F

29493085005002

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

Form **990** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

2019

Open to Public Inspection

2006

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable: Address change; [X] Name change; Initial return; Final return/ terminated; Amended return; Application pending

C Name of organization: UPMC HANOVER

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 8700

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: HARRISBURG, PA 17105-8700

F Name and address of principal officer: PHILIP GUARNESCHELLI SAME AS C ABOVE

D Employer identification number: 23-1360851

E Telephone number: 717-231-8245

G Gross receipts $: 159,892,421.

H(a) Is this a group return for subordinates? [ ] Yes [X] 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: [X] 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.UPMCPINNACLE.COM

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 1924 M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: NON-PROFIT COMMUNITY HOSPITAL DEDICATED TO PROMOTING WELLNESS WITHIN THE GREATER HANOVER AREA.

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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1176
6	Total number of volunteers (estimate if necessary)	6	120
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	307,457.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

RECEIVED JUN 1 2021 05 17 OGDEN, UT IRS-OSC E2-632

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	195,089.	4,969,409.
9	Program service revenue (Part VIII, line 2g)	172,097,224.	153,414,247.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	843,776.	163,246.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,086,815.	469,423.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	174,222,904.	159,016,325.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	80,300.	79,790.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	75,418,330.	77,050,450.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93,006,453.	84,418,457.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	168,505,083.	161,548,697.
19	Revenue less expenses. Subtract line 18 from line 12	5,717,821.	-2,532,372.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	128,278,977.	113,394,946.
21	Total liabilities (Part X, line 26)	53,474,924.	62,101,315.
22	Net assets or fund balances. Subtract line 21 from line 20	74,804,053.	51,293,631.

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

▶ Alison Bernhardt — Signature of officer — Date 5/11/21

▶ ALISON BERNHARDT, CHIEF FINANCIAL OFFICER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KERRI N. BOGDA, CPA	Preparer's signature: Kerri Bogda	Date: 5.10.2021	Check if self-employed	PTIN: P00760402
Firm's name ▶ BAKER TILLY US, 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) [X] Yes No

SCANNED MAY 11 2022

695

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WE ARE A NOT-FOR-PROFIT COMMUNITY HOSPITAL WHICH IS DEDICATED TO THE PROMOTION OF WELLNESS, PRESERVATION OF HEALTH, AND THE PROVISION OF DIAGNOSTIC AND THERAPEUTIC SERVICES TO THE PEOPLE OF THE GREATER HANOVER AREA. WE WILL BE THE PROVIDER OF CHOICE FOR HOSPITAL SUPPORTED

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses $ 132,953,777. including grants of $ 79,790.) (Revenue $ 153,123,038.)

UPMC HANOVER OPERATES A NOT-FOR PROFIT HOSPITAL WITH SERVICE INCLUDING OBSTETRICS, EMERGENCY, CARDIAC CARE, CRITICAL CARE, OCCUPATIONAL HEALTH, SURGICAL SERVICES, AND A WIDE RANGE OF CARE SERVICES INCLUDING MEDICAL, SURGICAL, OBSTETRIC/GYNECOLOGICAL, PEDIATRIC AND CRITICAL CARE.

OUR MEDICAL SURGICAL UNITS ARE STAFFED IN THREE LOCATIONS, FOR A COMBINED TOTAL OF 60 BEDS. TOTAL PATIENTS DISCHARGED BY THESE UNITS DURING THE YEAR ENDED JUNE 30, 2020 WERE 3,800. OBSTETRICS/GYNECOLOGY STAFFS A TOTAL OF 18 BEDS AND DISCHARGED 524 PATIENTS. THE PEDIATRIC UNIT IS EQUIPPED WITH 5 BEDS AND HAD 162 PATIENTS DISCHARGED. THERE ARE 10 BEDS IN THE CRITICAL CARE UNIT AND 326 PATIENTS WERE DISCHARGED.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O.)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 132,953,777.

SEE SCHEDULE O FOR CONTINUATION(S)

ABDGHIJKLOR

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1176		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	18		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on 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 OFFICER - 717-231-8245
PO BOX 8700, HARRISBURG, PA 17105-8700

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP W GUARNASCHELLI	1.00									
PRESIDENT AND CEO	39.00	X		X				0.	1,213,729.	36,059.
(2) GAGANDEEP S. GURM, MD	1.00									
CARDIOLOIST / BOARD MEMBER	39.00	X						0.	832,366.	28,160.
(3) WILLIAM H. PUGH	1.00									
EVP & CFO/TREASURER (RETIRED 12/19)	39.00			X				0.	805,887.	31,492.
(4) MICHAEL W GASKINS	40.00									
SVP & PRES., HANOVER & MEMORIAL	0.00			X				636,436.	0.	36,374.
(5) CHRISTOPHER P. MARKLEY, ESQ.	1.00									
BD MBR/SR VP/GENERAL COUNSEL	39.00	X		X				0.	567,916.	17,230.
(6) DOUGLAS C DYER	1.00									
BD MBR/SVP, PLAN & BUS DEV.	39.00	X						0.	450,171.	27,586.
(7) SUSAN COMP	1.00									
BD MBR/SVP, NURSING OPS & CNO	39.00	X						0.	419,733.	17,746.
(8) ALISON BERNHARDT	1.00									
VP & CFO/TREASURER	39.00			X				0.	354,631.	21,907.
(9) MICHAEL A HOCKENBERRY	40.00									
VP & COO	0.00			X				278,810.	0.	32,737.
(10) BETH A SMITH, MD	1.00									
BD MBR/PEDIATRIC HOSPITALIST	39.00	X						0.	275,772.	28,986.
(11) MICHAEL H ADER	40.00									
VP MEDICAL AFFAIRS	0.00					X		245,698.	0.	13,001.
(12) DONNA L MULLER	40.00									
VP FINANCE - HANOVER	0.00			X				226,587.	0.	11,360.
(13) CHARLENE D BAKER	40.00									
VP HANOVER MEDICAL GROUP	0.00					X		197,965.	0.	17,468.
(14) ANDREW RINEHART	40.00									
CLINICAL STAFF PHARMACIST	0.00					X		160,719.	0.	28,960.
(15) NANCY ESCHRICH	40.00									
CLINICAL STAFF PHARMACIST	0.00					X		158,876.	0.	22,408.
(16) BABETTE SCHUCHART	40.00									
CLINICAL STAFF PHARMACIST	0.00					X		153,002.	0.	22,358.
(17) KURT THOMAS	24.00									
BOARD MEMBER (AS OF NOV. 2019)	0.00	X						24,983.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALAN J STOCK	1.00									
CHAIR	0.00	X		X				0.	0.	0.
(19) ANDREW D RIGGLE, CFP	1.00									
TREASURER	0.00	X		X				0.	0.	0.
(20) BARBARA A RUPP	1.00									
VICE CHAIR	0.00	X		X				0.	0.	0.
(21) BONY R DAWOOD	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(22) G STEVEN MCKONLY, ESQ.	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(23) JAMES P HELT	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(24) JILL R ROHRBAUGH	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(25) JOHN-PAULL LUNN	1.00									
SECRETARY	0.00	X		X				0.	0.	0.
(26) KARA M. DARLINGTON	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
1b Subtotal								2,083,076.	4,920,205.	393,832.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,083,076.	4,920,205.	393,832.

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 ▶ 54

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HANOVER ANESTHESIOLOGY & PAIN 250 FAME AVE, SUITE 110, HANOVER, PA 17331	ANESTHESIA SERVICES	2,643,683.
QUEST DIAGNOSTICS, 12436 COLLECTIONS CENTER DR, CHICAGO, IL 60693	LAB TEST PROCESSING	724,902.
UNIVERSITY OF MARYLAND SURGICAL ASSOCIATES P.O. BOX 62523, BALTIMORE, MD 21264	PHYSICIAN FEES	580,465.
QUANTUM IMAGING 629D LOWTHER RD, LEWISBERRY, PA 17339	RADIOLOGY PROCESSING	546,340.
OSS HEALTH 1861 POWDER MILL RD, YORK, PA 17402	ORTHOPAEDIC SERVICES	391,285.

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 ▶ 19

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAUL F SPEARS, MD	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(28) VANESSA BERGER	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	32,105.			
	d	Related organizations	1d	1,369,500.			
	e	Government grants (contributions)	1e	3,438,867.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	128,937.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f	▶		4,969,409.		
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621990		153,109,710.	153,109,710.	
	b	LAB SERVICE NET REVENUE	621990		291,209.		291,209.
	c	MISC. INPATIENT/OUTPATIENT REV.	621990		13,328.	13,328.	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶		153,414,247.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶		369,587.		369,587.
	4	Income from investment of tax-exempt bond proceeds	▶		18,558.		18,558.
	5	Royalties	▶				
				(i) Real	(ii) Personal		
	6a	Gross rents	6a	495,623.			
	b	Less rental expenses	6b	620,683.			
	c	Rental income or (loss)	6c	-125,060.			
	d	Net rental income or (loss)	▶		-125,060.	16,248.	-141,308.
				(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory	7a	2,062.			
	b	Less cost or other basis and sales expenses	7b	4,045.	222,916.		
	c	Gain or (loss)	7c	-1,983.	-222,916.		
	d	Net gain or (loss)	▶		-224,899.		-224,899.
	8a	Gross income from fundraising events (not including $ 32,105. of contributions reported on line 1c) See Part IV, line 18	8a	28,395.			
	b	Less direct expenses	8b	28,452.			
	c	Net income or (loss) from fundraising events	▶		-57.		-57.
	9a	Gross income from gaming activities See Part IV, line 19	9a				
	b	Less direct expenses	9b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue			Business Code				
	11a	CAFETERIA SALES	721110		420,847.		420,847.
	b	MEANINGFUL USE INCOME	900099		137,311.		137,311.
	c	OTHER MISC INCOME	900099		36,382.		36,382.
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶		594,540.		
	12	**Total revenue.** See instructions	▶		159,016,325.	153,123,038.	307,457. 616,421.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	79,790.	79,790.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,439,443.		1,439,443.	
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	60,889,342.	58,169,195.	2,720,147.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,267,963.	2,150,344.	117,619.	
9 Other employee benefits	8,782,995.	8,254,799.	528,196.	
10 Payroll taxes	3,670,707.	3,430,276.	240,431.	
11 Fees for services (nonemployees)				
a Management	13,475,299.	2,572,697.	10,902,602.	
b Legal	10,982.		10,982.	
c Accounting	-43.		-43.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	123,365.		123,365.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,874,496.	2,574,110.	300,386.	
12 Advertising and promotion	175,705.	135,293.	40,412.	
13 Office expenses	1,192,518.	524,708.	667,810.	
14 Information technology	4,572,966.	914,593.	3,658,373.	
15 Royalties				
16 Occupancy	3,152,413.	1,954,496.	1,197,917.	
17 Travel	114,042.	100,357.	13,685.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,189.	10,182.	1,007.	
20 Interest	975,449.		975,449.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,780,215.	5,379,118.	4,401,097.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CORPORATE TAXES	25,000.		25,000.	
b MEDICAL SUPPLIES	17,978,520.	17,583,216.	395,304.	
c PHYSICIAN LOSSES	13,396,640.	13,396,640.		
d PHARMACY	6,411,308.	6,411,308.		
e All other expenses	10,148,393.	9,312,655.	835,738.	
25 **Total functional expenses.** Add lines 1 through 24e	161,548,697.	132,953,777.	28,594,920.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		2,567.	1	1,740.
	2	Savings and temporary cash investments		1,034,790.	2	10,394,123.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		32,642,908.	4	15,618,502.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,639,266.	8	587,426.
	9	Prepaid expenses and deferred charges		2,287,348.	9	1,341,521.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 105,103,111.			
	b	Less accumulated depreciation	10b 27,522,411.	80,178,409.	10c	77,580,700.
	11	Investments - publicly traded securities		7,714,514.	11	7,669,586.
	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		1,779,175.	15	201,348.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		128,278,977.	16	113,394,946.
Liabilities	17	Accounts payable and accrued expenses		10,961,459.	17	5,559,693.
	18	Grants payable			18	
	19	Deferred revenue		1,311,321.	19	257,262.
	20	Tax-exempt bond liabilities		36,709,109.	20	34,237,783.
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		4,493,035.	25	22,046,577.
	26	**Total liabilities.** Add lines 17 through 25		53,474,924.	26	62,101,315.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		74,007,531.	27	50,836,811.
	28	Net assets with donor restrictions		796,522.	28	456,820.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		74,804,053.	32	51,293,631.
	33	Total liabilities and net assets/fund balances		128,278,977.	33	113,394,946.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,016,325.
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,548,697.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,532,372.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,804,053.
5	Net unrealized gains (losses) on investments	5	141,565.
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 on Schedule O)	9	-21,119,615.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	51,293,631.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

UPMC HANOVER

Employer identification number

23-1360851

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.)

03

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2019.** 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 - 2018.** 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 - 2019.** 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 - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

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).*

		Yes	No
2	Activities Test **Answer (a) and (b) below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations **Answer (a) and (b) below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
UPMC HANOVER

Employer identification number
23-1360851

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 (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
e ☐ Other _____

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

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

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

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

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

		Amount
c	Beginning balance	1c 5,777.
d	Additions during the year	1d 93.
e	Distributions during the year	1e 490.
f	Ending balance	1f 5,380.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,888,291.	41,916,770.	48,850,426.	49,755,714.	41,621,291.
b Contributions	65,143.	53,112.	227,516.	121,838.	7,068,143.
c Net investment earnings, gains, and losses	241,457.	-5,522,175.	-4,600,839.	3,843,449.	1,163,126.
d Grants or scholarships		-5,500.	500.	12,983.	5,500.
e Other expenditures for facilities and programs	4,925.	497.	2,504,419.	4,802,433.	39,647.
f Administrative expenses	110,339.	32,564,419.	55,414.	55,159.	51,699.
g End of year balance	4,079,627.	3,888,291.	41,916,770.	48,850,426.	49,755,714.

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

a Board designated or quasi-endowment ▶ 99.14 %
b Permanent endowment ▶ .86 %
c Term endowment ▶ .00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) Unrelated organizations 3a(i)		X
(ii) Related organizations 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,199,365.		2,199,365.
b Buildings		61,355,870.	7,849,547.	53,506,323.
c Leasehold improvements		1,590,065.	580,663.	1,009,402.
d Equipment		35,738,890.	19,092,201.	16,646,689.
e Other		4,218,921.		4,218,921.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				77,580,700.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER CAPITAL LEASE	1,380,985.
(3) ADVANCED WORKING CAPITAL	18,108,950.
(4) OTHER LONG TERM LIABILITIES	2,556,642.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	22,046,577.

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII [X]

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

JOSEPH & PATRICIA HUMBERT ORIGINALLY CONTRIBUTED TO UPMC HANOVER. THE TWO DONORS PASSED AWAY BUT THE BALANCE OF THE FUND IS BEING HELD UNTIL THEIR SON PASSES AWAY. HE CURRENTLY RECEIVES A DISTRIBUTION FROM THE FUND EVERY SIX MONTHS.

PART V, LINE 4:

BOARD DESIGNATED FUNDS ARE ASSETS SET ASIDE BY THE BOARD OF TRUSTEES FOR FUTURE CAPITAL IMPROVEMENTS, OVER WHICH THE BOARD RETAINS CONTROL AND MAY, AT ITS DISCRETION, SUBSEQUENTLY USE FOR OTHER PURPOSES. THE FOLLOWING ENDOWMENTS' INCOMES ARE USED FOR THE PURPOSE OF PROVIDING UPMC HANOVER STAFF SCHOLARSHIPS FOR CONTINUING EDUCATION IN THE NOTED SPECIALTIES:

Part XIII Supplemental Information *(continued)*

BATHON-CRITICAL CARE, CARDIAC AND EMERGENCY SERVICES

PATHOLOGISTS- LABORATORY

KIRKPATRICK-MATERNITY/OBSTETRICS

SHIPMAN-RADIOLOGY

BONNIE HART-OPERATING ROOM

STEVE LAWRENCE-EMERGENCY MEDICINE

THE JACKIE LAWRENCE ENDOWMENT IS RESTRICTED FOR THE PURPOSE OF AWARDING A $500 SCHOLARSHIP TO A DELONE CATHOLIC HIGH SCHOOL SENIOR WHO IS PURSUING A BACHELOR OF SCIENCE- NURSING DEGREE.

THE LEHMAN ENDOWMENT FUND IS TO SUPPORT A "WENDELL LEHMAN EDUCATION DAY" FOR THE UPMC HANOVER CARDIAC SERVICES STAFF.

PART X, LINE 2:

AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES. 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. AS OF JUNE 30, 2020, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

UPMC HANOVER

Employer identification number

23-1360851

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	60,500.			60,500.
	2 Less Contributions	32,105.			32,105.
	3 Gross income (line 1 minus line 2)	28,395.			28,395.
Direct Expenses	4 Cash prizes	1,000.			1,000.
	5 Noncash prizes	9,900.			9,900.
	6 Rent/facility costs	8,480.			8,480.
	7 Food and beverages	9,015.			9,015.
	8 Entertainment				
	9 Other direct expenses	57.			57.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	28,452.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	-57.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			▶	

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions

Part IV **Supplemental Information** *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
UPMC HANOVER

Employer identification number
23-1360851

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	X	
b	If "Yes," was it a written policy?	X	
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 [X] 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% [X] 200% [ ] Other _____ %	X	
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% [X] 400% [ ] Other _____ %	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4	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"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a	Did the organization prepare a community benefit report during the tax year?		X
b	If "Yes," did the organization make it available to the public?		

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)			1225832.		1225832.	.76%
b Medicaid (from Worksheet 3, column a)			12033218.	4710816.	7322402.	4.53%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			13259050.	4710816.	8548234.	5.29%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	21	37,667	200,814.	3,250.	197,564.	.12%
f Health professions education (from Worksheet 5)	1	11	102,508.		102,508.	.06%
g Subsidized health services (from Worksheet 6)			3835486.		3835486.	2.37%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	600	129,176.		129,176.	.08%
j **Total.** Other Benefits	24	38,278	4267984.	3,250.	4264734.	2.63%
k **Total.** Add lines 7d and 7j	24	38,278	17527034.	4714066.	12812968.	7.92%

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	2	301	1,823.		1,823.	.00%
9	Other						
10	Total	2	301	1,823.		1,823.	.00%

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	X	
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 1,724,949.		
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	3 708,005.		
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 33,211,508.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 45,602,227.		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -12,390,719.		
8	Describe in Part VI the extent to which any shortfall reported on 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	X	
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	X	

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 %

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UPMC HANOVER 300 HIGHLAND AVENUE HANOVER, PA 17331 WWW.UPMCPINNACLE.COM	X	X					X			

Part V Facility Information *(continued)*

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

UPMC HANOVER:

PART V, SECTION B, LINE 5: UPMC HANOVER AND UPMC MEMORIAL COLLABORATED WITH OTHER ORGANIZATIONS TO CONDUCT THE ADAMS AND YORK COUNTY COMMUNITY NEEDS HEALTH ASSESSMENT 2018. WITHIN THE DEVELOPMENT OF THE 2018 ASSESSMENT, SEVERAL RESOURCES WERE USED AND GIVEN CONSIDERATION TO IDENTIFY SIGNIFICANT ISSUES WITHIN THE COMMUNITY. THE PRIMARY AND SECONDARY DATA SOURCES USED FOR THE CHNA ARE AS FOLLOWS: THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, THE 2015 CHNA SURVEY, AND THE PENNSYLVANIA DEPARTMENT OF HEALTH'S EPI QMS DATA RETRIEVAL SYSTEM. THE REGIONAL CHNA COMMITTEE HIRED STAFF FROM THE FLOYD INSTITUTE FOR PUBLIC POLICY AT FRANKLIN AND MARSHALL COLLEGE TO ASSIST WITH CONDUCTING THE SURVEYING AND DATA COLLECTION. THE SURVEY RESULTS WERE WEIGHTED BY GENDER, EDUCATION, RACE, AND AGE. THE CHNA SURVEY INFORMATION IS BASED ON A BEHAVIORAL RISK FACTOR SURVEY OF 467 ADULT RESIDENTS OF ADAMS COUNTY AND 793 ADULT RESIDENTS OF YORK COUNTY. THE SURVEY INTERVIEWING TOOK PLACE FROM DECEMBER 4, 2017 THROUGH FEBRUARY 25, 2018. THE SURVEY SAMPLE WAS DESIGNED TO BE REPRESENTATIVE OF THE ADULT NON-INSTITUTIONALIZED POPULATION OF THE TWO COUNTIES.

UPMC HANOVER:

PART V, SECTION B, LINE 6A: UPMC MEMORIAL

UPMC HANOVER:

PART V, SECTION B, LINE 7D: THE CHNA WILL BE PRESENTED TO A VARIETY OF

Part V Facility Information *(continued)*

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

SOCIAL SERVICE AGENCIES OVER THE NEXT YEAR.

UPMC HANOVER:

PART V, SECTION B, LINE 11: THE HOSPITAL ADDRESSES THE NEEDS INDENTIFIED BY THE CHNA THROUGH PROGRAMS LIKE LOW COST OR NO COST BLOOD PRESSURE, LABORATORY AND PULMONARY SCREENINGS MULTIPLE TIMES THROUGH-OUT THE YEAR. IN ADDITION, THE HOSPITAL CREATES EDUCATIONAL PROGRAMS TO ADDRESS HEALTHCARE KNOWLEDGE SHORTFALLS INDENTIFIED BY THE CHNA SUCH AS SMOKING CESSATION, NEWBORN CARE, NUTRITIONAL WORKSHOPS, ETC. THE HOSPITAL SPONSORS BETTER LIVING RADIO EACH WEEKDAY ON A LOCAL RADIO STATION THAT PROVIDES HEALTH INFORMATION TO AREA RESIDENTS. THE HOSPITAL PROVIDES SPEAKERS FOR COMMUNITY GROUPS ON HEALTH RELATED TOPICS UPON REQUEST. THE HOSPITAL WORKS COLLABORATIVELY WITH OTHER LOCAL HEALTHCARE PROVIDERS TO ADDRESS ANY NEEDS IDENTIFIED BY THE CHNA THAT CAN'T BE ADDRESSED BY THE HOSPITAL.

THE HOSPITAL WILL NOT ADDRESS PSYCHIATRIC NEEDS SINCE THE HOSPITAL'S APPROACH IS TO WORK WITH OTHER LOCAL MEDICAL PROVIDERS WHO HANDLE THIS SPECIFIC NEED.

UPMC HANOVER:

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

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

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

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 HANOVER:

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.

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? 11

	Name and address	Type of Facility (describe)
1	HILLSIDE DIAGNOSTIC CENTER 250 FAME AVE, STE 104 HANOVER, PA 17331	LAB, MRI, X-RAY, CT SCAN, US
2	SOUTH HANOVER MEDICAL CENTER 1404 BALTIMORE ST HANOVER, PA 17331	EKG, LAB, X-RAY
3	HILLSIDE CARDIAC DIAGNOSTIC 250 FAME AVE, STE 104 HANOVER, PA 17331	CARDIAC REHAB
4	THISTLE HILL PROFESSIONAL CENTER 2030 THISTLE HILL DR SPRING GROVE, PA 17362	LAB & X-RAY
5	NEW OXFORD MEDICAL CENTER 5615 YORK RD NEW OXFORD, PA 17350	LAB & X-RAY
6	LITTLESTOWN MEDICAL CENTER 300 W KING ST LITTLESTOWN, PA 17340	LAB
7	EICHELBERGER LAB 195 STOCK ST HANOVER, PA 17331	OUTPATIENT LAB
8	HILLSIDE LUNG & SLEEP CENTER 250 FAME AVE, STE 10 HANOVER, PA 17331	PULMONOLOGY & SLEEP CENTER
9	YORK STREET 400 YORK ST HANOVER, PA 17331	PEDIATRIC REHAB
10	HANOVER MEDICAL FITNESS CENTER 250 FAME AVE, STE 100 HANOVER, PA 17331	FITNESS CENTER

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? 11

Name and address	Type of Facility (describe)
11 TOTAL WOUND CARE CENTER 3130 GRANDVIEW RD HANOVER, PA 17331	WOUND CARE, HYERBARIC OXYGEN

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)

Name of hospital facility or letter of facility reporting group UPMC HANOVER

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

		Yes	No
Community Health Needs Assessment			
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		X
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		X
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	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] 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 18			
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	X	
6a 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	X	
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a [X] Hospital facility's website (list url) WWW.UPMCPINNACLE.COM			
b [ ] Other website (list url)			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url) WWW.UPMCPINNACLE.COM			
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		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to 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)

Name of hospital facility or letter of facility reporting group UPMC HANOVER

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
	If "Yes," indicate the eligibility criteria explained in the FAP		
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %		
b	[ ] Income level other than FPG (describe in Section C)		
c	[X] Asset level		
d	[X] Medical indigency		
e	[X] Insurance status		
f	[X] Underinsurance status		
g	[ ] Residency		
h	[ ] Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
	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	[X] Described the information the hospital facility may require an individual to provide as part of his or her application		
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	[ ] Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	[X] The FAP was widely available on a website (list url) WWW.UPMCPINNACLE.COM		
b	[X] The FAP application form was widely available on a website (list url) WWW.UPMCPINNACLE.COM		
c	[X] A plain language summary of the FAP was widely available on a website (list url) WWW.UPMCPINNACLE.COM		
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	[X] 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	[X] 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	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	[ ] Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group UPMC HANOVER

		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?	X	
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?		X
	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 (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

		Yes	No
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?	X	
	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)

Name of hospital facility or letter of facility reporting group UPMC HANOVER

		Yes	No
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?		X
	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?		X
	If "Yes," explain in Section C		

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

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.

PART I, LINE 7G:

LOSSES ATTRIBUTED TO PRIMARY CARE AND CLINICS ARE INCLUDED AS SUBSIDIZED HEALTH SERVICES.

PART II, COMMUNITY BUILDING ACTIVITIES:

Part VI Supplemental Information *(Continuation)*

UPMC HANOVER IS FOCUSED ON GETTING MORE INVOLVED IN COMMUNITY EVENTS, COALITIONS/TASK FORCES, DEVELOPING PROGRAMS, CONDUCTING SPEAKING ENGAGEMENTS, AND CREATING PARTNERSHIPS WITH LOCAL AGENCIES, ORGANIZATIONS AND BUSINESSES IN THE GREATER HANOVER AREA AND THROUGHOUT YORK AND ADAMS COUNTIES TO ADDRESS THE NEEDS OF THE CHNA FINDINGS. OUR TARGET POPULATIONS ARE THE COMMUNITY AT LARGE, OUR PATIENTS, AND OUR EMPLOYEES. TO IMPROVE THE HEALTH OF THE RESIDENTS OF THE COMMUNITIES IT SERVES, UPMC HANOVER PROVIDES HEALTH EDUCATION AND WELLNESS OPPORTUNITIES FOR MEMBERS OF THE COMMUNITY, BY OFFERING THE FOLLOWING HEALTH AND EDUCATION PROGRAMS:

-$5 PRODUCE VOUCHERS - IN AN EFFORT TO COMBAT OBESITY AND PROMOTE NUTRITION, $5 PRODUCE VOUCHERS ARE GIVEN AT THE MARKET DAYS PRODUCE STAND, HEALTH FAIRS, AND HANOVER MEDICAL GROUP DOCTOR'S OFFICES. IN PARTNERSHIP WITH THE MARKETS OF HANOVER, THE MARKET DAYS PRODUCE STAND IS HELD ON THE 1ST FRIDAY OF THE MONTH FROM MAY THROUGH SEPTEMBER AT THE HILLSIDE MEDICAL CENTER. IN FY20, 366 VOUCHERS WERE CLAIMED.

-COOKING DEMONSTRATIONS - HEALTH EDUCATORS HAVE TRAINED HEALTHY COOKING DEMONSTRATIONS. THESE DEMONSTRATIONS TEACH PARTICIPANTS HOW PREPARE HEALTHY MEALS FOR THEMSELVES AND THEIR FAMILIES. IN FY20, WE SERVED 50 PARTICIPANTS.

-FREE HEALTH SCREENINGS - FREE BMI, BLOOD PRESSURE, FALL RISK ASSESSMENT, AND VARIOUS OTHER SCREENINGS ARE OFFERED AT LOCAL BUSINESSES, COMMUNITY EVENTS, SENIOR CENTERS, THE YMCA, HEALTH FAIRS, AND THE UPMC HANOVER MAIN LOBBY. IN FY20, 43 PARTICIPANTS WERE SCREENED. THESE SERVICES WERE PUT ON HOLD IN MARCH DUE TO COVID.

Part VI Supplemental Information *(Continuation)*

-MATTER OF BALANCE - A PROGRAM FOR OLDER ADULTS THAT HELPS REDUCE THEIR FEAR OF FALLING, LEARN HOW TO MAKE ENVIRONMENTAL CHANGES IN AND AROUND THEIR HOMES, BECOME MORE ASSERTIVE, LEARN WAYS TO CHANGE THEIR FALL RISK BEHAVIORS, AND PRACTICE EXERCISES THAT WILL HELP INCREASE THEIR STRENGTH, BALANCE, AND FLEXIBILITY. CLASSES ARE 2 HOURS IN LENGTH AND HELD FOR 8 WEEK SESSIONS. IN FY20, 20 PEOPLE PARTICIPATED.

-HEALTH FAIRS/OUTREACH EVENTS - UPMC HANOVER PROVIDED REPRESENTATION AT VARIOUS COMMUNITY, BUSINESS AND SCHOOL EVENTS, EACH TIME PROVIDING MATERIALS ON NUTRITION, PHYSICAL ACTIVITY, AND MENTAL HEALTH. IN FY 20, 3,309 PEOPLE PARTICIPATED. THESE EVENTS WERE PUT ON HOLD IN EARLY 2020 DUE TO COVID.

-SUPPORT GROUPS - UPMC HANOVER PROVIDES SUPPORT GROUPS FOR BREAST FEEDING, DEPRESSION, GRIEF, INFANT BEREAVEMENT, RESPIRATORY THERAPY, EARLY STAGE DEMENTIA, OSTOMEY AND STROKE. IN FY 20, 280 PEOPLE PARTICIPATED IN BREAST FEEDING, GRIEF AND STROKE SUPPORT. THESE GROUP EVENTS WERE PUT ON HOLD IN EARLY 2020 DUE TO COVID.

-TOBACCO CESSATION PROGRAM - IN FY 20, 201 PEOPLE PARTICIPATED IN TOBACCO CESSATION PROGRAMS AT UPMC HANOVER.

-UPMC HANOVER PROVIDES A COURTESY VAN TO ENSURE THAT LACK OF TRANSPORTATION DOES NOT PREVENT PATIENTS FROM KEEPING THEIR APPOINTMENTS. IN FY 20, 2,394 PARTICPANTS TOOK ADVANTAGE OF THIS SERVICE.

PART III, LINE 2:

THE PERCENTAGE OF TOTAL PATIENT CARE EXPENSES TO GROSS REVENUE WAS

Part VI Supplemental Information *(Continuation)*

CALCULATED. THIS PERCENTAGE WAS APPLIED TO THE GROSS BAD DEBTS TO ESTIMATE THE NEW BAD DEBTS EXPENSE.

PART III, LINE 3:

FOR THE PORTION OF BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE HOSPITAL DETERMINED THE ZIP CODES THAT PRIMARILY INCLUDE PUBLIC HOUSING, LOW INCOME, AND/OR POVERTY. BAD DEBT WRITE-OFFS FOR THE FISCAL YEAR ARE REVIEWED TO DETERMINE THE ACCOUNTS WHERE THE PATIENT ADDRESS WAS LOCATED IN THOSE ZIP CODES. AN OVERALL COST-TO-CHARGE RATIO WAS THEN APPLIED TO THIS AMOUNT TO ARRIVE AT AN EXPENSE FIGURE. THIS METHOD CONTINUES TO BE HONED AS WE FURTHER DEVELOP OUR PRESUMPTIVE CHARITY CARE AND FINANCIAL AID APPROACH.

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

Part VI Supplemental Information *(Continuation)*

CALCULATED PORTION OF THE TOTAL CHARGES.

PART III, LINE 8:

THE MEDICARE COSTS WERE DETERMINED BASED ON THE HOSPITAL'S COST-TO-CHARGE RATIO FOR THE SERVICES RENDERED.

PART III, LINE 9B:

PATIENTS ARE NOTIFIED OF OUR CHARITY CARE POLICY IN A VARIETY OF WAYS. THERE ARE POSTERS INFORMING PATIENTS OF OUR CHARITY CARE POLICY AND A PLAIN LANGUAGE VERSION OF THE POLICY HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES. ALL OF OUR PATIENT ACCOUNT STATEMENTS CONTAIN LANGUAGE THAT INDICATES THERE IS FINANCIAL AID AVAILABLE FOR QUALIFYING INDIVIDUALS. IN ADDITION, THE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL WEBSITE IN BOTH ENGLISH AND SPANISH. PATIENTS WHO APPLY FOR FINANCIAL ASSISTANCE AND PROVIDE ALL THE NECESSARY DOCUMENTATION REQUIREMENTS ARE NOTIFIED WITHIN THIRTY DAYS OF THE HOSPITAL'S DECISION. WHEN THE APPROVAL IS DETERMINED, THE APPROPRIATE DISCOUNT IS POSTED TO THE PATIENT ACCOUNT IMMEDIATELY. THE FINANCIAL ASSISTANCE DISCOUNT WILL BE APPLIED TO SERVICE FOR THE PREVIOUS TWELVE MONTHS AND SUBSEQUENT SIX MONTHS. THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE. NO ADDITIONAL COLLECTION EFFORTS ARE MADE. APPLICANTS APPROVED FOR ONLY PARTIAL DISCOUNT WILL BE REQUIRED TO MAKE REASONABLE PAYMENT ARRANGEMENTS ON THEIR BALANCE IN ACCORDANCE WITH THE HOSPITAL'S CREDIT AND COLLECTION POLICY. THIS POLICY DOES PERMIT THE USE OF BOTH INTERNAL COLLECTION STAFF AND EXTERNAL COLLECTION AGENCIES WHO WILL ENGAGE IN STANDARD ACCEPTABLE BUSINESS PRACTICES WHICH INCLUDE PHONE CALLS, MAILING AND THE REPORTING OF UNPAID DEBT TO THE CREDIT REPORTING AGENCIES,

Part VI **Supplemental Information** *(Continuation)*

BUT UNDER NO CIRCUMSTANCES WILL THE HOSPITALS OR ITS CONTRACTED COLLECTION AGENCY ADOPT "EXTRAORDINARY COLLECTION ACTIONS" THAT ENTAIL ANY LEGAL COURSE OF ACTION OR JUDICIAL PROCESSES SUCH AS LAWSUITS OR LIENS.

PART VI, LINE 2:

TOGETHER WITH UPMC MEMORIAL, UPMC HANOVER COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT IN MAY 2018 FOR ADAMS AND YORK COUNTIES AND NORTHERN MARYLAND. YORK COUNTY RANKS 19 OUT OF 67 PENNSYLVANIA COUNTIES IN HEALTHY OUTCOMES AND 13 OUT OF 67 IN HEALTH FACTORS WHILE ADAMS COUNTY RANKS 10 AND 11, RESPECTIVELY.

THE REGION SHOWS HIGH RATES OF OBESITY, LOW BIRTH RATE WEIGHT BABIES, TEEN BIRTHS AND LOW RATES OF MENTAL HEALTH PROVIDERS. COUNTY HEALTH RANKINGS HELPS COUNTIES UNDERSTAND WHAT INFLUENCES HOW HEALTHY RESIDENTS ARE AND HOW LONG THEY WILL LIVE. THE RANKINGS LOOK AT HEALTH OUTCOMES (LENGTH OF LIFE AND QUALITY OF LIFE) AND HEALTH FACTORS THAT INCLUDE HEALTH BEHAVIORS (TOBACCO USE, DIET AND EXERCISE, ALCOHOL AND DRUG USE, SEXUAL ACTIVITY), CLINICAL CARE (ACCESS, QUALITY), SOCIAL AND ECONOMIC FACTORS (EDUCATION, EMPLOYMENT, INCOME, FAMILY AND SOCIAL SUPPORT, COMMUNITY SAFETY), AND THE PHYSICAL ENVIRONMENT (AIR AND WATER QUALITY, HOUSING AND TRANSPORTATION). IN THE FALL OF 2017 THROUGH MARCH 2018 UPMC HANOVER WAS A PARTNERING HOSPITAL OF THE REGION COLLABORATING WITH OTHERS TO ASSESS THE COMMUNITY HEALTH NEEDS OF THE REGION. IN JUNE 2018, A COMMUNITY FORUM WAS HELD TO REVIEW AND SHARE THE FULL COMMUNITY HEALTH NEEDS ASSESSMENT AND TO GET INPUT FROM THE COMMUNITY. THE THREE PRIORITIES THAT CAME OUT OF THE ASSESSMENT WERE:

1. PHYSICAL HEALTH (IMPROVING TRENDS IN PHYSICAL ACTIVITY AND NUTRITION)

Part VI Supplemental Information *(Continuation)*

2. BEHAVIORAL HEALTH (REDUCE HIGH RATE OF ADULT DEPRESSION)

3. MATERNAL CHILD HEALTH (REDUCE LOW BIRTHWEIGHT BABIES, REDUCE TEEN BIRTH RATE, REDUCE SEXUALLY TRANSMITTED DISEASES AND SEXUALLY TRANSMITTED INFECTIONS).

UPMC HANOVER HAS DEVELOPED A FRAMEWORK TO IMPROVE THOSE NEEDS. THE UPMC HANOVER BOARD OF DIRECTORS ACCEPTED THESE THREE PRIORITIES AND DEVELOPED THE FOLLOWING GOALS AND OBJECTIVES:

PRIORITY 1: PHYSICAL HEALTH, PHYSICAL ACTIVITY AND TOBACCO

GOALS: PROMOTE HEALTH AND REDUCE CHRONIC DISEASE RISK, THROUGH THE CONSUMPTION OF HEALTHFUL DIETS AND ACHIEVEMENT AND MAINTENANCE OF HEALTHY BODY WEIGHTS. DECREASE ILLNESS, DISABILITY AND DEATH RELATED TO TOBACCO USE, VAPING AND SECONDHAND SMOKE EXPOSURE.

STRATEGY 1: INCREASE KNOWLEDGE AND ACCESS TO FRESH PRODUCE IN THE REGION BY 2022. WE WILL PROVIDE EDUCATIONAL LEARNING OPPORTUNITIES TO A VARIETY OF AGE GROUPS AND POPULATIONS, OFFER BMI SCREENINGS, CONDUCT COOKING DEMOS, AND PROVIDE $5 PRODUCE VOUCHERS. COMMUNITY OUTREACH WILL ALSO BE INCREASED BY PROVIDING PRODUCE STANDS TO INCREASE ACCESS TO FRESH PRODUCE.

STRATEGY 2: IMPROVE HEALTH, FITNESS AND QUALITY OF LIFE THROUGH INCREASED PHYSICAL ACTIVITY.

STRATEGY 3: DECREASE ILLNESS, DISABILITY AND DEATH RELATED TO TOBACCO USE/VAPING AND SECOND HAND SMOKE EXPOSURE. WE WILL CONDUCT FREEDOM FROM SMOKING CLASSES AS WELL AS 1-ON-1 TOBACCO CESSATION COUNSELING.

Part VI Supplemental Information *(Continuation)*

PRIORITY 2: BEHAVIORAL HEALTH

GOALS: IMPROVE MENTAL HEALTH THROUGH PREVENTION AND BY ENSURING ACCESS TO APPROPRIATE, QUALITY MENTAL HEALTH SERVICES. REDUCE THE HIGH NUMBER OF SUICIDE RATES.

STRATEGY 1: DECREASE THE NUMBER OF MENTAL HEALTH DAYS PEOPLE EXPERIENCE IN OUR REGION BY 2022. PROVIDE EDUCATIONAL LEARNING OPPORTUNITIES TO A VARIETY OF AGE GROUPS AND POPULATIONS. HOLD MENTAL HEALTH FIRST AID TRAININGS FOR PROFESSIONALS AND THE COMMUNITY AT LARGE. INCREASE COMMUNITY OUTREACH AND ACCESS TO SUPPORT GROUPS.

STRATEGY 2: DECREASE THE SUICIDE RATE BY 5% IN THE REGION BY 2022. PROVIDE EDUCATIONAL LEARNING OPPORTUNITIES TO A VARIETY OF AGE GROUPS AND POPULATIONS. PROVIDE QPR TRAININGS FOR PROFESSIONALS AND THE COMMUNITY AT LARGE. INCREASE COMMUNITY OUTREACH AND ACCESS TO SUPPORT GROUPS.

PRIORITY 3: MATERNAL-CHILD HEALTH

GOALS: IMPROVE THE HEALTH AND WELL-BEING OF WOMEN AND THEIR UNBORN CHILDREN. PROMOTE HEALTHY SEXUAL BEHAVIORS AND INCREASE ACCESS OF QUALITY SERVICES TO PREVENT STD'S/STI'S AND THEIR COMPLICATIONS. REDUCE THE NUMBER OF TEEN PREGNANCIES AND INCREASE ACCESS TO PRENATAL CARE.

STRATEGY 1: REDUCE THE NUMBER OF LOW BIRTH WEIGHT BABIES BORN IN THE REGION BY 5% BY 2022 BY PROMOTING AND SUPPORTING LOCAL PRENATAL AND POSTNATAL CARE SUPPORT SERVICES FOR PREGNANT WOMEN AND TEENS AND

Part VI Supplemental Information *(Continuation)*

DISTRIBUTING PRODUCE VOUCHERS FOR PREGNANT MOMS AND NEW PARENTS.

STRATEGY 2: REDUCE THE RATE OF TEENS WITH STD'S/STI'S IN THE REGION BY 5% BY 2022. WE WILL PROVIDE AND FUND LOCAL, ESTABLISHED EDUCATIONAL PROGRAMS FOR STD'S/STI'S.

STRATEGY 3: DECREASE THE NUMBER OF TEEN PREGNANCIES BY 10% IN OUR REGION BY 2022. WE WILL PROVIDE AND FUND LOCAL, ESTABLISHED PROGRAMS FOR TEEN PREGNANCY PREVENTION.

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 PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALL UNINSURED PATIENTS WHO ARE SCHEDULED FOR HIGH DOLLAR TESTS AND SURGERIES ARE CONTACTED BY ONE OF THE HOSPITAL'S FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE OPTIONS AVAILABLE TO THEM. THE FINANCIAL ASSISTANCE POLICY IS ALSO DISCLOSED ON THE HOSPITAL WEBSITE, ALONG WITH THE APPLICATION, IN BOTH ENGLISH AND SPANISH. IN ADDITION, ALL INPATIENTS WHO ARE RESIDENTS OF PENNSYLVANIA ARE PROVIDED PERSONAL ASSISTANCE IN THE COMPLETION OF THE MEDICAL ASSISTANCE APPLICATION. AS PART OF THE DISCHARGE PROCESS IN THE EMERGENCY DEPARTMENT, ALL UNINSURED PATIENTS ARE SCREENED FOR CHARITY CARE ELIGIBILITY UNDER THE HOSPITAL POLICY AND, IF APPROPRIATE, PROVIDED ASSISTANCE IN APPLYING FOR MEDICAID OR OBTAINING INSURANCE THROUGH HEALTHCARE.GOV. LASTLY, INFORMATION ABOUT FINANCIAL ASSISTANCE IS INCLUDED ON THE PATIENT BILLING STATEMENTS. PROGRAMS DISCUSSED INCLUDE THE PENNSYLVANIA STATE MEDICAID PROGRAM (MEDICAL ASSISTANCE), HOSPITAL CHARITY CARE PROGRAM, AND FUNDS AVAILABLE

Part VI Supplemental Information *(Continuation)*

THROUGH HOSPITAL ENDOWMENT FUNDS.

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

PART VI, LINE 4:
UPMC HANOVER IS LOCATED IN YORK COUNTY. YORK COUNTY IS 904.2 SQUARE MILES WITH A POPULATION OF 448,273 WHICH EQUATES TO 495.8 PEOPLE PER SQUARE MILE. THE MEDIAN AGE IS 40.9. APPROXIMATELY 8.7% OF RESIDENTS FALL BELOW THE POVERTY LINE WITH 13% COMPRISED OF CHILDREN BELOW 18 AND 4% ARE SENIORS (ABOVE 65).

YORK COUNTY RANKS 19 OUT OF 67 COUNTIES IN HEALTH OUTCOMES AND 13 OUT OF 67 COUNTIES IN HEALTH FACTORS. COMPARED TO OTHER COUNTIES IN THE STATE, YORK SHOWS HIGH RATES OF OBESITY, LOW BIRTH WEIGHT BABIES, TEEN BIRTHS, AND LOW RATES OF MENTAL HEALTH PROVIDERS. YORK ALSO HAS RELATIVELY HIGH RATES OF SEXUALLY TRANSMITTED INFECTIONS AND VIOLENT CRIME. YORK COUNTY DOES RELATIVELY WELL ON HAVING LOW RATES OF CHILDREN IN POVERTY AND PREVENTABLE HOSPITAL STAYS. YORK COUNTY'S PHYSICAL ENVIRONMENT SCORES HAVE

Part VI Supplemental Information *(Continuation)*

DECLINED SIGNIFICANTLY OVER TIME RELATIVE TO OTHER COUNTIES IN THE STATE, DUE TO POOR AIR QUALITY AND PROBLEMS RELATED TO HOUSING AND TRANSPORTATION.

PART VI, LINE 5:

UPMC HANOVER FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF ITS COMMUNITY THROUGH THE FOLLOWING: UPMC HANOVER UTILIZES APPROXIMATELY 106 VOLUNTEERS OFFERING SUPPORT TO THE ORGANIZATION, FROM THE BOARD OF DIRECTORS TO THOSE WHO DELIVER FLOWERS AND TRANSPORT PATIENTS. THESE VOLUNTEERS ARE ALSO ACTIVE COMMUNITY MEMBERS LIVING IN THE HOSPITAL'S PRIMARY SERVICE AREA. THROUGH THEIR INVOLVEMENT AT THE HOSPITAL, THEY ARE ABLE TO COMMUNICATE ITS PROGRAMS AND SERVICES THAT BENEFIT THE WELFARE OF THE COMMUNITY. THROUGH A WHOLLY OWNED SUBSIDIARY, THE HOSPITAL EMPLOYS APPROXIMATELY 43 PHYSICIANS. THESE PHYSICIANS SPECIALIZE IN FAMILY MEDICINE, INTERNAL MEDICINE, GENERAL SURGERY, GERIATRICS, LUNG AND SLEEP MEDICINE, ENDOCRINOLOGY, UROLOGY, CARDIOLOGY AND OB/GYN. OUR PHYSICIANS WORK WITH THOUSANDS OF FAMILIES PROVIDING EXCEPTIONAL CARE.

FINALLY, UPMC HANOVER APPLIES ITS SURPLUS FUNDS BY REINVESTING IN THE ORGANIZATION. OVER THE PAST FEW YEARS, THE HOSPITAL HAS PAID FOR THE EXPENSES TO ROLL OUT A COMMUNITY-WIDE ELECTRONIC MEDIAL RECORD (EMR). HANOVER IS ONE OF THE VERY FEW COMMUNITIES TO HAVE APPROXIMATELY EIGHTY PERCENT OF ITS EMPLOYED AND AFFILIATED PHYSICIAN PRACTICES JOIN THIS ROLL OUT. TOGETHER THE HOSPITAL AND ITS PHYSICIANS ARE COMMITTED TO PROVIDING A TIMELY, ACCURATE RECORD FOR PATIENTS TO REDUCE UNNECESSARY TESTING AND REDUCE COSTS. IN ADDITION TO THE EMR, THE HOSPITAL HAS INVESTED FUNDS TO IMPROVE TECHNOLOGY AND TO OPEN NEW CENTERS. MOST RECENTLY, THE HOSPITAL OPENED AN ADDITIONAL LAB TO CARDIOVASCULAR. THROUGH OUR MOST VALUABLE

Part VI Supplemental Information *(Continuation)*

ASSETS, OUR VOLUNTEERS AND EMPLOYEES, ALONG WITH OUR ONGOING COMMITMENT TO OUR COMMUNITY, UPMC HANVOER HAS FURTHERED ITS EXEMPT PURPOSE.

PART VI, LINE 6:

UPMC HANOVER IS PART OF UPMC PINNACLE, A FULLY INTEGRATED, AFFILIATED HEALTH CARE SYSTEM. THE SYSTEM IS COMPRISED OF ELEVEN 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 AND 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 CENTRAL PENNSYLVANIA RECIPROCAL RISK RETENTION GROUP IS A WHOLLY

Part VI **Supplemental Information** *(Continuation)*

OWNED, FOR-PROFIT, VERMONT CAPTIVE INSURANCE COMPANY OPERATING 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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

PA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
UPMC HANOVER

Employer identification number
23-1360851

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW HOPE MINISTRIES PO BOX 448 DILLSBURG, PA 17019	23-2223120	501(C)(3)	18,000.	0.			SPONSORSHIP
THE BRETHEREN HOME, INC. 2990 CARLISLE PIKE NEW OXFORD, PA 17350	23-2454835	501(C)(3)	12,500.	0.			SPONSORSHIP
YMCA HANOVER AREA PO BOX 381, 500 NORTH GEORGE ST HANOVER, PA 17331	23-7172265	501(C)(3)	9,000.	0.			SPONSORSHIP
BRETHREN HOME FOUNDATION 2990 CARLISLE PIKE NEW OXFORD, PA 17350	23-1409664	501(C)(3)	5,000.	0.			SPONSORSHIP
SWEET CHARITIES 1150 CARLISLE ST HANOVER, PA 17331	11-3662416	501(C)(3)	10,000.	0.			SPONSORSHP
TRUENORTH WELLNESS SERVICES 625 W ELM AVE HANOVER, PA 17331	23-2007907	501(C)(3)	18,750.	0.			SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

DONATIONS ARE MADE TO 501(C)(3) PUBLIC CHARITIES FOR USE IN EXEMPT ACTIVITIES RELATED TO HEALTHCARE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

UPMC HANOVER

Employer identification number

23-1360851

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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3	Indicate which, if any, of the following the 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		X
b	Any related organization?		X
	If "Yes" on line 5a or 5b, describe in Part III		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		X
b	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHILIP W GUARNASCHELLI	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	855,192.	153,940.	204,597.	16,600.	19,459.	1,249,788.	0.
(2) GAGANDEEP S. GURM, MD	(i)	0.	0.	0.	0.	0.	0.	0.
CARDIOLOIST / BOARD MEMBER	(ii)	673,892.	84,895.	73,579.	15,100.	13,060.	860,526.	0.
(3) WILLIAM H. PUGH	(i)	0.	0.	0.	0.	0.	0.	0.
EVP & CFO/TREASURER (RETIRED 12/19)	(ii)	615,238.	95,291.	95,358.	16,600.	14,892.	837,379.	0.
(4) MICHAEL W GASKINS	(i)	494,894.	73,420.	68,122.	16,600.	19,774.	672,810.	0.
SVP & PRES., HANOVER & MEMORIAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTOPHER P. MARKLEY, ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
BD MBR/SR VP/GENERAL COUNSEL	(ii)	429,675.	66,291.	71,950.	16,600.	630.	585,146.	0.
(6) DOUGLAS C DYER	(i)	0.	0.	0.	0.	0.	0.	0.
BD MBR/SVP, PLAN & BUS DEV.	(ii)	349,134.	53,863.	47,174.	14,665.	12,921.	477,757.	0.
(7) SUSAN COMP	(i)	0.	0.	0.	0.	0.	0.	0.
BD MBR/SVP, NURSING OPS & CNO	(ii)	322,288.	49,720.	47,725.	16,600.	1,146.	437,479.	0.
(8) ALISON BERNHARDT	(i)	0.	0.	0.	0.	0.	0.	0.
VP & CFO/TREASURER	(ii)	285,672.	34,269.	34,690.	13,899.	8,008.	376,538.	0.
(9) MICHAEL A HOCKENBERRY	(i)	228,658.	27,751.	22,401.	13,701.	19,036.	311,547.	0.
VP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BETH A SMITH, MD	(i)	0.	0.	0.	0.	0.	0.	0.
BD MBR/PEDIATRIC HOSPITALIST	(ii)	270,772.	5,000.	0.	12,589.	16,397.	304,758.	0.
(11) MICHAEL H ADER	(i)	158,497.	59,011.	28,190.	4,026.	8,975.	258,699.	0.
VP MEDICAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DONNA L MULLER	(i)	182,380.	22,133.	22,074.	10,969.	391.	237,947.	0.
VP FINANCE - HANOVER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CHARLENE D BAKER	(i)	160,935.	19,528.	17,502.	8,060.	9,408.	215,433.	0.
VP HANOVER MEDICAL GROUP	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANDREW RINEHART	(i)	160,719.	0.	0.	9,781.	19,179.	189,679.	0.
CLINICAL STAFF PHARMACIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) NANCY ESCHRICH	(i)	158,876.	0.	0.	3,229.	19,179.	181,284.	0.
CLINICAL STAFF PHARMACIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BABETTE SCHUCHART	(i)	153,002.	0.	0.	7,746.	14,612.	175,360.	0.
CLINICAL STAFF PHARMACIST	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 3:

UPMC HANOVER 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

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

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

Name of the organization
UPMC HANOVER

Employer identification number
23-1360851

Part I | Bond Issues SEE PART VI FOR COLUMN (A) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	GENERAL AUTHORITY OF SOUTHCENTRAL PENNSYLVANI	23-2982233	84129NGT0	04/30/13	17348592.	REFINANCE 2002 SERIES BOND ISSUE		X		X		X
B	GENERAL AUTHORITY OF SOUTHCENTRAL PENNSYLVANI	23-2982233	84129NJV2	12/01/15	26665698.	REFINANCE 2005 SERIES BOND ISSUE		X		X		X
C												
D												

Part II | Proceeds

		A	B	C	D
1	Amount of bonds retired	7,475,000.	2,030,000.		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	17,348,592.	26,665,698.		
4	Gross proceeds in reserve funds	2,742,569.	424,200.		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	358,734.	515,888.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	16,989,859.	26,142,000.		
12	Other unspent proceeds				
13	Year of substantial completion	2013	2015		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2019

932121 10-18-19

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		.00 %		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		.00 %		%		%	
6	Total of lines 4 and 5	.00 %		.00 %		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?	X			X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	15.60 %		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K See instructions

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: GENERAL AUTHORITY OF SOUTHCENTRAL PENNSYLVANIA

(A) ISSUER NAME: GENERAL AUTHORITY OF SOUTHCENTRAL PENNSYLVANIA

SCHEDULE K. PART III, LINE 9, PART IV, LINE 7, PART V:
THE ORGANIZATION UNDERSTANDS ITS OBLIGATIONS TO ENSURE THAT IT STAYS WITHIN SAFE HARBOR REGULATIONS AND IS VERY PRUDENT IN ITS POST-BOND ISSUANCE RESPONSIBLITIES. THE ORGANIZATION HAS NOT ESTASLISHED WRITTEN PROCEDURES TO DATE AS BOTH BOND ISSUANCES ARE CURRENT REFUNDINGS AND SHOULD MEET EXCEPTIONS TO REBATE. THE ORGANIZATION WILL, HOWEVER, WORK TO ESTABLISH WRITTEN PROCEDURES AS ADDITIONAL SAFEGUARDS.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2019

Open To Public Inspection

Name of the organization: UPMC HANOVER

Employer identification number: 23-1360851

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) 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
LISA M. HELT	RELATIVE OF BOARD M	83,841.	LISA HELT I		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: LISA M. HELT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF BOARD MEMBER JAMES HELT

(D) DESCRIPTION OF TRANSACTION: LISA HELT IS THE SPOUSE OF JAMES HELT AND IS COMPENSATED BY UPMC HANOVER AS AN EMPLOYEE. JAMES HELT DOES NOT SUPERVISE NOR DOES HE PARTICIPATE IN DISCUSSIONS ON LISA HELT'S COMPENSATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
UPMC HANOVER

Employer identification number
23-1360851

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

ACUTE CARE, DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE, AND WELLNESS SERVICES REQUIRED TO SUPPORT OUR NETWORK OF CARE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THERE WERE 498 DISCHARGES FROM THE NURSERY AND 86 DISCHARGES FROM THE EMERGENCY DEPARTMENT AND OVERFLOW AS WELL.

UPMC HANOVER PROVIDES A WIDE RANGE OF DIAGNOSTIC AND SUPPORT SERVICES FOR BOTH INPATIENTS AND OUTPATIENTS. THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, LABORATORY, IMAGING SERVICES, CARDIAC SERVICES, TOTAL WOUND CARE SERVICES, HYPERBARIC OXYGEN THERAPY, AND OUTPATIENT PHYSICAL THERAPY SERVICES. IMAGING SERVICES INCLUDE RADIOLOGY, NUCLEAR MEDICINE, MRI, ULTRASOUND, AND CT SCANNING. CARDIAC SERVICES ARE COMPRISED OF CARDIAC REHAB, DIAGNOSTIC TESTING, CARDIAC CATHETERIZATION, CATHETER CARDIAC INTERVENTION AND PERIPHERAL CATHETER BASED VASCULAR INTERVENTION. UPMC HANOVER PROVIDES FOR PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES. UPMC HANOVER PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA WITHOUT CHARGE OR AT A REDUCED FEE. CHARGES ARE EXCUSED FOR SERVICES RENDERED AND SUPPLIES FURNISHED UNDER THE FINANCIAL ASSISTANCE POLICY.

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 HANOVER.

Name of the organization: UPMC HANOVER

Employer identification number: 23-1360851

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

THE SOLE MEMBER OF THE CORPORATION IS HANOVER HEALTHCARE PLUS, INC., A FEDERALLY TAX EXEMPT, STATE NONPROFIT ENTITY (EIN 22-2658574).

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

AS SOLE MEMBER OF THE ORGANIZATION, HANOVER HEALTHCARE PLUS, INC. SHALL ELECT THE BOARD OF DIRECTORS.

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

CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION REQUIRE THE APPROVAL OF BOTH THE HANOVER HEALTHCARE PLUS, INC. BOARD AND THE UPMC PINNACLE BOARD, AS THE PARENT OF BOTH THE FILING ORGANIZATION AND ITS SOLE MEMBER.

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.

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

IN THE PERFORMANCE OF THEIR DUTIES TO UPMC PINNACLE, COVERED PERSONS SHALL

Name of the organization: UPMC HANOVER

Employer identification number: 23-1360851

SEEK TO ACT IN THE BEST INTERESTS OF UPMC PINNACLE, AND SHALL EXERCISE GOOD FAITH, LOYALTY, DILIGENCE AND HONESTY. A COVERED PERSON IS ANY INDIVIDUAL WHO SERVES IN A FIDUCIARY CAPACITY TO, OR WHO HAS LEGAL AUTHORITY TO REPRESENT OR OBLIGATE, UPMC PINNACLE OR ANY OF ITS AFFILIATED ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS. COVERED PERSONS ALSO INCLUDE A) IMMEDIATE FAMILIES (SPOUSES, CHILDREN, SIBLINGS, PARENTS, OR SPOUSE'S PARENTS), B) ANY ORGANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILIES DIRECTLY OR INDIRECTLY I) HAVE A MATERIAL FINANCIAL OR BENEFICIAL INTEREST, OR II) SERVE AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, ATTORNEY OR SIMILAR CAPACITY. A COVERED PERSON SHALL DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS OR RELATIONSHIPS WHICH MAY BE IN CONFLICT WITH THE INTERESTS OF UPMC PINNACLE, INCLUDING, BUT NOT LIMITED TO (A) ENGAGING IN OR SEEKING TO BE ENGAGED IN (I) THE DELIVERY OF HEALTH CARE SERVICES OR (II) THE DELIVERY OF GOODS OR SERVICES TO UPMC PINNACLE, OR (B) ANY TRANSACTION OR ARRANGEMENT WITH UPMC PINNACLE WHICH WOULD RESULT IN BENEFIT TO COVERED PERSONS. THE GOVERNANCE COMMITTEE OF THE UPMC PINNACLE BOARD REVIEWS ALL CONFLICT OF INTEREST STATEMENTS AND DETERMINES WHETHER EACH DIRECTOR ON THE BOARD IS INDEPENDENT. COVERED PERSONS WHO ARE DIRECTORS MUST COMPLY WITH THE UPMC PINNACLE GUIDELINES FOR DETERMINING DIRECTOR INDEPENDENCE AND APPLYING DIRECTOR INDEPENDENCE REQUIREMENTS. COVERED PERSONS WITH A CONFLICT OF INTEREST SHALL NOT VOTE ON THE MATTER, AND THE UPMC PINNACLE BOARD OR COMMITTEE MUST APPROVE, AUTHORIZE, OR RATIFY THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE NON-INTERESTED DIRECTORS OR COMMITTEE MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM. VIOLATIONS OF THIS STATEMENT OF POLICY MAY SUBJECT COVERED PERSONS TO APPROPRIATE SANCTIONS, INCLUDING REMOVAL FROM THEIR POSITIONS WITH UPMC PINNACLE.

Name of the organization: UPMC HANOVER

Employer identification number: 23-1360851

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.

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

Name of the organization: UPMC HANOVER

Employer identification number: 23-1360851

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.

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

TRANSFERS TO EXEMPT AFFILIATES	-20,732,839.
TRANSFER TO PINNACLE HEALTH FOUNDATION	-386,776.
TOTAL TO FORM 990, PART XI, LINE 9	-21,119,615.

PART XII, LINE 2B:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PART OF A CONSOLIDATED FINANCIAL STATEMENT AUDIT PERFORMED BY EY FOR UPMC AND ALL SUBSIDIARIES. THE ENTIRE SYSTEM'S FINANCIAL STATEMENTS, OF WHICH THIS ORGANIZATION IS PART OF, ARE POSTED ON THE UPMC WEBSITE. (WWW.UPMC.COM) THE FINANCIAL STATEMENT AUDIT DURING THE 990 FILING PERIOD IS FOR THE CALENDAR YEAR ENDED DECEMBER 31,2019.

FORM 990, PART XII, LINE 2C:

UPMC HAS AN AUDIT COMMITTEE THAT IS ESTABLISHED TO ASSIST THE BOARD OF DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY MONITORING UPMC CONSOLIDATED FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION PROVIDED BY UPMC TO GOVERNMENTAL BODIES, THE PUBLIC OR OTHER EXTERNAL ENTITIES. THE UPMC'S SYSTEM OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING,LEGAL COMPLIANCE AND ETHICS THAT MANAGEMENT AND THE BOARD HAVE ESTABLISHED AND UPMC'S INTERNAL AUDITING, ACCOUNTING AND FINANCIAL

Name of the organization: UPMC HANOVER

Employer identification number: 23-1360851

REPORTING PROCESSES ALSO PROVIDED OVERSIGHT.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

UPMC HANOVER

Employer identification number

23-1360851

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
*UPMC/JAMESON CANCER CENTER - 20-1459415 600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219	ONCOLOGY SVC	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC JAMESON		X
*JAMESON CARE CENTER INC. - 23-2871396 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SR SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
*UPMC SUSQUEHANNA - 23-2751183 700 HIGH STREET WILLIAMSPORT, PA 17701	MGMT SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
*UPMC MUNCY - 24-0806023 215 EAST WATER STREET MUNCY, PA 17756	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*DIVINE PROVIDENCE HOSPITAL OF THE SISTE - 24-0799343, 1100 GRAMPIAN BOULEVARD, WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*SUSQUEHANNA PHYSICIAN SERVICES - 23-2449454 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHYSICIAN SRV	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*SUSQUEHANNA HEALTH SYSTEM INNOVATION CT - 47-1600873, 700 HIGH STREET, WILLIAMSPORT, PA 17701	SUPPORT SRV	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		X
*SUSQUEHANNA HEALTH FOUNDATION - 23-2743470 1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		X
*UPMC WILLIAMSPORT - 24-0795508 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*LAUREL REALTY INC. - 23-1403678 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	REAL ESTATE	PENNSYLVANIA	501(C)(3)	N/A	UPMC SUSQUEH		X
*LAUREL MANAGEMENT SERVICES INC. - 25-1644910, 32-36 CENTRAL AVENUE, WELLSBORO, PA 16901	MANAGEMENT SV	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
*LAUREL HEALTH SYSTEM - 24-0795488 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	SUPPORT SRV	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
*UPMC WELLSBORO - 23-2176963 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*THE GREEN HOME - 24-0804365 37 CENTRAL AVENUE WELLSBORO, PA 16901	SKILLED NURSI	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SUSQUEH		X
*TIOGA HEALTH CARE PROVIDERS - 25-1765538 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	HEALTHCARE	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
*WILLIAMSPORT AREA AMBULANCE SERVICE COO - 23-2416166, 700 HIGH STREET, WILLIAMSPORT, PA 17701	AMBULANCE SVC	PENNSYLVANIA	501(C)(3)	LINE 10	WILLIAM HOSP		X
*UPMC LOCK HAVEN - 82-1600494 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*UPMC SUNBURY - 82-1592230 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
*UPMC CHAUTAUQUA AT WCA - 16-0743226 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	UPMC CHAUTAU		X
*W.C.A. GROUP INC. - 22-2392582 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOLDING CO	NEW YORK	501(C)(3)	LINE 12B, II	CHAUT AT WCA		X
*STARFLIGHT INC. - 16-1557878 135 ALLEN STREET JAMESTOWN, NY 14701	AIR AMBULANCE	NEW YORK	501(C)(3)	LINE 7	CHAUT AT WCA		X
*SOUTH CENTRAL ALPHA HOUSING & HEALTH - 25-1701701, 3410 W PITTSBURG ROAD, NEW CASTLE, PA 16101	SNF & AL	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
*SOUTH WESTERN ALPHA HOUSING & HEALTH - 25-1701700, 745 GREENVILLE ROAD, MERCER, PA 16137	SNF & IL	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
*KANE COMMUNITY HOSPITAL FOUNDATION - 26-3906925, 4372 ROUTE 6, KANE, PA 16735	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
*JUNIOR GUILD OF THE JAMESON MEMORIAL HOSPITAL - 25-6005313, 1211 WILMINGTON AVENUE, NEW CASTLE, PA 16105	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	N/A		X
*LAUREL HEALTH FOUNDATION - 25-1810488 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X
*W.C.A. FOUNDATION INC. - 22-2393584 300 FOOTE AVENUE; P.O. BOX 840 JAMESTOWN, NY 14702	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X
*VENANGO V.N.A. FOUNDATION - 25-1472179 491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	N/A		X
UPMC PINNACLE - 25-1778658 409 SOUTH SECOND STREET HARRISBURG, PA 17104	SUPPORTING OR	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC		X
UPMC CARLISLE - 82-0880337 361 ALEXANDER SPRING ROAD CARLISLE, PA 17105	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
UPMC PINNACLE LANCASTER - 82-0896436 250 COLLEGE AVENUE LANCASTER, PA 17603	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
UPMC LITITZ - 82-0844453 1500 HIGHLANDS AVENUE LITITZ, PA 17543	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
UPMC MEMORIAL - 82-0912090 325 SOUTH BELMONT STREET YORK, PA 17405	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
PINNACLE HEALTH REGIONAL PHYSICIANS - 82-0947698, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SRV	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
PINNACLE HEALTH FOUNDATION - 22-2691718 409 SOUTH SECOND STREET HARRISBURG, PA 17104	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC PINNACL		X
COMMUNITY LIFE TEAM, INC. - 23-1890444 409 SOUTH SECOND STREET HARRISBURG, PA 17104	MED TRANSPORT	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC PINNACL		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
HANOVER HEALTHCARE PLUS, INC. - 22-2658574 300 HIGHLAND AVENUE HANOVER, PA 17331	SUPPORTING OR	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC PINNACL		X
UPMC PINNACLE HOSPITALS - 25-1778644 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
PINNACLE HEALTH MEDICAL SERVICES - 25-1709054, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SRV	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACL		X
*CHARLES E. COLE MEMORIAL HOSPITAL - 24-0802108, 1001 EAST SECOND STREET, COUDERSPORT, PA 16915	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
*COLE FOUNDATION, INC. - 45-5417308 1001 EAST SECOND STREET COUDERSPORT, PA 16915	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	C COLE MEM H		X
*HAMOT COLE VENTURES - 27-3172100 1001 EAST SECOND STREET COUDERSPORT, PA 16915	CLINIC SITES	PENNSYLVANIA	501(C)(3)	LINE 12A, I	C COLE MEM H		X
*HENDORN INC. - 23-1972659 1001 EAST SECOND STREET COUDERSPORT, PA 16915	RES. CARE	PENNSYLVANIA	501(C)(3)	LINE 12A, I	C COLE MEM H		X
*ASBURY HEIGHTS OF UPMC - 25-1555687 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING OR	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SR COMM		X
*ASBURY HEALTH CENTER - 25-0969472 600 GRANT STREET PITTSBURGH, PA 15219	CCRC	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGH		X
*ASBURY VILLAS - 25-1819952 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGH		X
*ASBURY PLACE - 25-1729266 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGH		X
*WESLEY HILLS - 25-1507472 600 GRANT STREET PITTSBURGH, PA 15219	INDEP LIVING	PENNSYLVANIA	501(C)(3)	N/A	ASBURY HEIGH		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
*ASBURY FOUNDATION - 25-1555688 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ASBURY HEIGH		X
*REGIONAL CANCER CENTER FOUNDATION - 25-1631855, 2500 WEST 12TH STREET, ERIE, PA 16505	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	REGIONAL CAN		X
*UPMC SOMERSET - 25-0965570 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
*TWIN LAKES CENTER, INC. - 23-2910318 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	DRUG TREATMEN	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SOMERSE		X
*SOMERSET COMMUNITY HOSPITAL FOUNDATION - 25-1441863, 225 SOUTH CENTER AVENUE, SOMERSET, PA 15501	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	UPMC SOMERSE		X
*SOMERSET HEALTH SERVICES, INC. - 25-1441920 225 SOUTH CENTER AVENUE SOMERSET, PA 15501	PHYSICIAN SRV	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SOMERSE		X
*UPMC WESTERN MARYLAND CORPORATION - 52-0591531, PO BOX 539, CUMBERLAND, MD 21501	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	UPMC		X
*WESTERN MARYLAND HEALTH SYSTEM FOUNDATION - 35-2289841, PO BOX 539, CUMBERLAND, MD 21501	FOUNDATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	UPMC WESTERN		X
UPMC - 25-1423657 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
*SENECA HILLS ASSISTED LIVING L.P. - 23-2873106, 600 GRANT STREET, PITTSBURGH, PA 15219	ASSISTED LIVI	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*ST. MARGARET MEDICAL ARTS ASSOCIATES - 25-1786655, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*CORE NETWORK LLC - 25-1786209, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*LIFE HOME CARE LP - 25-1847839, 600 GRANT STREET, PITTSBURGH, PA 15219	HOMECARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
*SHADYSIDE MEDICAL CENTER ASSOCIATION - 25-1608318, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*CHARTWELL PA LP - 25-1729714 600 GRANT STREET PITTSBURGH, PA 15219	HOMEHEALTH	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*LIFE CARE HOME SRV OF NW PA - 25-1536879, 1647 SASSAFRAS STREET, ERIE, PA 16501	HOME HEALTH S	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*HAMOT-KCH REAL ESTATE VENTURE - 26-3691782, 300 STATE STREET, ERIE, PA 16507	MEDICAL OFFIC	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*HAMOT SURGERY CENTER LLC - 25-1863661, 200 STATE STREET, ERIE, PA 16507	AMBULATORY SU	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*EPN-HAMOT URGENT CARE LLC - 27-2147949, 600 GRANT STREET, PITTSBURGH, PA 15219	URGENT CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*LAWRENCE COUNTY MRI & DIAGNOSTIC IMAGING - 27-0219891, 2526 WILMINGTON AVE, NEW CASTLE, PA 16105	IMAGING CENTE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*COMMUNITY BASKET LLC - 20-1195739, 1205 GRAMPIAN BOULEVARD, WILLIAMSPORT, PA 17701	REAL ESTATE R	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HANOVER SURGICENTER REAL ESTATE LP - 35-2342993, 300 HIGHLAND AVE, HANOVER, PA 17331	SURGERY CENT	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
MEDCARE SUSQUEHANNA VALLEY LLC - 82-1673688, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	DME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*OMICELO RE I, LP - 47-5603393, 2525 LIBERTY AVENUE, PITTSBURGH, PA 15222	REAL ESTATE D	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
*UPMC LEADER SURGERY CENTER LLC - 23-3035083, 1703 INNOVATION DRIVE, YORK, PA 17408	SURGERY CENT	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WEST SHORE SURGERY CENTER, LTD. - 25-1821415, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	SURGICAL CARE - MEDICAL SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUSQUEHANNA VALLEY SURGICAL CENTER - 25-1847818, 4310 LONDONDERRY ROAD SUITE 1, HARRISBURG, PA 17109	SURGICAL CARE - MEDICAL SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHERRY TREE CANCER CENTER. LLP - 23-2915628, P.O. BOX 2767, YORK, PA 17405	RADIATION TRT	PA	N/A	N/A	-93,129.	483,544.		X	N/A		X	50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
*TRI-STATE NEUROSURGICAL ASSOCIATES - UPM - 25-1458655, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*RENAISSANCE FAMILY PRACTICE - UPMC INC. - 26-2942406, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HOLDING COMPANY INC. - 25-1777713 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC COVERAGE PRODUCTS INC. - 25-1777710 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*FREEDOM INSURANCE COMPANY - 03-0308944 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A		X
*TRI-CENTURY INSURANCE CO - 25-1500739 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC DNA INC. - 25-1883237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH BENEFITS INC. - 25-1844144 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH NETWORK INC. - 72-1527566 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH PLAN INC. - 23-2813536 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSUR	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC BENEFIT MANAGEMENT SERVICES INC. - 25-1769564, 600 GRANT STREET, PITTSBURGH, PA 15219	WORKERS' COMP	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC DIVERSIFIED SERVICES INC. - 25-1778454 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
*MONROEVILLE SPECIALTY CLINIC - 25-1666087 600 GRANT STREET PITTSBURGH, PA 15219	AMB SURG	PA	N/A	C CORP	N/A	N/A	N/A		X
*MEDICAL ARCHIVAL SYSTEMS INC. - 23-2912501 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*RX PARTNERS INC. - 25-1801966 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
*BIOTRONICS INC. - 25-1843500 600 GRANT STREET PITTSBURGH, PA 15219	EQUIP MAINTEN	PA	N/A	C CORP	N/A	N/A	N/A		X
*MEDICAL CENTER PROPERTIES INC. - 25-1796940 600 GRANT STREET PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
*ASKESIS DEVELOPMENT GROUP INC. - 54-1625585 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*BAYFRONT REGIONAL DEVELOPMENT CORP - 25-1401388, 300 STATE STREET, ERIE, PA 16507	RE HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*BAYSIDE DEVELOPMENT CORP - 25-1401386 300 STATE STREET ERIE, PA 16507	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC WORK ALLIANCE INC. - 45-2825053 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH COVERAGE INC. - 46-2824537 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC HEALTH OPTIONS INC. - 46-2824626 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC COMPLETE CARE INC. - 46-3605753 5215 CENTRE AVENUE PITTSBURGH, PA 15232	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
*AMERICAN HOME HEALTH SERVICES - 31-1521422 868 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH C	OH	N/A	C CORP	N/A	N/A	N/A		X
*HEALTH FIDELITY INC. - 45-2538963 210 S. B STREET SAN MATEO, CA 94401	TECHNOLOGY SV	CA	N/A	C CORP	N/A	N/A	N/A		X
*FLUENCE HEALTH INC. - 47-2684174 6425 PENN AVENUE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X
*CURAVI HEALTH INC. - 81-1217377 6425 PENN AVENUE PITTSBURGH, PA 15206	HEALTHCARE	DE	N/A	C CORP	N/A	N/A	N/A		X
*PENSIAMO INC. - 81-2069236 600 GRANT STREET, 59TH FL PITTSBURGH, PA 15219	SUPPLY CHAIN	DE	N/A	C CORP	N/A	N/A	N/A		X
*ALTOONA FAMILY INC. - 25-1444935 620 HOWARD AVE ALTOONA, PA 16601	MGMT SVCS	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON HOLDINGS INC. - 25-1794386 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON ONE INC. - 25-1468889 620 HOWARD AVE ALTOONA, PA 16601	RENTAL	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON TWO INC. - 25-1555689 HOWARD AVE & 7TH ST ALTOONA, PA 16601	DME	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON FOUR INC. - 25-1793736 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	DE	N/A	C CORP	N/A	N/A	N/A		X
*UPMC ALTOONA REGIONAL HEALTH SERVICES - 25-1219302, 1414 9TH AVENUE, ALTOONA, PA 16602	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*LEXINGTON ANESTHESIA ASSOCIATES INC. - 25-1897765, 620 HOWARD AVE, ALTOONA, PA 16601	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
*MEDCPU INC. - 38-3805381 100 WALL STREET, SUITE 2202 NEW YORK, NY 10005	SOFTWARE DEVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*UPMC EXCESS PL TRUST - 82-6254351 600 GRANT STREET PITTSBURGH, PA 15219	TRUST	PA	N/A	TRUST	N/A	N/A	N/A		X
*RXANTE INC. - 45-4040219 511 CONGRESS STREET #803 PORTLAND, ME 04101	MEDICATION MG	DE	N/A	C CORP	N/A	N/A	N/A		X
*J. HEALTH VENTURES INC. - 25-1607893 1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
*SUSQUEHANNA VENTURES INC. - 23-2470623 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
*TYOGA CARENET - 25-1810967 114 EAST AVENUE WELLSBORO, PA 16901	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
*W.C.A. SERVICE CORPORATION INC. - 16-1151438, 207 FOOTE AVENUE, JAMESTOWN, NY 14701	SUPPORT	NY	N/A	C CORP	N/A	N/A	N/A		X
*ITTCCO I INC. - 82-2590699 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
*ITTCCO II INC. - 82-2597388 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH CARDIOVASCULAR INSTITUT - 32-0321362, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
HANOVER HEALTH CORPORATION - 90-0498067 300 HIGHLAND AVENUE HANOVER, PA 17331	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
HANOVER APOTHECARY INC. - 03-0594526 310 STOCK STREET SUITE 1 HANOVER, PA 17331	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
UNITED CENTRAL PA RECIPROCAL RISK RETEN - 13-4224033, 76 SAINT PAUL STREET SUITE 500, BURLINGTON, VT 05401	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH VENTURES INC. - 61-1677624 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOLDING CO	PA	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH IMAGING INC. - 23-1718571 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMAGING SVC	PA	N/A	C CORP	N/A	N/A	N/A		X
*COLE CARE INC. - 25-1497347 1001 EAST 2ND STREET COUDERSPORT, PA 16915	DME	PA	N/A	C CORP	N/A	N/A	N/A		X
*UPMC ITALY HEALTH SERVICES S.R.L VIA DISCESA DEI GIUDICI, 4 PALERMO, ITALY 90133	HEALTH SVC	ITALY	N/A	C CORP	N/A	N/A	N/A		X
*UPMC INVESTMENTS LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	HOLDING CO	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*UPMC PROPERTY LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*UPMC PROPERTY II LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*EURO CARE INFRASTRUCTURE LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	PROPERTY MGMT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*EURO CARE PROPERTY MANAGEMENT LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	PROPERTY MGMT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*EURO CARE HEALTHCARE LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	HOSPITAL	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*WATERFORD ONCOLOGY ASSOCIATES LTD. C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD, IRELAND	ONCOLOGY SVC	IRELAND	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
*UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, IRELAND DUBLIN 18	CANCER TREATM	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*PANTHER REINSURANCE COMPANY LTD. - 98-1402742, P.O. BOX 1109, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
*FORBES REINSURANCE COMPANY LTD. - 98-1400710, P.O. BOX 1109, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
*CATHEDRAL (RE) INSURANCE CO - 98-1400837 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
*UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, IRELAND DUBLIN 18	HEALTHCARE SU	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
*UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH, CANADA 15219	SOFTWARE	CANADA	N/A	C CORP	N/A	N/A	N/A		X
*SUSQUEHANNA HEALTH SYSTEM INSURANCE NET P.O. BOX 1159 CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
*UPMC UNITED KINGDOM LTD. - 98-0571026 C/O NAIR&CO 11TH FLOOR WHITEFRIARS LEWINS MEAD, UNITED KINGDOM BS1 2NT	SOFTWARE LICE	UNITED KINGDOM	N/A	C CORP	N/A	N/A	N/A		X
*BLUESPHERE BIO - 82-4979766 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	IMMUNOTHERAPY	DE	N/A	C CORP	N/A	N/A	N/A		X
*INFECTIOUS DISEASE CONNECT, INC. - 83-3311071, 6425 PENN AVENUE STE 200, PITTSBURGH, PA 15206	TELEMEDICINE	DE	N/A	C CORP	N/A	N/A	N/A		X
*HUMONIC, INC. - 83-4005420 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	BIOPHARM	DE	N/A	C CORP	N/A	N/A	N/A		X
*TTMS, INC. - 82-5443222 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206	IMMUNOTHERAPY	DE	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
UPMC HILLMAN CANCER CENTER - PINNACLE - 83-3640945, 101 ERFORD ROAD, CAMP HILL, PA 17701	CANCER TREATM	PA	N/A	C CORP	N/A	N/A	N/A		X
*SHANGHAI UPMC CO., LTD 288 SHIMEN 1ST ROAD JING'AN DISTRIC SHANGHAI, CHINA 200041	HEALTHCARE MGMT	CHINA	N/A	C CORP	N/A	N/A	N/A		X
*SALVADOR MUNDI INTERNATIONAL HOSPITAL ROMA VIALE DELLE MURA GIANICOLENSI 67/77, ITALY CAP 00152	HOSPITAL	ITALY	N/A	C CORP	N/A	N/A	N/A		X
*SOMERSET ANESTHESIA, INC. - 45-5135437 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP	N/A	N/A	N/A		X
*SOMERSET MANAGEMENT SERVICES, INC. - 25-1512960, 600 GRANT STREET, PITTSBURGH, PA 15219	MOB OWNERSHIP	PA	N/A	C CORP	N/A	N/A	N/A		X
*GENERIAN PHARMACEUTICALS, INC. - 83-3340453 2425 SIDNEY STREET PITTSBURGH, PA 15203	PHARMACY	DE	N/A	C CORP	N/A	N/A	N/A		X
*WORK PARTNERS NATIONAL INC - 84-3141950 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
*ASTRATA INC - 84-4804493 6425 PENN AVENUE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X
*VEGAVECT - 84-4280784 6425 PENN AVENUE PITTSBURGH, PA 15206	GENE THERAPY	DE	N/A	C CORP	N/A	N/A	N/A		X
*NOVIMAB - 84-1494905 6425 PENN AVENUE PITTSBURGH, PA 15206	CLINICAL RESEARCH	DE	N/A	C CORP	N/A	N/A	N/A		X
*HAYSTACK CONSOLIDATED SERVICES, INC. - 52-1335895, 12500 WILLOWBROOK ROAD, CUMBERLAND, MD 21502	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
*WESTERN MARYLAND INSURANCE COMPANY LTD P.O. BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
*WILLOWBROOK HEALTHCARE CONDO - 37-1538510 12401 WILLOWBROOK ROAD CUMBERLAND, MD 21502	REAL ESTATE	DE	N/A	C CORP	N/A	N/A	N/A		X
UNITED HEALTH RISK LTD. P.O. BOX 2450 HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

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

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

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

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

Part VII Supplemental Information

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

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, 2020. 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.

Entity# : 152879
Date Filed : 03/21/2019
Effective Date : 07/01/2019
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☑ Return document by mail to:
CSC Order #:692400-5 DCB

[redacted]

CSC

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

Articles of Amendment
Domestic Corporation

TML190328JG1664

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

Fee: $70

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

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

1. The name of the corporation is:
UPMC Pinnacle Hanover

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

(a) Number and Street	City	State	Zip	County
300 Highland Avenue	Hanover	Pennsylvania	17331-2297	York

(b) Name of Commercial Registered Office Provider — County

c/o:

3. The statute by or under which it was incorporated: PA Nonprofit Corporation Law

4. The date of its incorporation: 11/20/1924 (MM/DD/YYYY)

5. *Check, and if appropriate complete, one of the following:*

____ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

✓ The amendment shall be effective on: 07/01/2019 (Date (MM/DD/YYYY)) at 12:01 am (Hour (if any))

2019 MAR 21 AM 9:42
PA. DEPT. OF STATE

DSCB:15-1915/5915-2

6. *Check one of the following:*

✓ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

____ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate complete, one of the following:*

✓ The amendment adopted by the corporation, set forth in full, is as follows

The name shall be changed to "UPMC Hanover".

____ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. *Check if the amendment restates the Articles:*

____ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

19th day of March, 2019.

UPMC Pinnacle Hanover
Name of Corporation

Cheryl P Markley
Signature

Secretary
Title