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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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.

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

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
UPMC PINNACLE CARLISLE

Doing business as

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

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

D Employer identification number

82-0880337

E Telephone number

(717) 231-8245

F Name and address of principal officer:
ALISON BERNHARDT
PO BOX 8700
HARRISBURG, PA 171058700

G Gross receipts \$ 129,997,962

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

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

J Website: ▶ WWW.UPMCPINNACLE.COM

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

L Year of formation: 2017

M State of legal domicile: PA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
PROVIDING QUALITY SERVICE AND SAFE, COMPASSIONATE MEDICAL CARE.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 20

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 714

6 Total number of volunteers (estimate if necessary) 6 107

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 241,774

7b Net unrelated business taxable income from Form 990-T, line 34 7b 2,247

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)

Prior Year

Current Year

0 0

108,998,390 129,473,954

32,247 100,734

108,988 104,827

109,139,625 129,679,515

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)

16b 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

0 0

42,300,252 41,751,021

0 0

73,559,181 73,762,591

115,859,433 115,513,612

-6,719,808 14,165,903

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

113,052,683 112,663,087

10,711,649 7,896,772

102,341,034 104,766,315

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
ALISON BERNHARDT CHIEF FINANCIAL OFFICER
Type or print name and title

2020-07-13
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00760402

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP

Firm's EIN ▶ 39-0859910

Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400
LANCASTER, PA 17601

Phone no. (717) 740-4863

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 (2018)

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:

WE ARE A COMMUNITY HOSPITAL PROVIDING QUALITY SERVICE AND SAFE, COMPASSIONATE MEDICAL CARE.

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 \$ 94,778,094 including grants of \$ 0) (Revenue \$ 129,232,180)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 94,778,094

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	No
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
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	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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>		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 Yes	
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	

Form **990** (2018)

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	1a 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	1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	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?	7a	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?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a	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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	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	15a	Yes
b Other officers or key employees of the organization	15b	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?	16a	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?	16b	

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-A 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:
ALISON BERNHARDT CHIEF FINANCIAL O PO BOX 8700 HARRISBURG, PA 171058700 (717) 231-8245

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								995,424	5,374,021	283,939

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 ► 40

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE MOUNTAIN ANESTHESIA ASSO PC 361 ALEXANDER SPRING RD CARLISLE, PA 17013	CONTRACT HEALTH SVCS.	1,634,167
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397	STAFFING SERVICES	1,076,471
ALLIED RESOURCES MEDICAL STAFFING 135 DOWLIN FORGE RD EXTON, PA 19341	STAFFING SERVICES	682,879
COMPHEALTH PO BOX 972651 DALLAS, TX 75397	STAFFING SERVICES	661,165
DIVERSIFIED CLINICAL SERVICES INC 2825 NETWORK PLACE CHICAGO, IL 60673	CONTRACT HEALTH SVCS..	624,606

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 20

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII						☐	
			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a - 1f:\$					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE, NET	621500	126,652,808	126,411,034	241,774	
	b	MA MODERNIZATION	621500	2,296,961	2,296,961		
	c	MISC INPATIENT/OUTPATIENT	621990	456,752	456,752		
	d	COMMUNITY PROGRAM REVENUE	900099	58,699	58,699		
	e	RADIOLOGY & LAB SERVICE REVENUE	621990	6,709	6,709		
	f	All other program service revenue.		2,025	2,025		
	g	Total. Add lines 2a-2f		129,473,954			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	6,846		6,846	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real	(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		57,399		57,399	
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		93,888		93,888	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
a							
b		Less: direct expenses					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
	a						
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	REFUNDS & REBATES	900099	29,851		29,851		
b	APPLICATION FEES	900099	12,852		12,852		
c	VENDING MACHINE	900099	3,961		3,961		
d	All other revenue		764		764		
e	Total. Add lines 11a-11d		47,428				
12	Total revenue. See Instructions.		129,679,515	129,232,180	241,774	205,561	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	34,510,044	32,253,969	2,256,075	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,290,028	1,178,923	111,105	
9 Other employee benefits	3,669,591	3,365,044	304,547	
10 Payroll taxes	2,281,358	2,057,559	223,799	
11 Fees for services (non-employees):				
a Management	12,158,931		12,158,931	
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)	13,225,941	10,633,799	2,592,142	
12 Advertising and promotion	231,608	14,123	217,485	
13 Office expenses	2,191,773	1,972,838	218,935	
14 Information technology	965,294	849,107	116,187	
15 Royalties				
16 Occupancy	6,352,839	4,966,748	1,386,091	
17 Travel	82,430	57,013	25,417	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,174	27,804	8,370	
20 Interest	40,073	36,066	4,007	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,773,642	5,928,780	844,862	
23 Insurance	165,000	87,646	77,354	
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 UBIT TAXES	96,015		96,015	
b PHARMACY	15,652,753	15,652,753		
c MEDICAL SUPPLIES	11,971,145	11,971,145		
d MEDICAID MODERNIZATION	2,252,240	2,252,240		
e All other expenses	1,566,733	1,472,537	94,196	
25 Total functional expenses. Add lines 1 through 24e	115,513,612	94,778,094	20,735,518	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	915	1	575
	2	Savings and temporary cash investments	933,803	2	304,235
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,208,457	4	16,698,870
	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	4,389,123	8	2,161,853
	9	Prepaid expenses and deferred charges	2,338,199	9	1,944,084
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 103,012,069		
	b	Less: accumulated depreciation	10b 11,894,157	93,182,186	10c 91,117,912
	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	0	15	435,558
16	Total assets. Add lines 1 through 15 (must equal line 34)	113,052,683	16	112,663,087	
Liabilities	17	Accounts payable and accrued expenses	9,632,685	17	7,579,647
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	664,210	23	317,125
	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	414,754	25	0
	26	Total liabilities. Add lines 17 through 25	10,711,649	26	7,896,772
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	102,341,034	27	104,766,315
	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	102,341,034	33	104,766,315	
34	Total liabilities and net assets/fund balances	113,052,683	34	112,663,087	

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	129,679,515
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,513,612
3	Revenue less expenses. Subtract line 2 from line 1	3	14,165,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,341,034
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	-11,740,622
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	104,766,315

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: 82-0880337
Name: UPMC PINNACLE CARLISLE

Form 990 (2018)

Form 990, Part III, Line 4a:

UPMC PINNACLE CARLISLE IS A 165-BED FACILITY IN THE HEART OF CUMBERLAND COUNTY IN CARLISLE, PA OFFERING A WIDE RANGE OF SERVICES INCLUDING CANCER CARE, EMERGENCY CARE, LABORATORY AND IMAGING SERVICES, A LEVEL I NURSERY, ORTHOPEDICS, REHABILITATION, SURGERY AND A WOMEN'S CENTER.WE SERVE CUMBERLAND AND PERRY COUNTIES. IN KEEPING WITH OUR MISSION OF CARING FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, UPMC PINNACLE CARLISLE HOSPITAL IS A FORCE FOR STABILITY, STRENGTH, AND RELIABILITY FOR THOSE WE SERVE. IN ADDITION TO FINANCIAL SUPPORT, ONE OF OUR FUNDAMENTAL VALUES AT UPMC PINNACLE CARLISLE IS OUR COMMITMENT TO OUR LOCAL COMMUNITY. WE MAINTAIN THIS COMMITMENT BOTH COLLECTIVELY AS AN ORGANIZATION AND INDIVIDUALLY IN OUR PERSONAL CONTRIBUTIONS. OUR ASSOCIATES, PHYSICIANS AND HOSPITAL VOLUNTEERS CONTINUOUSLY SEEK WAYS TO PROVIDE THE HIGHEST QUALITY CARE AVAILABLE TO OUR PATIENTS AND TO TAKE IMPORTANT HEALTH EDUCATION AND AWARENESS INFORMATION OUT INTO OUR COMMUNITY. WE ARE COMMITTED TO OFFERING HIGH-QUALITY HEALTH CARE, STATE-OF-THE ART EQUIPMENT, EXPANSIVE SERVICES AND UNIQUE PROGRAMS. COMMUNITY HEALTH IMPROVEMENT SERVICE

TAKING HEALTH CARE BEYOND THE DOORS OF ITS HOSPITALS, CLINICS, AND OFFICES, AND BRINGING IT INTO THE REGION'S TOWNS, SCHOOLS AND WORKPLACES, UPMC PINNACLE CARLISLE IS HELPING CREATE HEALTHIER COMMUNITIES ACROSS CENTRAL PENNSYLVANIA. THROUGH ITS CHARITABLE GIVING AND COMMUNITY INITIATIVES, UPMC PINNACLE CARLISLE IS MAKING A DIFFERENCE IN THE HEALTH AND WELL-BEING OF ITS NEIGHBORS. FROM PUBLIC HEALTH AND WELLNESS INITIATIVES TO SCHOOL HEALTH SCREENINGS, INSURANCE ENROLLMENT HELP, HOME-VISIT PROGRAMS, CHARITY CARE, AND FREE HEALTH CLASSES, UPMC PINNACLE CARLISLE PROVIDES BENEFITS TO THE COMMUNITY. UPMC PINNACLE CARLISLE OFFERS A VARIETY OF FREE COMMUNITY PROGRAMS THAT ARE MAKING A DIFFERENCE IN THE LIVES OF CENTRAL PENNSYLVANIANS EVERY DAY, INCLUDING:1) HEALTH EDUCATION SEMINARS ARE HELD AT VARIOUS LOCATIONS WITHIN THE COMMUNITY TO EDUCATE PEOPLE ON VARIOUS CONDITIONS. 2) WELLNESS AND SCREENING PROGRAMS ARE PROVIDED INCLUDING:- CHOLESTEROL SCREENINGS- PROSTATE SCREENINGS- INFANT DEVELOPMENT SCREENINGS- SPEECH AND HEARING SCREENINGS- DEPRESSION AND ANXIETY SCREENINGS- BONE DENSITY SCREENINGS- NUTRITION THERAPY EDUCATION PROGRAMS- LEAD POISONING SCREENINGS

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	1.00 39.00	X		X				0	1,375,741	35,711
LESLIE DAVIS DIRECTOR	1.00 1.00	X						0	0	0
RICHARD HAMILTON DIRECTOR	1.00 1.00	X						0	0	0
EDWARD KARLOVICH DIRECTOR	1.00 1.00	X						0	0	0
DAVID MARTIN DIRECTOR	1.00 1.00	X						0	0	0
ROBERT MONTLER DIRECTOR	1.00 1.00	X						0	0	0
STEVEN SHAPIRO MD DIRECTOR	1.00 1.00	X						0	0	0
MICHAEL L FERNANDEZ MD DIRECTOR/MEDICAL DIRECTOR	1.00 1.00	X						0	37,583	0
JOHN C HICKEY CHAIR	1.00 1.00	X		X				0	0	0
MARK GLESSNER DIRECTOR	1.00 1.00	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			
YVONNE HOLLINS DIRECTOR	1.00	X						0	0	0
CAROLYN KREAMER PHD DIRECTOR	1.00	X						0	0	0
MICHAEL MURCHIE DIRECTOR	1.00	X						0	0	0
DOUG NEIDICH VICE CHAIR	1.00	X		X				0	0	0
KENNETH OKEN MD DIRECTOR	1.00	X						0	119,167	0
CYNTHIA TOLSMA DIRECTOR	1.00	X						0	0	0
JONATHAN VIPOND III DIRECTOR	1.00	X						0	0	0
PAUL SPEARS MD DIRECTOR	1.00	X						0	0	0
RONALD KRATZ MD DIRECTOR	1.00	X						0	0	0
JOHN KUNKLE DIRECTOR	1.00	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			
CHRISTOPHER P MARKLEY ESQ SEC'Y/SR VP STAT SVC/GEN COUNSEL	7.00 33.00			X				0	636,796	31,392
WILLIAM H PUGH EVP-TREASURER/CFO	7.00 33.00			X				0	912,948	24,684
ALISON BERNHARDT VP, CORP ACCT&RPT/CFO	1.00 39.00			X				0	379,089	12,862
CHRISTIAN CAICEDO MD SVP & PRESID., DAUPHIN/SECRETARY	20.00 20.00			X				0	664,138	35,294
JOHN DELORENZO ASSISTANT SECRETARY	1.00 39.00			X				0	212,583	28,106
SAPNA PARAMALE PHYSICIST	40.00					X		144,567	0	13,707
SHAWN HANNOLD CLINICAL STAFF PHARMACIST	40.00					X		136,052	0	25,499
PAUL MAKOSKY CLINICAL STAFF PHARMACIST	40.00					X		130,420	0	26,565
ANN SPADE VP & CNO (RES. 2/18)	40.00					X		176,015	0	14,263
MARK REYNGOUDT VP, FINANCE (RES. 2/18)	40.00					X		154,201	0	10,842

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			
MICHAEL A YOUNG FORMER PRESIDENT/CEO (RES. 03/17)	0.00						X	0	1,035,976	9,539
DAVID STEITZ FORMER PRES./SEC./VP OPS(RES. 02/18)	0.00						X	254,169	0	15,475

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
UPMC PINNACLE CARLISLE

Employer identification number
82-0880337

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018.

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—2017.

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—2018.

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—2017.

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 82-0880337
Name: UPMC PINNACLE CARLISLE

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
UPMC PINNACLE CARLISLE

Employer identification number
82-0880337

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

(ii) related organizations

b

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

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,323,500		4,323,500
b Buildings		73,427,799	3,592,939	69,834,860
c Leasehold improvements		1,176,913	144,377	1,032,536
d Equipment		15,642,438	5,284,467	10,357,971
e Other		8,441,419	2,872,374	5,569,045
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				91,117,912

Schedule D (Form 990) 2018

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.

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

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

☒

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: 82-0880337
Name: UPMC PINNACLE CARLISLE

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. THE COMPANY'S RETURN FOR THE FISCAL YEAR ENDED JUNE 30, 2017 IS OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury

Name of the organization
UPMC PINNACLE CARLISLE

Employer identification number
82-0880337

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. 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: ☐ 100% ☐ 150% ☐ 200% ☒ Other 25000.0000000000 % 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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other % 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.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	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
b	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.			

7

Financial 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)			1,236,299		1,236,299	1.070 %
b Medicaid (from Worksheet 3, column a)			10,908,346	5,275,108	5,633,238	4.880 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			12,144,645	5,275,108	6,869,537	5.950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			576,211		576,211	0.500 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			576,211		576,211	0.500 %
k Total. Add lines 7d and 7j			12,720,856	5,275,108	7,445,748	6.450 %

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	3,292,946	
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	29,494,017
6 Enter Medicare allowable costs of care relating to payments on line 5	6	34,460,313
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,966,296
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(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				
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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 CARLISLE**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 Yes	
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 <u>18</u>		
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 Yes	
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 Yes	
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	No
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 Yes	
a ☒ Hospital facility's website (list url): <u>WWW.UPMCPINNACLE.COM</u>		
b ☒ Other website (list url): <u>WWW.PPIMHS.ORG</u>		
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 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.UPMCPINNACLE.COM</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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 CARLISLE			
Name of hospital facility or letter of facility reporting group			
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: a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 % 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)	13	Yes
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): 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)	15	Yes
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): a ☒ The FAP was widely available on a website (list url): WWW.UPMCPINNACLE.COM b ☒ The FAP application form was widely available on a website (list url): WWW.UPMCPINNACLE.COM c ☒ A plain language summary of the FAP was widely available on a website (list url): WWW.UPMCPINNACLE.COM 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)	16	Yes

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

UPMC PINNACLE CARLISLE

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 CARLISLE

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

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-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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	LOSSES FROM PRIMARY CARE AND CLINICS ARE INCLUDED AS SUBSIDIZED HEALTH SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	BAD DEBT EXPENSE OF \$3,292,946 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 III, LINE 3:	THE PERCENTAGE OF GROSS CHARGES REPRESENTED BY THOSE PATIENTS QUALIFYING FOR ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AS COMPARED TO TOTAL GROSS CHARGES WAS CALCULATED. THIS PERCENTAGE WAS APPLIED TO THE ESTIMATED NET BAD DEBTS AMOUNT TO ESTIMATE THE AMOUNT OF BAD DEBTS ASSOCIATED WITH PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. THIS AMOUNT IS BEING REFLECTED AS A COMMUNITY BENEFIT SINCE THIS AMOUNT IS NOT BEING PURSUED UNDER THE HOSPITAL'S BAD DEBT POLICY BUT TO THE QUALIFICATION FOR FINANCIAL ASSISTANCE BY THE PATIENT.

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 IN 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-TO-CHARGE RATIO METHODOLOGY FOR EACH SPECIFIC ACCOUNT, UTILIZING THE COSTS FROM THE HOSPITAL COST ACCOUNTING SYSTEM (DESCRIBED IN DETAIL ABOVE), WAS APPLIED TO THIS CALCULATED PORTION OF THE TOTAL CHARGES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE MEDICARE COSTS WERE DETERMINED BASED ON THE HOSPITAL'S 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 IS 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 SERVICES 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.

Form and Line Reference	Explanation
PART VI, LINE 2:	TO IMPROVE THE HEALTH OF THE RESIDENTS OF THE COMMUNITIES IT SERVES, UPMC PINNACLE CARLISLE PROVIDES EXTENSIVE HEALTH EDUCATION AND WELLNESS OPPORTUNITIES FOR MEMBERS OF THE COMMUNITY THROUGH NUTRITION EDUCATION, WEIGHT LOSS, DIABETES MANAGEMENT AND SUPPORT GROUPS. UPMC PINNACLE CARLISLE CONDUCTS VARIOUS FREE HEALTH SCREENINGS INCLUDING BLOOD PRESSURE, BONE DENSITY, BODY MASS AND BODY FAT ANALYSIS, SLEEP APNEA SCREENINGS, AND STROKE RISK ASSESSMENTS. UPMC PINNACLE CARLISLE PROVIDES COMMUNITY OUTREACH AND ENGAGEMENT BY ACTIVELY PARTICIPATING IN COMMUNITY EVENTS. IN ACCORDANCE WITH THE IRS GUIDELINES, UPMC PINNACLE CARLISLE COMPLETED THE COMMUNITY HEALTH NEEDS ASSESSMENT IN FALL 2017. ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN CONTRIBUTIONS FROM OVER 900 COMMUNITY RESIDENTS, LEADERS, ORGANIZATIONS, AND COMMUNITY STAKEHOLDERS. THE PRIMARY DATA COLLECTED CONSISTED OF TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS; 831 PAPER HAND SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS; FORTY TWO COMMUNITY LEADERS ATTENDED A COMMUNITY FORUM. AS A RESULT OF THE EXTENSIVE PRIMARY AND SECONDARY RESEARCH, COMMUNITY MEMBERS, COMMUNITY LEADERS, AND PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES; ACCESS TO CARE, BEHAVIORAL HEALTH AND ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH. WITH THE COMPLETION OF THE CHNA, UPMC PINNACLE CARLISLE, UPMC PINNACLE HOSPITALS, AND PENNSYLVANIA PSYCHIATRIC INSTITUTE WILL DEVELOP AN IMPLEMENTATION PLAN TO LEVERAGE ORGANIZATIONAL RESOURCES TO BEST ADDRESS COMMUNITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH AND WELL-BEING OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA IN 2018 AND BEYOND. WITH THE COMPLETION OF THE CHNA, UPMC PINNACLE HOSPITALS, UPMC PINNACLE CARLISLE, AND PENNSYLVANIA PSYCHIATRIC INSTITUTE WILL DEVELOP AN IMPLEMENTATION PLAN TO LEVERAGE THE ORGANIZATION'S RESOURCES TO BEST ADDRESS COMMUNITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH AND WELL-BEING OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA IN 2018. IN MAY 2019 THE UPMC PINNACLE BOARD OF DIRECTORS APPROVED A FIVE-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY FOR CUMBERLAND, DAUPHIN, LEBANON, PERRY AND YORK COUNTIES. PRIORITY 1: ACCESS TO CARE- THE GOAL IS TO EXPAND THE HEALTH CARE REACH TO RURAL AND HOMEBOUND POPULATIONS. ANTICIPATED IMPACT IS THAT RURAL AND HOMEBOUND POPULATIONS HAVE INCREASED ACCESS TO HEALTH CARE SERVICES. STRATEGY 1: STRENGTHEN ACCESS TO SPECIALTY PROVIDER-BASED SERVICES AND SUPPORTIVE SERVICES, AND INCREASE UTILIZATION OF HEALTH CARE SERVICES BY COMMUNITY MEMBERS. WE WILL PROVIDE INSURANCE ENROLLMENT SPECIALIST AND FINANCIAL AID COUNSELORS TO ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS. WE WILL OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME BY USING TECHNOLOGY AND CONNECTING WITH OUR COMMUNITY PARTNERS AND COMMUNITY HEALTH CENTERS. WE WILL COLLABORATE WITH COMMUNITY HEALTH CENTER STAFF TO REVIEW CASES OF HIGH UTILIZATION AND ACUITY. WE WILL MAINTAIN A CONTINUED PARTNERSHIP WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED, AND DIVERSE POPULATIONS. STRATEGY 2: STRENGTHEN ACCESS TO DENTAL PROVIDER-BASED SERVICES, SUPPORTIVE SERVICES, AND UTILIZATION OF DENTAL SERVICES BY COMMUNITY MEMBERS. PROMOTE INCREASED UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPROVEMENT. COORDINATE CARE OF URGENT DENTAL NEEDS IN THE EMERGENCY DEPARTMENT. STRATEGY 3: PROVIDE PATIENT ACCESS TO HEALTH CARE RESOURCES IN THE RESIDENTS' FIRST LANGUAGE BY EXPANDING OUR INTERPRETATION SERVICES TO PATIENTS; EXPAND TRANSLATION OF MEDICAL DOCUMENTS TO PATIENTS. STRATEGY 4: INCREASE ACCESS TO EVIDENCE-BASED SMOKING CESSATION AND PREVENTION PROGRAMS THROUGH CONTINUED TOBACCO CESSATION AND SMOKING PREVENTION PROGRAMS. STRATEGY 5: INCREASE NUMBER OF PATIENTS RECEIVING CARE COORDINATION SERVICES BY EXPLORING PAYER OPTIONS FOR PAYMENT PROGRAMS AND EXPLORING CHRONIC CARE MANAGEMENT BILLING. PRIORITY 2: BEHAVIORAL HEALTH- THE GOAL IS TO IMPROVE BEHAVIORAL HEALTH ILLNESSES BY PROVIDING ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, PROVIDING EDUCATION THAT ADDRESSES THE WHOLE PERSON, AND INCREASING OUR PREVENTION, EDUCATION, AND TREATMENT SERVICES. STRATEGY 1: CONDUCT MENTAL HEALTH SCREENINGS TO REDUCE THE OCCURRENCE OF SUICIDE. STRATEGY 2: PROVIDE MENTAL HEALTH TRAINING TO LAW ENFORCEMENT OFFICERS. STRATEGY 3: IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH AT UPMC PINNACLE HOSPITALS. STRATEGY 4: PROVIDE EARLY ENGAGEMENT AND SUPPORT FOR PSYCHOSIS. STRATEGY 5: IMPLEMENT TRAUMA INFORMED CARE (TIC) TO MEET THE NEEDS OF THE WHOLE PERSON. STRATEGY 6: IMPROVE ACCESS TO HEALTH CARE THROUGH A MEDICAL HOME. STRATEGY

Form and Line Reference	Explanation
PART VI, LINE 2:	7: PROVIDE DIRECT ACCESS FOR THOSE EXPERIENCING A MENTAL HEALTH CRISIS.STRATEGY 8: IMPROV E ACCESS TO MENTAL HEALTH CARE THROUGH TELE-PSYCHIATRY.STRATEGY 9: IMPROVE BEHAVIORAL HEAL TH OF CHILDREN AND ADOLESCENTS.STRATEGY 10: IMPROVE ACCESS TO MEDICATED ASSISTED TREATMENT (MAT).STRATEGY 11: PROVIDE STEPS TO RECOVERY FOR PREGNANT WOMEN FACING ADDICTION. STRATEG Y 12: COLLABORATE WITH CENTER FOR ADDICTION RECOVERY ACTIONS TO IMPROVE THE WARM HANDOFF P ROCESSES IN THE EMERGENCY DEPARTMENT AND PROVIDE ONGOING X WAIVER TRAINING SESSIONS.PRIORI TY 3: SOCIAL DETERMINANTS OF HEALTH- THE GOAL IS TO INCREASE KNOWLEDGE OF ACCESS AND OPPOR TUNITY TO UPMC PINNACLE RESOURCES IN RURAL COMMUNITIES AND UNDERSERVED POPULATIONS.STRATEG Y 1: ADDRESS INCOME, EDUCATION AND EMPLOYMENT DETERMINANTS OF HEALTH THAT NEGATIVELY IMPAC T A HEALTHY AND DIVERSE WORKFORCE AND PREVENTIVE CARE.STRATEGY 2: ADDRESS TRANSPORTATION B ARRIERS TO REDUCE MISSED APPOINTMENTS DUE TO UNRELIABLE OR NO TRANSPORTATION WHICH NEGATIV ELY IMPACTS PREVENTIVE CARE AND INCREASES ER VISITS.STRATEGY 3: ASSIST HOMELESS RECIPIENTS WITHIN THE UPMC PINNACLE FOOTPRINT WITH MOVING FROM THE STREETS INTO STRUCTURED, LONG-TER M CARE THROUGH COLLABORATION WITH COMMUNITY PARTNERS.STRATEGY 4: IMPROVE LANGUAGE ACCESS G IVEN THROUGH THE DEVELOPMENT AND PROMOTION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE SE RVICES.AS UPMC PINNACLE CARLISLE LOOKS TOWARDS THE FUTURE, WE ENSURE THAT OUR CORE VALUES OF QUALITY, ACCESS TO CARE, AND COORDINATION OF CARE ARE AT THE CENTER OF ALL OF OUR ORGAN IZATIONAL STRATEGIES. WE EMBRACE OUR COMMUNITY PARTNERS AND WORK COLLABORATIVELY WITH THEM TO STRENGTHEN THE SUPPORT SYSTEMS THAT WILL ALLOW US AND OUR PARTNERS TO MAINTAIN POSITIV E HEALTH OUTCOMES.

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 IN-PATIENTS 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.

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Form and Line Reference	Explanation
PART VI, LINE 4:	UPMC PINNACLE CARLISLE IS A 165 BED FACILITY IN THE HEART OF CUMBERLAND COUNTY IN CARLISLE, PA.THE STUDY AREA FOR THE UPMC PINNACLE 2018 CHNA SHOWS THAT THE FIVE COUNTIES ARE PROJECTED TO HAVE A POPULATION GROWTH FROM 2017-2022 OF 2.4%. CUMBERLAND COUNTY, WHERE UPMC PINNACLE CARLISLE IS LOCATED, IS PROJECTED TO HAVE POPULATION GROWTH OF 3.5% WITH ROUGHLY 9.5 THOUSAND NEW RESIDENTS.

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Form and Line Reference	Explanation
PART VI, LINE 5:	THE ORGANIZATION DEVELOPED AN IMPLEMENTATION PLAN BASED ON THE CHNA PERFORMED IN 2018 WHICH WAS APPROVED BY THE BOARD IN MAY 2019. IMPLEMENTATION AS OUTLINED IN LINE 2 HAS BEGUN. TO IMPROVE THE HEALTH OF THE RESIDENTS OF THE COMMUNITIES IT SERVES UPMC PINNACLE CARLISLE PROVIDES EXTENSIVE HEALTH EDUCATION AND WELLNESS OPPORTUNITIES FOR MEMBERS OF THE COMMUNITY THROUGH NUTRITION EDUCATION, WEIGHT LOSS, DIABETES MANAGEMENT AND SUPPORT GROUPS. UPMC PINNACLE CARLISLE CONDUCTS VARIOUS FREE HEALTH SCREENINGS INCLUDING BLOOD PRESSURE, BONE DENSITY, BODY MASS AND BODY FAT ANALYSIS, SLEEP APNEA SCREENINGS, AND STROKE RISK ASSESSMENTS. UPMC PINNACLE CARLISLE PROVIDES COMMUNITY OUTREACH AND ENGAGEMENT BY ACTIVELY PARTICIPATING IN COMMUNITY EVENTS. ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN CONTRIBUTIONS FROM OVER 900 COMMUNITY RESIDENTS, LEADERS, ORGANIZATIONS, AND COMMUNITY STAKEHOLDERS. THE PRIMARY DATA COLLECTED CONSISTED OF TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS; 831 PAPER HAND SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS; FORTY TWO COMMUNITY LEADERS ATTENDED A COMMUNITY FORUM. AS A RESULT OF THE EXTENSIVE PRIMARY AND SECONDARY RESEARCH, COMMUNITY MEMBERS, COMMUNITY LEADERS, AND PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES; ACCESS TO CARE, BEHAVIORAL HEALTH AND ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH. WITH THE COMPLETION OF THE CHNA, UPMC PINNACLE, UPMC PINNACLE CARLISLE AND PENNSYLVANIA PSYCHIATRIC INSTITUTE WILL DEVELOP AN IMPLEMENTATION PLAN TO LEVERAGE ORGANIZATIONAL RESOURCES TO BEST ADDRESS COMMUNITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH AND WELL-BEING OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA IN 2018. PRIORITY 1: ACCESS TO CARE- THE GOAL IS TO EXPAND THE HEALTH CARE REACH TO RURAL AND HOMEBOUND POPULATIONS. ANTICIPATED IMPACT IS THAT RURAL AND HOMEBOUND POPULATIONS HAVE INCREASED ACCESS TO HEALTH CARE SERVICES. PRIORITY 2: BEHAVIORAL HEALTH- THE GOAL IS TO IMPROVE BEHAVIORAL HEALTH ILLNESSES BY PROVIDING ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, PROVIDING EDUCATION THAT ADDRESSES THE WHOLE PERSON, AND INCREASING OUR PREVENTION, EDUCATION, AND TREATMENT SERVICES. PRIORITY 3: SOCIAL DETERMINANTS OF HEALTH- THE GOAL IS TO INCREASE KNOWLEDGE OF ACCESS AND OPPORTUNITY TO UPMC PINNACLE RESOURCES IN RURAL COMMUNITIES AND UNDERSERVED POPULATIONS. AS UPMC PINNACLE CARLISLE LOOKS TOWARDS THE FUTURE, WE ENSURE THAT OUR CORE VALUES OF QUALITY, ACCESS TO CARE, AND COORDINATION OF CARE ARE AT THE CENTER OF ALL OF OUR ORGANIZATIONAL STRATEGIES. WE EMBRACE OUR COMMUNITY PARTNERS AND WORK COLLABORATIVELY WITH THEM TO STRENGTHEN THE SUPPORT SYSTEMS THAT WILL ALLOW US AND OUR PARTNERS TO MAINTAIN POSITIVE HEALTH OUTCOMES.

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Form and Line Reference	Explanation
PART VI, LINE 6:	UPMC PINNACLE CARLISLE IS PART OF UPMC PINNACLE, A FULLY INTEGRATED, AFFILIATED HEALTH CARE SYSTEM. THE SYSTEM IS COMPRISED OF TEN 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. UPMC PINNACLE MEDICAL SERVICES AND REGIONAL PHYSICIANS ARE PRIMARILY ENGAGED IN THE PROVISION OF PHYSICIAN SERVICES TO SUPPORT AND ENHANCE THE SERVICES WITHIN UPMC PINNACLE. THE UPMC PINNACLE 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, PRE-HOSPITAL EMERGENCY MEDICAL SERVICES FOR THE RESIDENTS AND COMMUNITIES OF THE CENTRAL PENNSYLVANIA YORK REGIONS. PINNACLE HEALTH VENTURES, INC. 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 SYSTEM PROVIDED \$42 MILLION OF CHARITY CARE RECORDED AT CHARGES WITH UPMC PINNACLE CARLISLE PROVIDING \$6.9 MILLION.

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Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	PA

Software ID:
Software Version:
EIN: 82-0880337
Name: UPMC PINNACLE CARLISLE

[illegible]

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 CARLISLE	PART V, SECTION B, LINE 2: EFFECTIVE JULY 1, 2017, UPMC PINNACLE (THEN PINNACLE HEALTH SYSTEM) ACQUIRED CARLISLE REGIONAL MEDICAL CENTER, NOW NAMED UPMC PINNACLE CARLISLE. WITH THIS ACQUISITION, UPMC PINNACLE CARLISLE HAS ADOPTED UPMC PINNACLE'S CHARITY CARE POLICIES AND ASSUMES UPMC PINNACLE'S NON-PROFIT STATUS, AS WELL AS ITS MISSION, VISION AND VALUES. BRINGING THIS HOSPITAL INTO THE UPMC PINNACLE NETWORK IS A SIGNIFICANT OPPORTUNITY TO SERVE MORE COMMUNITIES, ACHIEVE OUR MISSION OF PROVIDING THE HIGHEST QUALITY CARE, AND INCREASE ACCESS TO CARE ACROSS THE REGION.
UPMC PINNACLE CARLISLE	PART V, SECTION B, LINE 5: ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN THE CONTRIBUTION OF OVER 900 COMMUNITY STAKEHOLDERS/LEADERS, ORGANIZATIONS, AND COMMUNITY GROUPS. THE PRIMARY DATA COLLECTION CONSISTED OF SEVERAL PROJECT COMPONENT PIECES. TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. OVERALL, 831 PAPER HAND SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS. WE WORKED CLOSELY WITH 47 COMMUNITY ORGANIZATIONS TO DISTRIBUTE AND GATHER THE HAND SURVEY FROM COMMUNITY RESIDENTS. FORTY-TWO COMMUNITY LEADERS AND REPRESENTATIVES ATTENDED A COMMUNITY FORUM TO PRIORITIZE HEALTH NEEDS, WHICH WILL ASSIST IN THE IMPLEMENTATION AND PLANNING PHASE. A RESOURCE INVENTORY WAS GENERATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE FIVE-COUNTY SERVICE AREA. THE RESOURCE INVENTORY IDENTIFIES AVAILABLE ORGANIZATIONS AND AGENCIES THAT SERVE THE REGION WITHIN EACH OF THE PRIORITY NEEDS.A SIGNIFICANT PROJECT COMPONENT PIECE OF THE CHNA WAS THE COMPILATION OF A REGIONAL PROFILE (SECONDARY DATA ANALYSIS). THE REGIONAL PROFILE WAS COMPOSED UTILIZING LOCAL, STATE, AND FEDERAL FIGURES PROVIDING VALUABLE INFORMATION ON A WIDE ARRAY OF HEALTH AND SOCIAL ISSUES. THE WORKING GROUP EXAMINED AND DISCUSSED DIFFERENT SOCIOECONOMIC ASPECTS, HEALTH OUTCOMES, AND HEALTH FACTORS THAT AFFECT RESIDENTS' BEHAVIORS; SPECIFICALLY, THE INFLUENTIAL FACTORS THAT IMPACT THE HEALTH OF RESIDENTS.AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO UNDERSTAND BETTER THE CHANGING COMMUNITY HEALTH ENVIRONMENT. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED DURING LATE DECEMBER 2017 THROUGH EARLY FEBRUARY 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTISE; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS; 4) GOVERNMENT LEADERS; AND 5) RELIGIOUS LEADERS. IN TOTAL, 27 INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS AND STAKEHOLDERS.

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 CARLISLE	PART V, SECTION B, LINE 6A: UPMC PINNACLE HOSPITALSPENNSYLVANIA PSYCHIATRIC INSTITUTE
UPMC PINNACLE CARLISLE	PART V, SECTION B, LINE 7D: COMMUNITY EVENTS

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 CARLISLE	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.
UPMC PINNACLE CARLISLE	PART V, SECTION B, LINE 20E: ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
		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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization UPMC PINNACLE CARLISLE		Employer identification number 82-0880337

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification 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		1b	
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?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
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?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
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.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		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.

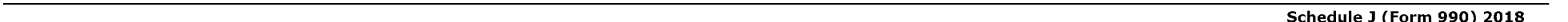
[illegible]

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 CARLISLE 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

Return Reference	Explanation
PART I, LINES 4A-B	FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS UPON THEIR DEPARTURE FROM THE ORGANIZATION: - MICHAEL A. YOUNG, THE FORMER CEO, AMOUNT \$1,035,976; - DAVID STEITZ, THE FORMER VP OF OPERATIONS, AMOUNT \$218,857; - ANN SPADE, THE FORMER VP & CNO, AMOUNT \$154,330; - MARK REYNGOUDT, THE FORMER VP OF FINANCE, AMOUNT \$127,332. UPMC PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO ITS FORMER CHIEF EXECUTIVE OFFICER (THE "FORMER CEO") THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE IRS CALLS "LOAN-REGIME SPLIT-DOLLAR" ("LRSD"). ALTHOUGH THE IRS REQUIRES LRSD TO COMPLY WITH THE TAX PRINCIPLES OF A LOAN FOR FEDERAL INCOME TAX PURPOSES (IRC 7872), LRSD IS NOT AN ACTUAL LOAN NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS (SUBJECT TO VESTING REQUIREMENTS AND POLICY INVESTMENT PERFORMANCE), UPMC RECOVERS ALL ITS OUTLAYS PLUS A MARKET RATE OF INTEREST. AS WITH AN EMPLOYER-EMPLOYEE LOAN, AND CONSISTENT WITH THE 2003 FINAL REGULATIONS AND IRC 7872, THE PLAN IS NON-COMPENSATORY TO THE PARTICIPATING EXECUTIVE, AS THE LOAN IS REPAYED PLUS INTEREST UPON THE DEATH OF THE EXECUTIVE. UNDER THE REGULATIONS, THERE IS NO COMPENSATION IMPUTED TO THE EXECUTIVE. THE UPMC LRSD PLAN WORKS AS FOLLOWS. UPMC DEPOSITED FUNDS DIRECTLY INTO CASH VALUE LIFE INSURANCE POLICIES ON THE FORMER CEO'S LIFE. DURING LIFE, TO THE EXTENT THE FORMER CEO FULFILLED SERVICE AND VESTING REQUIREMENTS, THE FORMER CEO CAN BORROW AGAINST VALUES IN THE POLICIES TO SUPPLEMENT RETIREMENT INCOME. POLICY PERFORMANCE IS CLOSELY MONITORED. IF POLICY PERFORMANCE LAGS, THE FORMER CEO'S BORROWING RIGHTS COULD BE REDUCED TO PROTECT UPMC'S RECOVERY RIGHTS. AT THE FORMER CEO'S DEATH, THE POLICY DEATH PROCEEDS ARE FIRST USED TO REPAY UPMC ITS DEPOSITS PLUS COMPOUNDED INTEREST (AT THE IRS LONG-TERM APPLICABLE FEDERAL RATE). THE FORMER CEO'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING NOT ACCESSED DURING LIFE..



Additional Data

Software ID:
Software Version:
EIN: 82-0880337
Name: UPMC PINNACLE CARLISLE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PHILIP GUARNESCHELLI PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	828,825	348,731	198,185	16,500	19,211	1,411,452	0
CHRISTOPHER P MARKLEY ESQ SEC'Y/SR VP STAT SVC/GEN COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	416,046	154,502	66,248	16,500	14,892	668,188	0
WILLIAM H PUGH EVP-TREASURER/CFO	(i)	0	0	0	0	0	0	0
	(ii)	603,418	222,089	87,441	16,500	8,184	937,632	0
ALISON BERNHARDT VP, CORP ACCT&RPT/CFO	(i)	0	0	0	0	0	0	0
	(ii)	258,421	86,065	34,603	4,854	8,008	391,951	0
CHRISTIAN CAICEDO MD SVP & PRESID., DAUPHIN/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	437,562	162,224	64,352	16,500	18,794	699,432	0
JOHN DELORENZO ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	173,072	34,707	4,804	10,384	17,722	240,689	0
SAPNA PARAMALE PHYSICIST	(i)	144,567	0	0	0	13,707	158,274	0
	(ii)	0	0	0	0	0	0	0
SHAWN HANNOLD CLINICAL STAFF PHARMACIST	(i)	133,301	0	2,751	8,026	17,473	161,551	0
	(ii)	0	0	0	0	0	0	0
PAUL MAKOSKY CLINICAL STAFF PHARMACIST	(i)	130,420	0	0	8,059	18,506	156,985	0
	(ii)	0	0	0	0	0	0	0
ANN SPADE VP & CNO (RES. 2/18)	(i)	21,685	0	154,330	1,207	13,056	190,278	0
	(ii)	0	0	0	0	0	0	0
MARK REYNGOUDT VP, FINANCE (RES. 2/18)	(i)	26,869	0	127,332	1,249	9,593	165,043	0
	(ii)	0	0	0	0	0	0	0
MICHAEL A YOUNG FORMER PRESIDENT/CEO (RES. 03/17)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,035,976	0	9,539	1,045,515	0
DAVID STEITZ FORMER PRES./SEC./VP OPS (RES. 02/18)	(i)	35,312	0	218,857	1,644	13,831	269,644	0
	(ii)	0	0	0	0	0	0	0

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
UPMC PINNACLE CARLISLE

Employer identification number
82-0880337

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) CHRISTIAN CAICEDO MD	OWNER OF CIS PA, LL	1,828,113	AS THE OWNER OF CIS PA, LLC, MR. CAICEDO PROVIDES SOFTWARE SUPPORT FOR UPMC PINNACLE ENTITIES. ALL TRANSACTIONS ARE NEGOTIATED AT ARM'S LENGTH RATES.		No
(2) DANIEL PUGH	RELATIVE OF OFFICER WILLIAM PUGH	115,455	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
(3) MICHAEL HESS	RELATIVE OF OFFICER PHILIP GUARNESCHELLI	70,071	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 CARLISLE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

82-0880337

990 Schedule O, Supplemental Information

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

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 FEDERALLY TAX EXEMPT, STATE NONPROFIT ENTITY (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, 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 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 107,509. MANAGEMENT AND GENERAL EXPENSES 52,952. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 160,461. PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 2,836,258. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,836,258. OUTSOURCING: PROGRAM SERVICE EXPENSES 1,141,011. MANAGEMENT AND GENERAL EXPENSES 2,119,021. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,260,032. CLEANING SERVICES: PROGRAM SERVICE EXPENSES 66,163. MANAGEMENT AND GENERAL EXPENSES 17,588. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 83,751. LAB FEES: PROGRAM SERVICE EXPENSES 1,001,835. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,001,835. I/C LOSS TRANSFERS: PROGRAM SERVICE EXPENSES 5,208,449. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,208,449. CONSULTING: PROGRAM SERVICE EXPENSES 12,892. MANAGEMENT AND GENERAL EXPENSES 3,024. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,916. COLLECTION: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 399,359. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 399,359. OTHER FEES: PROGRAM SERVICE EXPENSES 259,682. MANAGEMENT AND GENERAL EXPENSES 198. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 259,880.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFERS TO EXEMPT AFFILIATES -11,740,622.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC PINNACLE CARLISLE

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

82-0880337

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.

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) 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

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) 2018

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 AS THE REQUISITE "CONTROL" DID NOT EXIST DURING THE FISCAL YEAR ENDED JUNE 30, 2019. HOWEVER, BECAUSE THESE ENTITIES ARE AFFILIATED WITH UPMC AND THE UPMC PARENT ORGANIZATION HOLDS CERTAIN POWERS WITH RESPECT TO SUCH ENTITIES WE ARE ELECTING TO DISCLOSE THE ENTITIES AS RELATED ORGANIZATIONS IN SCHEDULE R IN THE INTEREST OF TRANSPARENCY.

Additional Data

Software ID:

Software Version:

EIN: 82-0880337

Name: UPMC PINNACLE CARLISLE

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	SR 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	SR LIVING	PA	501(C)(3)	LINE 10	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 72-1562844	SR 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	SR CARE MGMT	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 SRV	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
600 GRANT STREET 58TH FL PITTSBURGH, PA 15219 20-1459415	ONCOLOGY SVC	PA	501(C)(3)	LINE 10	UPMC JAMESON		No
1211 WILMINGTON AVE NEW CASTLE, PA 16105 23-2871396	SR SERVICES	PA	501(C)(3)	LINE 10	UPMC SR COMM		No
700 HIGH STREET WILLIAMSPORT, PA 17701 23-2751183	MGMT 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

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
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 SRV	PA	501(C)(3)	LINE 3	UPMC SUSQUEH		No
700 HIGH STREET WILLIAMSPORT, PA 17701 47-1600873	SUPPORT SRV	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)(2)	N/A	UPMC SUSQUEH		No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 25-1644910	MANAGEMENT SV	PA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 24-0795488	SUPPORT SRV	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 NURSI	PA	501(C)(3)	LINE 10	UPMC SUSQUEH		No
1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 25-1765538	HEALTHCARE	PA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		No
700 HIGH STREET WILLIAMSPORT, PA 17701 23-2416166	AMBULANCE SVC	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
207 FOOTE AVENUE JAMESTOWN, NY 14701 22-2392582	HOLDING CO	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

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
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 OR	PA	501(C)(3)	LINE 12B, II	UPMC		No
250 COLLEGE AVENUE LANCASTER, PA 17603 82-0896436	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC PINNACL		No
1500 HIGHLANDS AVENUE LITITZ, PA 17543 82-0844453	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC PINNACL		No
325 SOUTH BELMONT STREET YORK, PA 17405 82-0912090	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC PINNACL		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 82-0947698	PHYSICIAN SRV	PA	501(C)(3)	LINE 3	UPMC PINNACL		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 22-2691718	FOUNDATION	PA	501(C)(3)	LINE 12A, I	UPMC PINNACL		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1890444	MED TRANSPORT	PA	501(C)(3)	LINE 7	UPMC PINNACL		No
300 HIGHLAND AVENUE HANOVER, PA 17331 22-2658574	SUPPORTING OR	PA	501(C)(3)	LINE 12A, I	UPMC PINNACL		No
300 HIGHLAND AVENUE HANOVER, PA 17331 23-1360851	HOSPITAL	PA	501(C)(3)	LINE 3	HANNOVER HEA		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1778644	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC PINNACL		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1709054	PHYSICIAN SRV	PA	501(C)(3)	LINE 3	UPMC PINNACL		No
1001 EAST SECOND STREET COUDERSPORT, PA 16915 24-0802108	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC		No
1001 EAST SECOND STREET COUDERSPORT, PA 16915 45-5417308	FOUNDATION	PA	501(C)(3)	LINE 12A, I	C COLE MEM H		No
1001 EAST SECOND STREET COUDERSPORT, PA 16915 27-3172100	CLINIC SITES	PA	501(C)(3)	LINE 12A, I	C COLE MEM H		No
1001 EAST SECOND STREET COUDERSPORT, PA 16915 23-1972659	RES. CARE	PA	501(C)(3)	LINE 12A, I	C COLE MEM H		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1555687	SUPPORTING OR	PA	501(C)(3)	LINE 12B, II	UPMC SR COMM		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
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						YesNo
600 GRANT STREET PITTSBURGH, PA 15219 25-0969472	CCRC	PA	501(C)(3)	LINE 10	ASBURY HEIGH	No
600 GRANT STREET PITTSBURGH, PA 15219 25-1819952	PERSONAL CARE	PA	501(C)(3)	LINE 10	ASBURY HEIGH	No
600 GRANT STREET PITTSBURGH, PA 15219 25-1729266	PERSONAL CARE	PA	501(C)(3)	LINE 10	ASBURY HEIGH	No
600 GRANT STREET PITTSBURGH, PA 15219 25-1507472	INDEP LIVING	PA	501(C)(3)	N/A	ASBURY HEIGH	No
600 GRANT STREET PITTSBURGH, PA 15219 25-1555688	FOUNDATION	PA	501(C)(3)	LINE 7	ASBURY HEIGH	No
2500 WEST 12TH STREET ERIE, PA 16505 25-1631855	FOUNDATION	PA	501(C)(3)	LINE 12A, I	REGIONAL CAN	No
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-0965570	HOSPITAL	PA	501(C)(3)	LINE 3	UPMC	No
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 23-2910318	DRUG TREATMEN	PA	501(C)(3)	LINE 3	UPMC SOMERSE	No
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-1441863	FOUNDATION	PA	501(C)(3)	LINE 12C, III-FI	UPMC SOMERSE	No
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-1441920	PHYSICIAN SRV	PA	501(C)(3)	LINE 3	UPMC SOMERSE	No
1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 25-6005313	SUPPORTING OR	PA	501(C)(3)	LINE 12D, III-O	UPMC JAMESON	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 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
(1) HCPHARMACY CENTRAL INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1364192	PHARMACY CO-O	PA	N/A	C					No
(1) CHILDREN'S COMMUNITY CARE 600 GRANT STREET PITTSBURGH, PA 15219 25-1781887	PHYSICIAN SRV	PA	N/A	C					No
(2) UPMC PHYSICIAN SERVICES HOLDING COMPANY 600 GRANT STREET PITTSBURGH, PA 15219 25-1877017	HOLDING CO	PA	N/A	C					No
(3) HEMATOLOGY ONCOLOGY ASSOCIATION INC 600 GRANT STREET PITTSBURGH, PA 15219 42-1648357	PHYSICIAN SRV	PA	N/A	C					No
(4) ONCOLOGY HEMATOLOGY ASSOCIATION INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1762980	PHYSICIAN SRV	PA	N/A	C					No
(5) TRI-STATE NEUROSURGICAL ASSOCIATES - UPM 600 GRANT STREET PITTSBURGH, PA 15219 25-1458655	PHYSICIAN SRV	PA	N/A	C					No
(6) RENAISSANCE FAMILY PRACTICE - UPMC INC 600 GRANT STREET PITTSBURGH, PA 15219 26-2942406	PHYSICIAN SRV	PA	N/A	C					No
(7) UPMC HOLDING COMPANY INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777713	HOLDING CO	PA	N/A	C					No
(8) UPMC COVERAGE PRODUCTS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777710	HOLDING CO	PA	N/A	C					No
(9) FREEDOM INSURANCE COMPANY 600 GRANT STREET PITTSBURGH, PA 15219 03-0308944	INSURANCE	VT	N/A	C					No
(10) TRI-CENTURY INSURANCE CO 600 GRANT STREET PITTSBURGH, PA 15219 25-1500739	INSURANCE	PA	N/A	C					No
(11) UPMC DNA INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1883237	INSURANCE	PA	N/A	C					No
(12) UPMC HEALTH BENEFITS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1844144	HEALTH INSUR	PA	N/A	C					No
(13) UPMC HEALTH NETWORK INC 600 GRANT STREET PITTSBURGH, PA 15219 72-1527566	HEALTH INSUR	PA	N/A	C					No
(14) UPMC HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2813536	HEALTH INSUR	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
(16) UPMC BENEFIT MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1769564	WORKERS' COMP	PA	N/A	C					No
(1) UPMC DIVERSIFIED SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1778454	HOLDING CO	PA	N/A	C					No
(2) MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA 15219 25-1666087	AMB SURG	PA	N/A	C					No
(3) MEDICAL ARCHIVAL SYSTEMS INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2912501	SOFTWARE DEVE	DE	N/A	C					No
(4) RX PARTNERS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1801966	PHARMACY	PA	N/A	C					No
(5) BIOTRONICS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1843500	EQUIP MAINTEN	PA	N/A	C					No
(6) MEDICAL CENTER PROPERTIES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1796940	REAL ESTATE	PA	N/A	C					No
(7) ASKESIS DEVELOPMENT GROUP INC 600 GRANT STREET PITTSBURGH, PA 15219 54-1625585	SOFTWARE DEVE	DE	N/A	C					No
(8) BAYFRONT REGIONAL DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401388	RE HOLDING CO	PA	N/A	C					No
(9) BAYSIDE DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401386	REAL ESTATE	PA	N/A	C					No
(10) UPMC WORK ALLIANCE INC 600 GRANT STREET PITTSBURGH, PA 15219 45-2825053	INSURANCE	PA	N/A	C					No
(11) UPMC HEALTH COVERAGE INC 600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219 46-2824537	INSURANCE	PA	N/A	C					No
(12) UPMC HEALTH OPTIONS INC 600 GRANT STREET PITTSBURGH, PA 15219 46-2824626	INSURANCE	PA	N/A	C					No
(13) UPMC COMPLETE CARE INC 5215 CENTRE AVENUE PITTSBURGH, PA 15232 46-3605753	PHYSICIAN SRV	PA	N/A	C					No
(14) AMERICAN HOME HEALTH SERVICES 868 CORPORATE WAY WESTLAKE, OH 44145 31-1521422	HOME HEALTH C	OH	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
(31) HEALTH FIDELITY INC 210 S B STREET SAN MATEO, CA 94401 45-2538963	TECHNOLOGY SV	CA	N/A	C					No
(1) FLUENCE HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 47-2684174	SOFTWARE	DE	N/A	C					No
(2) CURAVI HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 81-1217377	HEALTHCARE	DE	N/A	C					No
(3) PENSIAMO INC 600 GRANT STREET 59TH FL PITTSBURGH, PA 15219 81-2069236	SUPPLY CHAIN	DE	N/A	C					No
(4) ALTOONA FAMILY INC 620 HOWARD AVE ALTOONA, PA 16601 25-1444935	MGMT SVCS	PA	N/A	C					No
(5) LEXINGTON HOLDINGS INC 620 HOWARD AVE ALTOONA, PA 16601 25-1794386	HOLDING CO	PA	N/A	C					No
(6) LEXINGTON ONE INC 620 HOWARD AVE ALTOONA, PA 16601 25-1468889	RENTAL	PA	N/A	C					No
(7) LEXINGTON TWO INC HOWARD AVE 7TH ST ALTOONA, PA 16601 25-1555689	DME	PA	N/A	C					No
(8) LEXINGTON FOUR INC 620 HOWARD AVE ALTOONA, PA 16601 25-1793736	HOLDING CO	DE	N/A	C					No
(9) UPMC ALTOONA REGIONAL HEALTH SERVICES 1414 9TH AVENUE ALTOONA, PA 16602 25-1219302	PHYSICIAN SRV	PA	N/A	C					No
(10) LEXINGTON ANESTHESIA ASSOCIATES INC 620 HOWARD AVE ALTOONA, PA 16601 25-1897765	PHYSICIAN SRV	PA	N/A	C					No
(11) MEDCPU INC 100 WALL STREET SUITE 2202 NEW YORK, NY 10005 38-3805381	SOFTWARE DEVE	DE	N/A	C					No
(12) UPMC EXCESS PL TRUST 600 GRANT STREET PITTSBURGH, PA 15219 82-6254351	TRUST	PA	N/A	T					No
(13) RXANTE INC 511 CONGRESS STREET 803 PORTLAND, ME 04101 45-4040219	MEDICATION MG	DE	N/A	C					No
(14) J HEALTH VENTURES INC 1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105 25-1607893	INACTIVE	PA	N/A	C					No

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								Yes	No
(46) SUSQUEHANNA VENTURES INC 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2470623	PHARMACY	PA	N/A	C					No
(1) TYOGA CARENET 114 EAST AVENUE WELLSBORO, PA 16901 25-1810967	INACTIVE	PA	N/A	C					No
(2) WCA SERVICE CORPORATION INC 207 FOOTE AVENUE JAMESTOWN, NY 14701 16-1151438	SUPPORT	NY	N/A	C					No
(3) ITTCCO I INC 600 GRANT STREET PITTSBURGH, PA 15219 82-2590699	INACTIVE	DE	N/A	C					No
(4) ITTCCO II INC 600 GRANT STREET PITTSBURGH, PA 15219 82-2597388	INACTIVE	DE	N/A	C					No
(5) PINNACLE HEALTH CARDIOVASCULAR INSTITUT 409 SOUTH SECOND STREET HARRISBURG, PA 17104 32-0321362	PHYSICIAN SRV	PA	N/A	C					No
(6) HANOVER HEALTH CORPORATION 300 HIGHLAND AVENUE HANOVER, PA 17331 90-0498067	HOLDING CO	PA	N/A	C					No
(7) HANOVER APOTHECARY INC 310 STOCK STREET SUITE 1 HANOVER, PA 17331 03-0594526	PHARMACY	PA	N/A	C					No
(8) UNITED CENTRAL PA RECIPROCAL RISK RETEN 76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401 13-4224033	INSURANCE	VT	N/A	C					No
(9) PINNACLE HEALTH VENTURES INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 61-1677624	HOLDING CO	PA	N/A	C					No
(10) PINNACLE HEALTH IMAGING INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1718571	IMAGING SVC	PA	N/A	C					No
(11) COLE CARE INC 1001 EAST 2ND STREET COUDERSPORT, PA 16915 25-1497347	DME	PA	N/A	C					No
(12) UPMC ITALY HEALTH SERVICES SRL VIA DISCESA DEI GIUDICI 4 PALERMO 90133 IT	HEALTH SVC	IT	N/A	C					No
(13) UPMC INVESTMENTS LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	HOLDING CO	EI	N/A	C					No
(14) UPMC PROPERTY LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	PROPERTY	EI	N/A	C					No

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								Yes	No
(61) UPMC PROPERTY II LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	PROPERTY	EI	N/A	C					No
(1) EURO CARE INFRASTRUCTURE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	PROPERTY MGMT	EI	N/A	C					No
(2) EURO CARE PROPERTY MANAGEMENT LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	PROPERTY MGMT	EI	N/A	C					No
(3) EURO CARE HEALTHCARE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	HOSPITAL	EI	N/A	C					No
(4) WATERFORD ONCOLOGY ASSOCIATES LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD X91 DH9W EI	ONCOLOGY SVC	EI	N/A	C					No
(5) UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	CANCER TREATM	EI	N/A	C					No
(6) PANTHER REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN N/A CJ 98-1402742	INSURANCE	CJ	N/A	C					No
(7) FORBES REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN N/A CJ 98-1400710	INSURANCE	CJ	N/A	C					No
(8) CATHEDRAL (RE) INSURANCE CO PO BOX 1109 GRAND CAYMAN N/A CJ 98-1400837	INSURANCE	CJ	N/A	C					No
(9) UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	HEALTHCARE SU	EI	N/A	C					No
(10) UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH 15219 CA	SOFTWARE	CA	N/A	C					No
(11) SUSQUEHANNA HEALTH SYSTEM INSURANCE NET PO BOX 1159 N/A CJ	INSURANCE	CJ	N/A	C					No
(12) UNITED HEALTH RISK LTD PO BOX HM 2450 HAMILTON N/A BD	INSURANCE	BD	N/A	C					No
(13) UPMC UNITED KINGDOM LTD C/O NAIRCO 11TH FLOOR WHITEFRIARS LEWINS MEAD BS1 2NT UK 98-0571026	SOFTWARE LICE	UK	N/A	C					No
(14) BLUESPHERE BIO 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 82-4979766	IMMUNOTHERAPY	DE	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
(76) INFECTIOUS DISEASE CONNECT INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 83-3311071	TELEMEDICINE	DE	N/A	C					No
(1) HUMONIC INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 83-4005420	BIOPHARM	DE	N/A	C					No
(2) TTMS INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 82-5443222	IMMUNOTHERAPY	DE	N/A	C					No
(3) UPMC HILLMAN CANCER CENTER - PINNACLE 101 ERFORD ROAD CAMP HILL, PA 17701 83-3640945	CANCER TREATM	PA	N/A	C					No
(4) SHANGHAI UPMC CO LTD 288 SHIMEN 1ST ROAD JINGAN DISTRIC SHANGHAI CH	HEALTHCARE MGMT	CH	N/A	C					No
(5) SALVADOR MUNDI INTERNATIONAL HOSPITAL ROMA VIALE DELLE MURA GIANICOLENSI IT	HOSPITAL	IT	N/A	C					No
(6) SOMERSET ANESTHESIA INC 600 GRANT STREET PITTSBURGH, PA 15219 45-5135437	PHYSICIAN SRV	PA	N/A	C					No
(7) SOMERSET MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1512960	MOB OWNERSHIP	PA	N/A	C					No