32,120,278	3,130,682	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,313,473	1,204,303	109,170	
9 Other employee benefits.	3,226,362	2,927,994	298,368	
10 Payroll taxes.	2,370,411	2,142,140	228,271	
11 Fees for services (non-employees):				
a Management.	7,792,861		7,792,861	
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	15,259,915	8,852,312	6,407,603	
12 Advertising and promotion.	180,409	3,672	176,737	
13 Office expenses.	1,635,393	1,246,682	388,711	
14 Information technology.	1,566,773	1,286,070	280,703	
15 Royalties.				
16 Occupancy.	4,115,101	3,327,805	787,296	
17 Travel.	52,895	41,584	11,311	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	103,413	64,718	38,695	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,296,191	3,846,198	449,993	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CORPORATE TAXES	100,000	0	100,000	
b MEDICAL SUPPLIES	8,521,161	8,521,161	0	
c PHARMACY	2,699,948	2,699,948	0	
d MEDICAID MODERNIZATION	1,676,521	0	1,676,521	
e All other expenses	1,381,203	1,296,257	84,946	
25 Total functional expenses. Add lines 1 through 24e.	91,903,328	69,616,302	22,287,026	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	1,058
	2 Savings and temporary cash investments		2	1,293,915
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	11,475,806
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	3,212,993
	9 Prepaid expenses and deferred charges		9	419,438
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 64,545,560		
	b Less: accumulated depreciation	10b 3,993,188	0	10c 60,552,372
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		0	16 76,955,582	
Liabilities	17 Accounts payable and accrued expenses		17	11,791,836
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25 434,498
	26 Total liabilities. Add lines 17 through 25		0	26 12,226,334
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	64,729,248
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances		0	33 64,729,248
34 Total liabilities and net assets/fund balances		0	34 76,955,582	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	85,550,553
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,903,328
3	Revenue less expenses Subtract line 2 from line 1	3	-6,352,775
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	71,082,023
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,729,248

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:
Software Version:
EIN: 82-0912090
Name: UPMC PINNACLE MEMORIAL

Form 990 (2017)

Form 990, Part III, Line 4a:

UPMC PINNACLE MEMORIAL IS A FULL-SERVICE ACUTE CARE HOSPITAL WITH 100 LICENSED BEDS OFFERING A WIDE RANGE OF SERVICES INCLUDING A BIRTH CENTER, CARDIAC CARE, A CERTIFIED PRIMARY STROKE CENTER, EMERGENCY CARE, LABORATORY AND IMAGING SERVICES, SURGERY, AND WOMEN'S HEALTH CARE WE SERVE THE YORK COMMUNITY AND PROVIDE CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION TO FINANCIAL SUPPORT, WE ARE ACTIVE IN OUR COMMUNITIES HELPING THE UNDERSERVED, LENDING EXPERTISE TO COMMUNITY ORGANIZATIONS, AND EDUCATING THE COMMUNITY ON DISEASE PREVENTION AND MANAGEMENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
PHILIP GUARNESCHELLI PRESIDENT/CEO	4 00 36 00	X		X				0	1,197,495	35,417
KENNETH OKEN MD DIRECTOR	0 10 0 70	X						0	100,833	0
MICHAEL L FERNANDEZ MD DIRECTOR/MEDICAL DIRECTOR	0 10 0 60	X						0	33,917	0
JOHN C HICKEY CHAIR	0 10 0 60	X		X				0	0	0
CAROLYN KREAMER PHD DIRECTOR	0 10 0 60	X						0	0	0
CYNTHIA TOLSMA DIRECTOR	0 10 0 60	X						0	0	0
MICHAEL MURCHIE DIRECTOR	0 10 0 60	X						0	0	0
DOUG NEIDICH VICE CHAIR	0 10 0 60	X		X				0	0	0
HAROLD YANG MD DIRECTOR	0 10 39 90	X						0	516,675	35,103
YVONNE HOLLINS DIRECTOR	0 10 0 60	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
LESLIE DAVIS DIRECTOR	0 10 0 60	X						0	0	0
RICHARD HAMILTON DIRECTOR	0 10 0 60	X						0	0	0
EDWARD KARLOVICH DIRECTOR	0 10 0 60	X						0	0	0
DAVID MARTIN DIRECTOR	0 10 0 60	X						0	0	0
ROBERT MONTLER DIRECTOR	0 10 0 60	X						0	0	0
STEVEN SHAPIRO MD DIRECTOR	0 10 0 60	X						0	0	0
MARK GLESSNER DIRECTOR	0 10 0 60	X						0	0	0
PAUL SPEARS MD DIRECTOR	0 10 0 60	X						0	0	0
JONATHAN VIPOND III DIRECTOR	0 10 0 60	X						0	0	0
JOHN KUNKLE DIRECTOR	0 10 0 60	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
SALLY DIXON SVP & PRESIDENT, MEMORIAL	40 00			X				194,281	0	15,363
CHRISTOPHER P MARKLEY ESQ ASST SEC'Y/SR VP STAT SVC/GEN COUNSEL	4 00 36 00			X				0	589,542	31,098
WILLIAM H PUGH EVP-TREASURER/CFO	5 00 35 00			X				0	847,217	24,208
CURTIS HERRIN VP, FINANCE	40 00					X		122,682	0	13,335
ANNE VASSALLO-SHOWERS PHYSICIAN, OCCUPATIONAL HEALTH	40 00					X		103,395	0	14,263
SUSAN GORDON VP & CNO (RES 3/18)	40 00					X		100,626	0	5,249
MICHAEL A YOUNG FORMER PRESIDENT/CEO (RES 3/17)	0 00 0 00						X	0	1,220,119	20,822

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC PINNACLE MEMORIAL

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
82-0912090

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 **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		
Total						

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

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

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
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>		
	3b	

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

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

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

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 82-0912090
Name: UPMC PINNACLE MEMORIAL

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

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SCHEDULE D

(Form 990)

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.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

UPMC PINNACLE MEMORIAL

Employer identification number

82-0912090

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of 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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

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

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

1a

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

b

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,536,440		10,536,440
b Buildings		7,744,295	459,344	7,284,951
c Leasehold improvements		262,176	30,462	231,714
d Equipment		12,443,458	1,754,004	10,689,454
e Other		33,559,191	1,749,378	31,809,813
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				60,552,372

Schedule D (Form 990) 2017

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO THIRD-PARTY PAYORS	433,089
DUE TO AFFILIATES	1,409
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	434,498

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 82-0912090
Name: UPMC PINNACLE MEMORIAL

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

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

UPMC PINNACLE MEMORIAL

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.

Employer identification number
82-0912090

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

2If 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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

3Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

c

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

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

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?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

No

6b

If "Yes," did the organization make it available to the public?

6b

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

7Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			253,281		253,281	0 280 %
b Medicaid (from Worksheet 3, column a)			18,920,175	8,728,889	10,191,286	11 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			19,173,456	8,728,889	10,444,567	11 370 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			1,190,266	1,004,260	186,006	0 200 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			1,190,266	1,004,260	186,006	0 200 %
k Total. Add lines 7d and 7j			20,363,722	9,733,149	10,630,573	11 570 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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						
10 Total						

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	9,725,294	
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	15,151,636	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	17,361,257	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-2,209,621	
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.			
☐ Cost accounting system	☒ Cost to charge ratio	☐ 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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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 MEMORIAL**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

Community Health Needs Assessment

	Yes	No
1 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?	1	No
2 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	2 Yes	
3 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)	3	No
a ☐ A definition of the community served by the hospital facility		
b ☐ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☐ How data was obtained		
e ☐ The significant health needs of the community		
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☐ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
5 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 of 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	5	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	
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	6b	
7 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)	7	
a ☐ Hospital facility's website (list url) _____		
b ☐ Other website (list url) _____		
c ☐ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 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	8	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____	10	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10b	
11 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		
12a 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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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 MEMORIAL

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			
13 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	13	Yes	
a ☒ 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 ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 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)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☒ Other (describe in Section C)			
16 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)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>WWW UPMCINNACLE COM</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>WWW UPMCINNACLE COM</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>WWW UPMCINNACLE COM</u>			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ 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			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

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

UPMC PINNACLE MEMORIAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 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	
18 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		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 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)		
a ☒ 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 ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☒ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

UPMC PINNACLE MEMORIAL

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
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

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 \$9,725,294 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 METHDOLOGY FOR EACH SPECIFIC ACCOUNT, UTILIZING THE COSTS FROM THE HOSPITAL COST ACCOUNTING SYSTEM (DESCRIBE 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	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
PART VI, LINE 2	UPMC MEMORIAL 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 MEMORIAL PROVIDES HEALTH EDUCATION AND WELLNESS OPPORTUNITIES FOR MEMBERS OF THE COMMUNITY THROUGH HEALTH EDUCATION PROGRAMS, 2,175 CHILDREN PARTICIPATED IN A NUTRITION EDUCATION AND KITCHEN SAFETY PROGRAM, 1,632 PERSONS PARTICIPATED IN HEALTH FAIRS, 1,515 INDIVIDUALS BENEFITED FROM MULTIPHASIC SCREENINGS, 95 PERSONS BENEFITED FROM BLOOD PRESSURE SCREENINGS, 270 PARTICIPATED IN HEALTH PREVENTION AND EDUCATION SESSIONS CONDUCTED BY UPMC PINNACLE MEMORIAL HEALTHCARE PROFESSIONALS, 30 PERSONS PARTICIPATED IN DIABETES SUPPORT GROUPS, 99 PERSONS PARTICIPATED IN TOBACCO CESSATION PROGRAMMING, 330 PERSONS BENEFITED FROM UPMC MEMORIAL'S WORKFORCE DEVELOPMENT/JOB CREATION AND TRAINING INITIATIVES AND 30 INDIVIDUALS PARTICIPATED IN HEALTHY COOKING DEMONSTRATIONS IN YORK COUNTY UPMC PINNACLE MEMORIAL STAFF PLAY A SIGNIFICANT ROLE IN ADDRESSING COMMUNITY NEEDS BY PLAYING AN ACTIVE ROLE IN YORK COUNTY BEHAVIORAL HEALTH TASK FORCE, DIABETES COALITION OF YORK COUNTY, FALLS FREE COALITION OF YORK COUNTY, FEELING BLUE, INFORMATION NETWORKING GROUP, SENIOR OUTREACH SERVICES COALITION OF YORK COUNTY AND SUICIDE PREVENTION OF YORK UPMC PINNACLE MEMORIAL STAFF HAVE A LEADERSHIP ROLE IN HEALTHY YORK COUNTY COALITION THIS COALITION BRINGS TOGETHER COMMUNITY STAKEHOLDERS TO DISCUSS COMMON HEALTH GOALS AND COLLABORATIVE OPPORTUNITIES THE HEALTHY YORK COUNTY COALITION ASSESSES HEALTH NEEDS, CONVENES COMMUNITY PARTNERS, AND FACILITATES ACTION TO DRIVE PROGRESS TOWARDS BETTER HEALTHCARE A COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN MAY 2018 YORK COUNTY RANKS 19 OUT OF 67 PENNSYLVANIA COUNTIES IN HEALTH OUTCOMES AND 13 OUT OF 67 IN HEALTH FACTORS YORK COUNTY SHOWS HIGH RATES OF OBESITY, LOW BIRTH RATE WEIGHT BABIES, TEEN BIRTHS AND LOW RATES OF MENTAL HEALTH PROVIDERS YORK COUNTY HAS A HIGH RATE OF SEXUALLY TRANSMITTED INFECTIONS AND VIOLENT CRIME THE COUNTY HEALTH RANKINGS HELP COUNTIES UNDERSTAND WHAT INFLUENCES HOW HEALTHY RESIDENTS ARE AND HOW LONG THEY WILL LIVE THE RANKINGS LOOK AT HEALTH OUTCOMES (LENGTH AND QUALITY OF LIFE) AND HEALTH FACTORS THAT INCLUDE HEALTH BEHAVIORS (TOBACCO USE, DIET AND EXERCISE, ALCOHOL AND DRUG USE, SEXUAL ACTIVITY), CLINICAL CARE (ACCESS, QUALITY), SOCIAL AND ECONOMIC FACTORS (EDUCATION, EMPLOYMENT, INCOME), FAMILY AND SOCIAL SUPPORT, COMMUNITY SAFETY, AND THE PHYSICAL ENVIRONMENT (AIR AND WATER QUALITY, HOUSING AND TRANSPORTATION) IN FALL 2017 THROUGH MARCH 2018, AS A PARTNERING HOSPITAL OF THE REGION, COLLABORATIVE EFFORTS TO ASSESS COMMUNITY HEALTH NEEDS OF YORK COUNTY WERE CONDUCTED JUNE 2018 A COMMUNITY FORUM WAS HELD TO REVIEW AND SHARE THE FULL COMMUNITY HEALTH NEEDS ASSESSMENT AND GET INPUT FROM THE COMMUNITY THREE PRIORITIES THAT CAME OUT OF THE ASSESSMENT ARE PHYSICAL HEALTH, IMPROVE TRENDS IN PHYSICAL ACTIVITY AND NUTRITIONMENTAL HEALTH, REDUCE HIGH RATE OF ADULT DEPRESSIONMATERNAL CHILD HEALTH, REDUCE LOW BIRTH WEIGHT BABIES, REDUCE TEEN BIRTH RATE, REDUCE SEXUALLY TRANSMITTED DISEASES AND SEXUALLY TRANSMITTED INFECTIONSUPMC PINNACLE MEMORIAL HAS DEVELOPED A FRAMEWORK TO IMPROVE THOSE NEEDS UPMC PINNACLE MEMORIAL BOARD OF DIRECTORS ACCEPTED THESE THREE PRIORITIES AND WILL WORK ON THE DEVELOPMENT OF AN IMPLEMENTATION PLAN TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF YORK COUNTY IN 2019

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	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
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	UPMC PINNACLE MEMORIAL 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

Schedule H (Form 990) 2017

Additional Data

Software ID:**Software Version:**

EIN: 82-0912090

Name: UPMC PINNACLE MEMORIAL

Form 990 Schedule H, Part V Section A. Hospital Facilities[illegible]

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 MEMORIAL	PART V, SECTION B, LINE 2 EFFECTIVE JULY 1, 2017, UPMC PINNACLE (THEN PINNACLE HEALTH SYS TEM) ACQUIRED MEMORIAL HOSPITAL, NOW NAMED UPMC PINNACLE MEMORIAL WITH THIS ACQUISITION, UPMC PINNACLE MEMORIAL 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 HOS PITAL INTO THE UPMC PINNACLE NETWORK IS A SIGNIFICANT OPPORTUNITY TO SERVE MORE COMMUNITIE S, 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, UPM C PINNACLE MEMORIAL PROVIDES HEALTH EDUCATION AND WELLNESS OPPORTUNITIES FOR MEMBERS OF TH E COMMUNITY THROUGH HEALTH EDUCATION PROGRAMS, 2,175 CHILDREN PARTICIPATED IN A NUTRITION EDUCATION AND KITCHEN SAFETY PROGRAM, 1,632 PERSONS PARTICIPATED IN HEALTH FAIRS, 1,515 IN DIVIDUALS BENEFITED FROM MULTIPHASIC SCREENINGS, 95 PERSONS BENEFITED FROM BLOOD PRESSURE SCREENINGS, 270 PARTICIPATED IN HEALTH PREVENTION AND EDUCATION SESSIONS CONDUCTED BY UPMC PINNACLE MEMORIAL HEALTHCARE PROFESSIONALS, 30 PERSONS PARTICIPATED IN DIABETES SUPPORT G ROUPS, 99 PERSONS PARTICIPATED IN TOBACCO CESSATION PROGRAMMING, 330 PERSONS BENEFITED FRO M UPMC MEMORIAL'S WORKFORCE DEVELOPMENT/JOB CREATION AND TRAINING INITIATIVES AND 30 INDIV IDUALS PARTICIPATED IN HEALTHY COOKING DEMONSTRATIONS IN YORK COUNTY UPMC PINNACLE MEMORI AL STAFF PLAY A SIGNIFICANT ROLE IN ADDRESSING COMMUNITY NEEDS BY PLAYING AN ACTIVE ROLE I N YORK COUNTY BEHAVIORAL HEALTH TASK FORCE, DIABETES COALITION OF YORK COUNTY, FALLS FREE COALITION OF YORK COUNTY, FEELING BLUE, INFORMATION NETWORKING GROUP, SENIOR OUTREACH SERV ICES COALITION OF YORK COUNTY AND SUICIDE PREVENTION OF YORK UPMC PINNACLE MEMORIAL STAFF HAVE A LEADERSHIP ROLE IN HEALTHY YORK COUNTY COALITION THIS COALITION BRINGS TOGETHER CO MMUNITY STAKEHOLDERS TO DISCUSS COMMON HEALTH GOALS AND COLLABORATIVE OPPORTUNITIES THE H EALTHY YORK COUNTY COALITON ASSESSES HEALTH NEEDS, CONVENES COMMUNITY PARTNERS, AND FACIL ITATES ACTION TO DRIVE PROGRESS TOWARDS BETTER HEALTHCARE A COMMUNITY HEALTH NEEDS ASSESS MENT WAS COMPLETED IN MAY 2018 YORK COUNTY RANKS 19 OUT OF 67 PENNSYLVANIA COUNTIES IN HE ALTH OUTCOMES AND 13 OUT OF 67 IN HEALTH FACTORS YORK COUNTY SHOWS HIGH RATES OF OBESITY, LOW BIRTH RATE WEIGHT BABIES, TEEN BIRTHS AND LOW RATES OF MENTAL HEALTH PROVIDERS YORK COUNTY HAS A HIGH RATE OF SEXUALLY TRANSMITTED INFECTIONS AND VIOLENT CRIME THE COUNTY HE ALTH RANKINGS HELP COUNTIES UNDERSTAND WHAT INFLUENCES HOW HEALTHY RESIDENTS ARE AND HOW L ONG THEY WILL LIVE THE RANKINGS LOOK AT HEALTH OUTCOMES (LENGTH AND QUALITY OF LIFE) AND HEALTH FACTORS THAT INCLUDE HEALTH BEHAVIORS (TOBACCO USE, DIET AND EXERCISE, ALCOHOL AND DRUG USE, SEXUAL ACTIVITY), CLINICAL CARE (ACCESS, QUALITY), SOCIAL AND ECONOMIC FACTORS (EDUCATION, EMPLOYMENT, INCOME), FAMILY AND SOCIAL SUPPORT, COMMUNITY SAFETY, AND THE PHYSI CAL ENVIRONMENT (AIR AND WATER

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 MEMORIAL	QUALITY, HOUSING AND TRANSPORTATION) IN FALL 2017 THROUGH MARCH 2018, AS A PARTNERING HO SPITAL OF THE REGION, COLLABORATIVE EFFORTS TO ASSESS COMMUNITY HEALTH NEEDS OF YORK COUNTY WERE CONDUCTED JUNE 2018 A COMMUNITY FORUM WAS HELD TO REVIEW AND SHARE THE FULL COMMUNITY HEALTH NEEDS ASSESSMENT AND GET INPUT FROM THE COMMUNITY THREE PRIORITIES THAT CAME OUT OF THE ASSESSMENT ARE PHYSICAL HEALTH, IMPROVE TRENDS IN PHYSICAL ACTIVITY AND NUTRITIONAL HEALTH, REDUCE HIGH RATE OF ADULT DEPRESSION MATERNAL CHILD HEALTH, REDUCE LOW BIRTH WEIGHT BABIES, REDUCE TEEN BIRTH RATE, REDUCE SEXUALLY TRANSMITTED DISEASES AND SEXUALLY TRANSMITTED INFECTIONS UPMC PINNACLE MEMORIAL HAS DEVELOPED A FRAMEWORK TO IMPROVE THOSE NEEDS UPMC PINNACLE MEMORIAL BOARD OF DIRECTORS ACCEPTED THESE THREE PRIORITIES AND WILL WORK ON THE DEVELOPMENT OF AN IMPLEMENTATION PLAN TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF YORK COUNTY IN 2019

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 MEMORIAL	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 MEMORIAL	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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135071799

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC PINNACLE MEMORIAL

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
82-0912090

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	13,000				FUNDRAISING SPONSORSHIP
(2) UNITED WAY OF YORK COUNTY 800 E KING ST YORK, PA 17403	23-1352588	501(C)(3)	6,000				GENERAL OPERATIONS

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

2

3

Enter total number of other organizations listed in the line 1 table

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION SUPPORTS COMMUNITY-BASED PROGRAMS THAT SUPPORT THE MISSION OF UPMC PINNACLE CONTRIBUTIONS ARE GIVEN FREELY AND THE USE OF FUNDS ARE NOT MONITORED ONCE THE MONIES ARE DISBURSED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
UPMC PINNACLE MEMORIAL

Employer identification number

82-0912090

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

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.

2 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?

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

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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

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

[illegible]

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 MEMORIAL 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)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, 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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

UPMC PINNACLE MEMORIAL

Employer identification number

82-0912090

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 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) MOLLY GORDON	RELATIVE OF SUSAN GORDON	14,470	MOLLY GORDON IS THE DAUGHTER OF SUSAN GORDON AND IS COMPENSATED BY UPMC PINNACLE AS AN EMPLOYEE SUSAN GORDON DOES NOT SUPERVISE MOLLY GORDON NOR DOES SHE PARTICIPATE IN DISCUSSIONS ON MOLLY GORDON'S COMPENSATION		No
(3) MICHAEL HESS	RELATIVE OF 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)

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC PINNACLE MEMORIAL

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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

82-0912090

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
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 PINNACLE BOARD IN ORDER TO ACCOMPLISH THIS, ALL MEMBERS OF THE FINANCE COMMITTEE ARE PROVIDED WITH A REASONABLE OPPORTUNITY TO REVIEW AND COMMENT TO EXECUTIVE LEADERSHIP ON THE IRS FORMS 990 OF 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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, THE UPMC PINNACLE OR ANY OF ITS AFFILIATED ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS. COVERED PERSONS ALSO INCLUDE A) IMMEDIATE FAMILIES (SPOUSES, CHILDREN, SIBLINGS, PARENTS, OR SPOUSE'S PARENTS), B) ANY ORGANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILIES DIRECTLY OR INDIRECTLY I) HAVE A MATERIAL FINANCIAL OR BENEFICIAL INTEREST, OR II) 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE UPMC PINNACLE BOARD OF DIRECTORS HAS THE AUTHORITY TO DEVELOP AND MAINTAIN EXECUTIVE AND PHYSICIAN COMPENSATION TO BE APPROVED BY THE UPMC PINNACLE BOARD. THE COMPENSATION COMMITTEE WILL FOLLOW A DILIGENT PROCESS THAT MEETS REGULATORY REQUIREMENTS FOR A REBUTTABLE PRESUMPTION OF REASONABLENESS AND PROMOTES EFFECTIVE GOVERNANCE OF EXECUTIVE COMPENSATION, CONSISTENT WITH THE UPMC PINNACLE COMPENSATION PHILOSOPHY. 1 FOLLOW A PROCESS THAT ESTABLISHES AND MAINTAINS A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL EXECUTIVES AND PHYSICIANS POTENTIALLY SUBJECT TO INTERMEDIATE SANCTIONS. 2 PREPARE MINUTES FOR EACH MEETING TO RECORD THE TERMS OF THE COMMITTEE'S DECISIONS AND THE PROCESS FOLLOWED IN REACHING THOSE DECISIONS. THESE MINUTES MUST INCLUDE INDICATIONS THAT THE COMMITTEE IS FOLLOWING GOOD PRACTICES IN DEALING WITH CONFLICTS OF INTEREST AND IN OBTAINING AND RELYING ON APPROPRIATE COMPARABILITY DATA ON TOTAL COMPENSATION. 3 SELECT AND DIRECTLY ENGAGE AND SUPERVISE ANY CONSULTANT HIRED BY UPMC PINNACLE TO ADVISE THE COMMITTEE ON EXECUTIVE AND PHYSICIAN COMPENSATION. 4 PERIODICALLY EVALUATE THE APPROPRIATENESS OF THIS CHARTER AND THE EFFECTIVENESS OF THE PROCESS THE COMMITTEE USES IN GOVERNING EXECUTIVE AND PHYSICIAN COMPENSATION AND REPORT THIS EVALUATION TO THE BOARD. 5 PROVIDE THE BOARD WITH AN ANNUAL REPORT ON THE COMMITTEE'S ACTIONS. 6 MONITOR CHANGES IN LAWS AND REGULATIONS PERTAINING TO EXECUTIVE COMPENSATION AND BENEFITS TO SEE THAT UPMC PINNACLE COMPLIES WITH THEM. 7 SEEK OUTSIDE REVIEW OF COMMITTEE OPERATIONS TO ENSURE COMPLIANCE WITH THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS. 8 REVIEW ACTUAL EXECUTIVE COMPENSATION AND BENEFITS PROVIDED TO CONFIRM CONSISTENCY WITH COMPENSATION AND BENEFITS APPROVED BY THE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 88,982 MANAGEMENT AND GENERAL EXPENSES 171,778 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 260,760 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 3,863,748 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,863,748 CONSULTING PROGRAM SERVICE EXPENSES 61,003 MANAGEMENT AND GENERAL EXPENSES 31,426 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 92,429 I/C LOSS TRANSFERS PROGRAM SERVICE EXPENSES 2,718,860 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,718,860 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 357,225 MANAGEMENT AND GENERAL EXPENSES 35,330 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 392,555 OUTSOURCING FEES PROGRAM SERVICE EXPENSES 743,342 MANAGEMENT AND GENERAL EXPENSES 6,014,310 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,757,652 CLEANING SERVICES PROGRAM SERVICE EXPENSES 659,762 MANAGEMENT AND GENERAL EXPENSES 154,759 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 814,521 LAB FEES PROGRAM SERVICE EXPENSES 359,390 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 359,390

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTED NET ASSETS 71,082,023

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135071799	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ 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 .				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization UPMC PINNACLE MEMORIAL				Employer identification number 82-0912090	

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2017

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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.



Additional Data

Software ID:
Software Version:
EIN: 82-0912090
Name: UPMC PINNACLE MEMORIAL

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							
(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
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
250 COLLEGE AVENUE LANCASTER, PA 17603 82-0896436	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 III - Identification of Related Organizations Taxable as a Partnership[illegible]

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

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
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