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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
UPMC PINNACLE HOSPITALS

Doing business as

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

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

D Employer identification number
25-1778644

E Telephone number
(717) 231-8245

G Gross receipts $ 1,552,126,160

F Name and address of principal officer:
PHILIP GUARNESCHELLI
PO BOX 8700
HARRISBURG, PA 171058700

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UPMCPINNACLE.COM

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

L Year of formation: 1996

M State of legal domicile: PA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	5,651
6	Total number of volunteers (estimate if necessary)	**6**	197
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,071,437
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	858,595

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	34,438,980	72,633,755
9	Program service revenue (Part VIII, line 2g)	1,080,503,720	1,224,075,479
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,576,897	44,131,042
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,843,792	14,467,159
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,130,363,389	1,355,307,435
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	470,046	245,396
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)	474,548,658	488,365,415
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)	593,880,238	690,255,499
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,068,898,942	1,178,866,310
19	Revenue less expenses. Subtract line 18 from line 12	61,464,447	176,441,125

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,201,290,241	998,723,335
21	Total liabilities (Part X, line 26)	223,469,046	267,669,385
22	Net assets or fund balances. Subtract line 21 from line 20	977,821,195	731,053,950

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

****** 2022-05-16
Signature of officer Date

ALISON BERNHARDT CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	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) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a	(Code: See Additional Data)	(Expenses $	1,078,665,143	including grants of $	245,396) (Revenue $	1,199,421,964)
4b	(Code: See Additional Data)	(Expenses $	23,583,608	including grants of $	0) (Revenue $	20,425,640)
4c	(Code:)	(Expenses $		including grants of $	) (Revenue $	)
4d	Other program services (Describe in Schedule O.)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		1,102,248,751			

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

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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

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**	5,651		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
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? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
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**	No
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**	No

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ALISON BERNHARDT - CHIEF FINANCIAL PO BOX 8700 HARRISBURG, PA 171058700 (717) 231-8245

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

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

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

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

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYN KREAMER PHD DIRECTOR	1.00 1.00	X						0	0	0
(2) DOUG NEIDICH CHAIRMAN	1.00 4.00	X		X				0	0	0
(3) JONATHAN VIPOND III ESQ DIRECTOR	1.00 1.00	X						0	0	0
(4) KENNETH OKEN MD DIRECTOR/PHYSICIAN - OB/GYN	40.00 1.00	X						301,783	0	21,815
(5) MARK GLESSNER DIRECTOR	1.00 1.00	X						0	0	0
(6) MERON YEMANE DIRECTOR	1.00 1.00	X						0	0	0
(7) PHILIP GUARNESCHELLI PRESIDENT AND CEO	10.00 31.00	X		X				0	1,397,279	40,949
(8) WILLIAM BACHINSKY MD DIRECTOR	1.00 40.00	X						0	696,636	37,062
(9) YVONNE HOLLINS DIRECTOR	1.00 1.00	X						0	0	0
(10) THOMAS NICHOLSON MD DIRECTOR	1.00 40.00	X						0	646,920	41,665
(11) KATHLEEN PAVELKO DIRECTOR	1.00 1.00	X						0	0	0
(12) BARRY SCHOCH DIRECTOR	1.00 1.00	X						0	0	0
(13) JOHN MANTIONE MD PRESIDENT OF THE MEDICAL STAFF	1.00 1.00	X						0	0	0
(14) ALISON BERNHARDT VP & CFO/TREASURER	5.00 36.00			X				0	466,254	23,626
(15) CHRISTOPHER P MARKLEY ESQ SEC'Y/SR VP/GENERAL COUNSEL	5.00 36.00			X				0	635,513	32,995
(16) CHRISTINE MILLER ASSISTANT SECRETARY	10.00 31.00			X				0	248,415	28,447
(17) AMANDA MORGAN ASSISTANT TREASURER	10.00 31.00			X				0	169,549	24,204

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HAROLD YANG	40.00					X		562,119	0	32,747
TRANSPLANT SURGEON	0.00									
(19) DANIELLE LADIE	40.00					X		485,878	0	22,981
TRANSPLANT SURGEON	0.00									
(20) JOHN CINICOLA	40.00					X		499,251	0	43,870
MED DIRECTOR, SPECIAL CLINIC PROJECTS	0.00									
(21) SUNIL PATEL	40.00					X		538,433	0	32,409
PEDIATRIC CARDIOLOGIST	0.00									
(22) HOLLY THOMAS	40.00					X		350,294	0	40,316
PHYSICIAN, OB/GYN	0.00									
(23) WILLIAM H PUGH	0.00						X	0	928,709	16,129
FMR EVP & CFO/TREASURER (RET. 12/19)	0.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,737,758	5,189,275	439,215

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 ▶ 301

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK SERVICES INC 1101 MARKET STREET PHILADELPHIA, PA 19107	FOOD AND HOUSEKEEPING SERVICES	20,492,763
RIVERSIDE ANESTHESIA ASSOC 1 RUTHERFORD RD SUITE 101 HARRISBURG, PA 17109	PHYS. ANESTH. SVCS.	18,294,429
QUEST DIAGNOSTICS INC 12436 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CONTRACTED LAB SERVICES	3,723,008
QUANTUM IMAGING AND THERAPEUTIC ASSOCIAT 629D LOWTHER ROAD LEWISBERRY, PA 17339	IMAGING SERVICES	2,313,926
SPECIALITYCARE CARDIOVASCULAR RESOURCES PO BOX 11407 DEPT 1614 BIRMINGHAM, AL 35246	MONITORING SERVICES	1,365,476

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 ▶ 36

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	10,000			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	548,811			
	e Government grants (contributions)	1e	60,669,765			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,405,179			
	g Noncash contributions included in lines 1a - 1f:$	1g				
	h **Total.** Add lines 1a-1f		72,633,755			
Program Service Revenue		Business Code				
	2a PATIENT REVENUE, NET	621500	1,217,515,720	1,213,287,845	4,227,875	
	b CONTRACTED MEDICAL SERVICES	621990	3,095,108	3,095,108		
	c RETAIL PHARMACY	900099	3,063,738	3,063,738		
	d MEDICAL EDUCATION	900099	400,913	400,913		
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		1,224,075,479			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,651,977		843,562	21,808,415
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a	16,341,118				
	b Less: rental expenses 6b	8,553,004				
	c Rental income or (loss) 6c	7,788,114				
	d Net rental income or (loss)			7,788,114		7,788,114
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	209,541,447	114,311			
	b Less: cost or other basis and sales expenses 7b	188,123,708	52,985			
	c Gain or (loss) 7c	21,417,739	61,326			
	d Net gain or (loss)			21,479,065		21,479,065
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	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	295,352				
	b Less: cost of goods sold 10b	89,028				
	c Net income or (loss) from sales of inventory			206,324		206,324
	Miscellaneous Revenue	Business Code				
	11a QUALITY INCENTIVE INCOME	900099	5,478,321			5,478,321
	b CAFETERIA SALES	900099	812,827			812,827
	c PARKING FEES	900099	84,678			84,678
	d All other revenue		96,895			96,895
	e **Total.** Add lines 11a–11d		6,472,721			
	12 **Total revenue.** See instructions		1,355,307,435	1,219,847,604	5,071,437	57,754,639

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	245,396	245,396		
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				
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	409,225,906	380,580,093	28,645,813	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,799,297	15,623,346	1,175,951	
9 Other employee benefits	37,212,394	34,615,154	2,597,240	
10 Payroll taxes	25,127,818	23,368,871	1,758,947	
11 Fees for services (non-employees):				
a Management	81,971,869	81,950,898	20,971	
b Legal	195,136	99,519	95,617	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,567,789		1,567,789	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	190,916,866	181,053,680	9,863,186	
12 Advertising and promotion	46,681	39,360	7,321	
13 Office expenses	2,439,460	1,790,423	649,037	
14 Information technology	30,007,662	21,005,665	9,001,997	
15 Royalties				
16 Occupancy	37,732,756	27,544,912	10,187,844	
17 Travel	544,341	400,309	144,032	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,193	66,785	6,408	
20 Interest	943,483	707,612	235,871	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,329,205	39,843,116	6,486,089	
23 Insurance	35,824	33,675	2,149	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	130,332,052	130,332,052		
b PHARMACY	92,105,320	92,105,320		
c BAD DEBT EXPENSE	39,033,539	39,033,539		
d PREMIUM TAX	19,229,290	16,537,189	2,692,101	
e All other expenses	16,751,033	15,271,837	1,479,196	
25 **Total functional expenses.** Add lines 1 through 24e	1,178,866,310	1,102,248,751	76,617,559	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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,700	1	2,700
	2	Savings and temporary cash investments		313,254,004	2	3,531,784
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		119,313,244	4	120,722,322
	5	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			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		1,441,917	7	990,283
	8	Inventories for sale or use		8,812,549	8	7,642,982
	9	Prepaid expenses and deferred charges		18,147,265	9	32,844,565
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 711,416,705			
	b	Less: accumulated depreciation	10b 216,686,188	480,574,483	10c	494,730,517
	11	Investments—publicly traded securities		238,630,104	11	318,552,061
	12	Investments—other securities. See Part IV, line 11		17,030,751	12	19,697,664
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,083,224	15	8,457
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,201,290,241	16	998,723,335
Liabilities	17	Accounts payable and accrued expenses		149,789,167	17	123,437,249
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		25,523,439	23	27,302,743
	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		48,156,440	25	116,929,393
	26	**Total liabilities.** Add lines 17 through 25		223,469,046	26	267,669,385
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		945,060,376	27	687,381,550
	28	Net assets with donor restrictions		32,760,819	28	43,672,400
		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		977,821,195	32	731,053,950
	33	Total liabilities and net assets/fund balances		1,201,290,241	33	998,723,335

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,355,307,435
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,178,866,310
3	Revenue less expenses. Subtract line 2 from line 1	3	176,441,125
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	977,821,195
5	Net unrealized gains (losses) on investments	5	49,752,387
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-472,960,757
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	731,053,950

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 25-1778644

Name: UPMC PINNACLE HOSPITALS

Form 990 (2020)

Form 990, Part III, Line 4a:

UPMC PINNACLE HOSPITALSUPMC PINNACLE HARRISBURG OPERATES THREE HOSPITAL FACILITIES IN THE GREATER HARRISBURG AREA. UPMC PINNACLE HARRISBURG, LOCATED IN DOWNTOWN HARRISBURG, IS A FULL-SERVICE ACUTE CARE HOSPITAL WITH 409 BEDS. THE HOSPITAL SERVES AS THE HUB FOR THE UPMC PINNACLE NETWORK, PROVIDING THE MOST ADVANCED CARE TO THE RESIDENTS THROUGHOUT SOUTHCENTRAL PENNSYLVANIA.UPMC PINNACLE HARRISBURG FEATURES:- A STATE-OF-THE-ART LABOR AND DELIVERY AREA WITH A LEVEL III NEONATAL INTENSIVE CARE UNIT.- WORLD-CLASS CARDIOLOGY CARE THROUGH UPMC HEART AND VASCULAR INSTITUTE.- THE REGION'S PREMIER KIDNEY TRANSPLANT CENTER.- ADVANCED PEDIATRIC CARE WITH UPMC CHILDREN'S HARRISBURG IN PARTNERSHIP WITH NATIONALLY RECOGNIZED UPMC CHILDREN'S HOSPITAL OF PITTSBURGH.- LEADING-EDGE CARE IN NEUROSCIENCES, WOMEN'S CARE, COMPREHENSIVE STROKE CARE, AND MORE.THIS CAMPUS IS ALSO HOME TO THE ALEX GRASS MEDICAL SCIENCES BUILDING, WHICH INCLUDES:- BONE, JOINT, AND SPINE INSTITUTES- LABORATORY SERVICES- MATERNAL FETAL MEDICINE- SELECT MEDICAL REHAB SERVICESUPMC PINNACLE HARRISBURG HAS EARNED THE MAGNET DESIGNATION.RECEIVING MAGNET RECOGNITION IS ONE OF THE HIGHEST ACHIEVEMENTS A HOSPITAL CAN OBTAIN IN PROFESSIONAL NURSING.UPMC COMMUNITY OSTEOPATHIC, LOCATED IN SUBURBAN HARRISBURG, IS AN ACUTE CARE HOSPITAL LICENSED FOR 145 BEDS.UPMC COMMUNITY OSTEOPATHIC FEATURES:WORLD-CLASS CANCER CARE FROM UPMC HILLMAN CANCER CENTER HOUSED IN THE MEDICAL SCIENCES PAVILION.THE REGION'S PREMIERE ORTHOPAEDIC, BARIATRIC, AND UROLOGY CARE.UPMC COMMUNITY OSTEOPATHIC HAS ACHIEVED ITS FOURTH CONSECUTIVE MAGNET DESIGNATION FROM THE ANCC MAGNET RECOGNITION PROGRAM IN 2021.BUILT IN 2014, UPMC WEST SHORE IS A FIVE-STORY, 150-BED ACUTE-CARE HOSPITAL WITH ALL PRIVATE ROOMS LOCATED IN HAMPDEN TOWNSHIP.THE HOSPITAL FEATURES:WORLD-CLASS CANCER CARE AT THE UPMC HILLMAN CANCER CENTER.PREMIER ORTHOPAEDIC AND SPINE CARE AT UPMC ORTHOPAEDIC CARE LOCATIONS IN CENTRAL PA.THE REGION'S LEADING THORACIC CARE.A MULTI-SPECIALTY OUTPATIENT CENTER THAT INCLUDES A VARIETY OF OUTPATIENT PRACTICES.UPMC WEST SHORE HAS ACHIEVED ITS SECOND CONSECUTIVE MAGNET DESIGNATION FROM THE ANCC MAGNET RECOGNITION PROGRAM IN 2021. THE ORGANIZATION'S MISSION IS TO SERVE OUR COMMUNITY BY PROVIDING OUTSTANDING PATIENT CARE AND TO SHAPE TOMORROW'S HEALTH SYSTEM THROUGH CLINICAL AND TECHNOLOGICAL INNOVATION, RESEARCH, AND EDUCATION. UPMC WILL LEAD THE TRANSFORMATION OF HEALTH CARE. THE UPMC MODEL WILL BE NATIONALLY RECOGNIZED FOR REDEFINING HEALTH CARE BY:- PUTTING OUR PATIENTS, HEALTH PLAN MEMBERS, EMPLOYEES, AND COMMUNITY AT THE CENTER OF EVERYTHING WE DO AND CREATING A MODEL THAT ENSURES THAT EVERY PATIENT GETS THE RIGHT CARE, IN THE RIGHT WAY, AT THE RIGHT TIME, EVERY TIME.- HARNESSING OUR INTEGRATED CAPABILITIES TO DELIVER BOTH SUPERB STATE-OF-THE-ART CARE TO OUR PATIENTS AND HIGH VALUE TO OUR STAKEHOLDERS.- EMPLOYING OUR PARTNERSHIP WITH THE UNIVERSITY OF PITTSBURGH TO ADVANCE THE UNDERSTANDING OF DISEASE, ITS PREVENTION, TREATMENT AND CURE.- SERVING THE UNDERSERVED AND DISADVANTAGED, AND ADVANCING EXCELLENCE AND INNOVATION THROUGHOUT HEALTH CARE.- FUELING THE DEVELOPMENT OF NEW BUSINESSES GLOBALLY THAT ARE CONSISTENT WITH OUR MISSION AS AN ONGOING CATALYST AND DRIVER OF ECONOMIC DEVELOPMENT FOR THE BENEFIT OF THE RESIDENTS OF THE REGION.COMMUNITY HEALTH IMPROVEMENT SERVICESTAKING HEALTH CARE BEYOND THE DOORS OF ITS HOSPITALS, CLINICS, AND OFFICES, AND BRINGING IT INTO THE REGION'S TOWNS, SCHOOLS AND WORKPLACES, UPMC PINNACLE IS HELPING CREATE HEALTHIER COMMUNITIES ACROSS CENTRAL PENNSYLVANIA. THROUGH ITS CHARITABLE GIVING AND COMMUNITY INITIATIVES, UPMC PINNACLE IS MAKING A DIFFERENCE IN THE HEALTH AND WELL-BEING OF ITS NEIGHBORS. FROM PUBLIC HEALTH AND WELLNESS INITIATIVES TO SCHOOL HEALTH SCREENINGS, INSURANCE ENROLLMENT HELP, HOME-VISIT PROGRAMS, CHARITY CARE, AND FREE HEALTH CLASSES, UPMC PINNACLE PROVIDES BENEFITS TO THE COMMUNITY. - UPMC PINNACLE OFFERS A VARIETY OF FREE COMMUNITY PROGRAMS THAT ARE MAKING A DIFFERENCE IN THE LIVES OF CENTRAL PENNSYLVANIANS EVERY DAY, INCLUDING:- MAMMOGRAM VOUCHER PROGRAM (MVP) - UPMC PINNACLE PROVIDES WOMEN IN OUR COMMUNITY WHO ARE UNINSURED OR UNDERINSURED ACCESS TO FREE, POTENTIALLY LIFE-SAVING MAMMOGRAMS.- EAT SMART PLAY SMART (ESPS) - THIS IS A FUN-FILLED EIGHT-WEEK WELLNESS PROGRAM THAT TEACHES YOUTH AGES 3-19 YEARS OLD ABOUT FITNESS, NUTRITION, AND MENTAL HEALTH TOPICS.- THE ENERGY PACK PROGRAM - THIS PROGRAM HELPS CHILDREN IN LOW-INCOME FAMILIES MEET THEIR NUTRITIONAL NEEDS DURING WEEKENDS AND HOLIDAY BREAKS. EACH WEEKEND OR HOLIDAY, PARTICIPATING CHILDREN RECEIVE A BACKPACK FILLED WITH NUTRITIOUS FOODS TO HELP THEM AVOID HUNGER AND STAY HEALTHY.- CENTER FOR ADDICTION RECOVERY - HELPING INDIVIDUALS WHO SUFFER FROM OPIOID OR ALCOHOL ADDICTION, UPMC PINNACLE OFFERS A PLACE TO GO FOR ASSISTANCE, SUPPORT AND MEDICAL TREATMENT.- SMILES - WORKING IN PARTNERSHIP WITH THE HARRISBURG AREA DENTAL SOCIETY, UPMC PINNACLE PROVIDES ACCESS TO URGENT DENTAL CARE FOR UNDERINSURED OR UNINSURED PATIENTS.- NURSE-FAMILY PARTNERSHIP (NFP) - THIS PROGRAM PROVIDES CRITICAL MEDICAL AND SOCIAL SUPPORT TO LOW-INCOME, FIRST-TIME MOTHERS DURING THEIR PREGNANCIES AND THE FIRST YEARS OF THEIR CHILD'S LIFE.- CHILDREN'S RESOURCE CENTER (CRC) - PROVIDING A SAFE, CHILD-FRIENDLY ENVIRONMENT FOR CHILDREN SUSPECTED OF HAVING BEEN ABUSED OR NEGLECTED, THE CRC IS A CHILD ADVOCACY CENTER DEDICATED TO REDUCING THE TRAUMA AND AFTERMATH OF ABUSE FOR CHILDREN AND THEIR FAMILIES.- REACCH PROGRAM - THE RESOURCES, EDUCATION, AND COMPREHENSIVE CARE FOR HIV PROGRAM OFFERS FREE AND CONFIDENTIAL HIV TESTING AS WELL AS PRIMARY HIV CARE FOR MEN, WOMEN, AND ADOLESCENTS. ITS ADDITIONAL RESOURCES INCLUDE MEDICAL, DENTAL, NUTRITIONAL, MENTAL HEALTH, AND SOCIAL SERVICES, AND ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY OR INSURANCE STATUS.- DIABETES EDUCATION FOR DISPARATE POPULATIONS: TO PROVIDE CULTURALLY AND ECONOMICALLY APPROPRIATE EDUCATION THAT ENABLES PERSONS WITH DIABETES TO BETTER MANAGE THEIR DISEASE.- SUPPORT GROUPS ARE OFFERED FREE OF CHARGE TO HELP PEOPLE UNDERSTAND AND COPE WITH PARTICULAR PROBLEMS OR ILLNESSES. THEY INCLUDE DIABETES, BEREAVEMENT, CAREGIVER, TRANSPLANT, AND HEART DISEASE.- CHILDREN'S HEALTH FAIR, CONFERENCES AND LECTURES PROVIDE INFORMATION ON HEALTHY LIFESTYLES AND HEALTH CAREER SESSIONS, YOUTH HEALTH SCREENINGS, YOUTH OBESITY PREVENTION, CHILD ABUSE AWARENESS/PREVENTION AND LITERACY PROGRAMS FOR CHILDREN.COMMUNITY HEALTH EDUCATION AND SUPPORTAS ONE OF THE LARGEST PROVIDERS OF HEALTHCARE SERVICES IN THE STATE OF PENNSYLVANIA, UPMC PINNACLE HOSPITALS OFFER A VARIETY OF CLINICAL, EDUCATIONAL AND SUPPORT SERVICES FOCUSED ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE. INCLUDED IN THESE PROGRAMS ARE:- COMMUNITY LECTURES ON A VARIETY OF TOPICS, INCLUDING CARDIOVASCULAR HEALTH, HIV/AIDS, SPORTS MEDICINE, ETHICS, AND END-OF-LIFE PLANNING.- TOBACCO CESSATION EDUCATION IN CLINICS AND THROUGHOUT THE COMMUNITY.- HEALTH EDUCATION STORIES IN THE NEWSPAPER, ON TELEVISION, ON RADIO AND HOSPITAL NEWSLETTER.- CLERGY ARE AVAILABLE TO PATIENTS AND FAMILY MEMBERS TWENTY-FOUR HOURS A DAY. VOLUNTEER CHAPLAINS PROVIDE BASIC SPIRITUAL SUPPORT, I.E., PRAY WITH PATIENT, READ SCRIPTURE AND PROVIDE SPIRITUAL RESOURCES, SUCH AS ROSARIES, CROSSES AND RELIGIOUS BOOKS. STAFF CHAPLAINS VISIT WITH PATIENTS AND FAMILIES WHEN THERE IS A CRISIS SITUATION, WHEN THERE ARE ETHICAL/MORAL DILEMMAS, AND WHEN THE PATIENT IS EXPERIENCING GRIEF, ANXIETY, DEPRESSION, LONELINESS OR PERSONAL ISSUES.- UPMC PINNACLE CANCER CENTER'S BOARD-CERTIFIED SURGEONS AND MEDICAL ONCOLOGISTS ATTACK ALL TYPES OF CANCER, SUPPORTED BY A TEAM OF PHARMACISTS, SOCIAL WORKERS, REHABILITATION AND PAIN MANAGEMENT SPECIALISTS, EACH WITH A UNIQUE AWARENESS OF PATIENT NEEDS.- THE HEART FAILURE CENTER WAS DEVELOPED IN AN EFFORT TO PROVIDE PATIENTS SUFFERING FROM HEART FAILURE WITH AN ALTERNATIVE TO FREQUENT HOSPITALIZATIONS. OUR TEAM OF EXPERIENCED HEALTHCARE PROFESSIONALS ASSISTS PATIENTS IN LEARNING THE SKILLS NEEDED TO HELP SELF-MANAGE THEIR CHRONIC ILLNESS.- THE SPINE INSTITUTE COMBINES THE EXPERTISE OF NEUROSURGEONS, ORTHOPEDIC SURGEONS, PSYCHIATRISTS, NEUROLOGISTS, PAIN MANAGEMENT SPECIALISTS, NURSES, IMAGING SERVICES AND REHABILITATION SERVICES TO TARGET EVERY PATIENT'S PARTICULAR PROBLEM AND PROVIDE OPTIMAL TREATMENT.- BUS PASSES OR TAXI FEES ARE PROVIDED TO PATIENTS AND FAMILIES MEETING THE ORGANIZATION'S FINANCIAL ASSISTANCE GUIDELINES TO ENHANCE PATIENT ACCESS TO CARE.- RESIDENT PHYSICIAN TRAINING PROGRAMS FOR ORTHOPEDIC SURGERY, INTERNAL MEDICINE, GENERAL SURGERY, PODIATRY, AND FAMILY PRACTICE. FELLOWSHIP PROGRAMS FOR SPORTS MEDICINE AND MATERNAL FETAL MEDICINE.

Form 990, Part III, Line 4b:

UPMC PINNACLE EMERGENCY DEPARTMENT SERVICESUPMC PINNACLE EMERGENCY DEPARTMENT IS A TAX EXEMPT, NON-PROFIT CORPORATION ENGAGED IN PROVIDING PROFESSIONAL SERVICES IN EMERGENCY MEDICINE.EMERGENCY SERVICESTWENTY-FOUR HOUR MEDICAL EMERGENCY SERVICE IS PROVIDED IN THREE EMERGENCY DEPARTMENTS, (HARRISBURG HOSPITAL, COMMUNITY GENERAL HOSPITAL, AND WEST SHORE HOSPITAL) STAFFED BY PHYSICIANS AND NURSES SPECIALIZING IN EMERGENCY MEDICINE AND SUPPORT PERSONNEL. SERVICES ARE OPEN TO ALL PERSONS WITHOUT REGARD TO AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, HANDICAP OR ABILITY TO PAY. MEDICAL COVERAGE IS GIVEN FOR COMMUNITY SPORTING EVENTS. CPR TRAINING PROGRAMS ARE OFFERED TO COMMUNITY GROUPS AND ORGANIZATIONS. TWENTY-FOUR HOUR EMERGENCY MEDICAL COMMAND IS PROVIDED FOR THE TRI-COUNTY AREA.DURING FISCAL YEAR 2021, UPMC PINNACLE HOSPITALS PROVIDED EMERGENCY CARE TO OVER 113,000 PATIENTS IN ITS THREE EMERGENCY DEPARTMENTS.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

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

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

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

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

2020

Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

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

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,410,839	7,949,635	7,683,993	7,488,199	7,107,039
b Contributions			583,601		
c Net investment earnings, gains, and losses	133,000	64,719	-317,959	195,794	381,160
d Grants or scholarships					
e Other expenditures for facilities and programs	353,468	1,508,593			
f Administrative expenses	91,395	94,922			
g End of year balance	6,098,976	6,410,839	7,949,635	7,683,993	7,488,199

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100.000 %

c Term endowment ▶ 0 %

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)		No
(ii) Related organizations . . . . . 3a(ii)		No
b If "Yes" on 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		41,031,668		41,031,668
b Buildings		403,512,177	64,305,036	339,207,141
c Leasehold improvements		5,446,055	3,853,585	1,592,470
d Equipment		254,444,113	148,527,567	105,916,546
e Other		6,982,692		6,982,692
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				494,730,517

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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) OTHER LONG TERM LIABILITIES	40,895,696
(3) DUE TO AFFILIATES	76,033,697
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	116,929,393

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	"UPMC PINNACLE'S ENDOWMENT FUND IS COMPRISED OF INVESTMENTS HELD IN TRUST THAT HAVE BEEN E ITHER DONATED OR RECEIVED AS A TESTAMENTARY TRUST FROM A GRANTOR'S WILL, WHERE THE HOSPITA L IS THE BENEFICIARY OF THE TRUST INSTRUMENT. THE UNDERLYING SECURITIES IN EACH TRUST ARE TYPICALLY INDIVIDUALLY OWNED FIXED INCOME OR EQUITY SECURITIES OR MUTUAL FUNDS WHICH ARE I NVESTED IN FIXED INCOME OR EQUITY SECURITIES. THE TRUSTEE OF EACH TRUST IS RESPONSIBLE FOR MANAGING AND INVESTING THE ASSETS IN ACCORDANCE WITH THE TRUST ARRANGEMENT."

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED UPMC SYSTEM LEVEL ONLY, INCLUDING UPMC AN D ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES. TAX BENEFITS ARE RECOGNIZED WHEN IT IS MORE LIK ELY 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 LAR GEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY TO BE REALIZED UPON ULTIMATE SE TTLEMENT WITH THE TAX AUTHORITIES ASSUMING FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. AS OF JUNE 30, 2021, UPMC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS RECORDED.

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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/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 25000.0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	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)			8,416,974		8,416,974	0.740 %
b Medicaid (from Worksheet 3, column a)			107,375,401	10,469,178	96,906,223	8.500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			115,792,375	10,469,178	105,323,197	9.240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)			20,586,105	8,087,607	12,498,498	1.100 %
g Subsidized health services (from Worksheet 6)			3,944,212		3,944,212	0.350 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			24,530,317	8,087,607	16,442,710	1.450 %
k **Total.** Add lines 7d and 7j			140,322,692	18,556,785	121,765,907	10.690 %

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			4,200		4,200	0 %
3 Community support			3,580,609		3,580,609	0.310 %
4 Environmental improvements						
5 Leadership development and training for community members			24,314		24,314	0 %
6 Coalition building						
7 Community health improvement advocacy			260,405		260,405	0.020 %
8 Workforce development						
9 Other						
10 Total			3,869,528		3,869,528	0.330 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 8,557,397			
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 1,112,462			
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	186,992,305
6	Enter Medicare allowable costs of care relating to payments on line 5	6	140,366,262
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	46,626,043
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 WEST SHORE SURGERY CENTER LTD	SURGICAL CARE - MEDICAL SERVICES	45.000 %	0 %	53.000 %
2	2 SUSQUEHANNA VALLEY SURGERY CENTER	SURGICAL CARE - MEDICAL SERVICES	50.000 %	0 %	50.000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **3**

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group UPMC PINNACLE HARRISBURG

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		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.UPMCPINNACLE.COM			
b	☑ Other website (list url): WWW.PPIMHS.ORG			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
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		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

UPMC PINNACLE HARRISBURG

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
b	☑ The FAP application form was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

UPMC PINNACLE HARRISBURG

Name of hospital facility or letter of facility reporting group

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

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

Part V Facility Information *(continued)*

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

UPMC PINNACLE HARRISBURG

Name of hospital facility or letter of facility reporting group

		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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C.		

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 PINNACLE COMMUNITY GENERAL OSTEOPAT

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			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		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.UPMCPINNACLE.COM			
b	☑ Other website (list url): WWW.PPIMHS.ORG			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
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		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
b	☑ The FAP application form was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

Name of hospital facility or letter of facility reporting group

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

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

Part V Facility Information *(continued)*

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

UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

Name of hospital facility or letter of facility reporting group

		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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C.		

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 PINNACLE WEST SHORE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			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		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.UPMCPINNACLE.COM			
b	☑ Other website (list url): WWW.PPIMHS.ORG			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
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		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

UPMC PINNACLE WEST SHORE

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
b	☑ The FAP application form was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.UPMCPINNACLE.COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

UPMC PINNACLE WEST SHORE

Name of hospital facility or letter of facility reporting group

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

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

Part V Facility Information *(continued)*

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

UPMC PINNACLE WEST SHORE

Name of hospital facility or letter of facility reporting group

		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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C.		

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.

Form and Line Reference	Explanation
See Add'l Data	

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? **3**

	Name and address	Type of Facility (describe)
1	1 - PINNACLE HEALTH EMERGENCY DEPARTMENT 111 SOUTH FRONT STREET HARRISBURG, PA 17101	EMERGENCY MEDICAL SERVICES
2	2 - SUSQUEHANNA VALLEY SURGERY CENTER LLC 4310 LONDONDERRY ROAD SUITE 1 HARRISBURG, PA 17109	SURGICAL CARE - MEDICAL SERVICES
3	3 - WEST SHORE SURGERY CENTER LTD 2015 TECHNOLOGY PARKWAY MECHANICSBURG, PA 17050	SURGICAL CARE - MEDICAL SERVICES
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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Form and Line Reference	Explanation
PART I, LINE 7:	THE COST OF CHARITY CARE AND UNREIMBURSED MEDICAID COSTS ARE CALCULATED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM FOR EACH OF THE INDIVIDUAL SERVICES PROVIDED TO THE PATIENT. IT UTILIZES HOSPITAL EXPENSES FROM THE GENERAL LEDGER AND REVENUE DETAILS FROM THE PATIENT ACCOUNTING SYSTEM. EACH DEPARTMENT WITHIN THE HOSPITAL IS CLASSIFIED AS EITHER INDIRECT (OVERHEAD) OR DIRECT (PATIENT CARE AREAS). EXPENSES ARE CLASSIFIED AS FIXED OR VARIABLE AS THEY RELATE TO PATIENT VOLUME. LOGICAL STATISTICS ARE USED TO ALLOCATE OVERHEAD EXPENSES TO THE PATIENT CARE DEPARTMENTS. USING EITHER A RATIO OF COST-TO-CHARGE OR RVUS (RELATIVE VALUE UNITS), THE DIRECT AND INDIRECT COSTS FOR EACH DEPARTMENT ARE ALLOCATED TO THE SERVICES THEY PROVIDE.

990 Schedule H, Supplemental Information

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

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Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 39,033,539.

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	WITH A FOCUS ON PROVIDING LEADERSHIP AND IMPROVING THE OVERALL HEALTH OF OUR COMMUNITY, UP MC PINNACLE HOSPITALS VALUES RELATIONSHIPS WITH COMMUNITY PARTNERS AND THE ASSETS THEY BRI NG TO ANY COLLABORATIVE EFFORTS. UPMC PINNACLE HELPED CREATE THE DAUPHIN COUNTY HEALTH IMP ROVEMENT PARTNERSHIP (DCHIP) COMPRISED OF REGIONAL HEALTH AND HUMAN SERVICE PROVIDERS, PAY ORS, COUNTY GOVERNMENT, AND BUSINESSES AND EDUCATION PROFESSIONALS. UPMC PINNACLE HAS WORK ED COLLABORATIVELY WITH PHYSICIANS AND HEALTH AND HUMAN SERVICE ORGANIZATIONS FOR MANY YEA RS TO MAXIMIZE COMMUNITY CAPACITY, PROVIDE NECESSARY SERVICES TO THE COMMUNITY AND REDUCE DUPLICATION OF SERVICES. UPMC PINNACLE SERVES IN A CONVENING ROLE TO STRENGTHEN COMMUNITY ASSETS THROUGH REFERRAL NETWORKS AND PARTNERSHIPS. SUCH INITIATIVES INCLUDE A PHARMACY VOU CHER PROGRAM WITH THE HARRISBURG PHARMACY AND WITH THE LOCAL SCHOOL SYSTEM TO PROMOTE HEAL THY CHOICES. STAFF AND VOLUNTEERS SUPPORT THE SCHOOL NURSES BY ASSISTING WITH MANDATED HEA LTH SCREENINGS INCLUDING HEIGHT, WEIGHT, VISION, HEARING, AND DENTAL SCREENINGS. DURING FA LL 2018, UPMC PINNACLE HOSPITAL STAFF AND VOLUNTEERS ASSISTED WITH SCREENING 6,036 STUDENT S IN THE HARRISBURG AND PERRY COUNTY SCHOOL DISTRICTS. PERRY COUNTY IS A RURAL COUNTY IN O UR SERVICE AREA WITH A POPULATION OF 45,969; 97% WHITE; HISPANIC/LATINO 1%; TWO OR MORE RA CES 1%; BLACK OR AFRICAN AMERICAN BELOW 1%; SOME OTHER RACE BELOW 1%; ASIAN BELOW 1%; THE POVERTY LEVEL IS AT 8.7%. UPMC PINNACLE ALSO ENGAGED THE HELP OF MESSIAH UNIVERSITY NURSIN G STUDENTS TO BUILD CAPACITY AND ENHANCE THE EDUCATIONAL EXPERIENCES FOR NURSING STUDENTS. THE SCHOOL DISTRICTS SHARE THE SCREENING DATA WITH PINNACLE TO AID IN FOCUSING OUR EFFORT S AND RESOURCES IN THE AREAS WITH THE HIGHEST NEEDS FOR ACCESS, EDUCATION, AND SUPPORT. BA SED ON IDENTIFIED COMMUNITY NEEDS AND VULNERABLE POPULATIONS, CONTINUOUS AND FREE PUBLIC P ROGRAMS TARGETED AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY AND INTO AREAS OF LIMITED A CCESS TO SPECIALTY SERVICES. THESE PROGRAMS ARE INTENDED TO INFORM AND CHANGE THE HEALTH H ABITS OF PARTICIPANTS THROUGH SUCH TOPIC AREAS AS DIABETES, HEART DISEASE, SEXUALLY TRANSM ITTED DISEASE PREVENTION, CANCER, ACCESSING HEALTHCARE, BEHAVIORAL HEALTH, SMOKING CESSATI ON, AND NUTRITION. EXAMPLES OF UPMC PINNACLE'S LEADERSHIP IN BUILDING COMMUNITY CAPACITY A RE:FAITH COMMUNITY HEALTH CONNECTION (FCHC) WITH LEADERSHIP OF OUR SPIRITUAL CARE SYSTEM M ANAGER, UPMC PINNACLE HAS ENHANCED THE FAITH COMMUNITY HEALTH CONNECTION (FCHC) BY OFFERIN G A NUMBER OF EDUCATIONAL SESSIONS ON TOPICS SUCH AS ADVANCED DIRECTIVES AND PALLIATIVE CA RE. OUR SPIRITUAL CARE DEPARTMENT ENGAGES OUR FAITH COMMUNITY WITH INVITATIONS TO ANY AND ALL EDUCATIONAL OPPORTUNITIES AND ALSO PARTNERS WITH THE FAITH LEADERS TO REACH OUT TO THE MOST VULNERABLE POPULATIONS IN OUR COMMUNITY. IN 2019, 215 INDIVIDUALS PARTICIPATED IN OU R FCHC EDUCATIONAL SESSIONS. IN MANY OF THE ETHNIC COMMUNITIES AROUND UPMC PINNACLE HARRIS BURG, THE FAITH LEADER IS THE MOST TRUSTED INDIVIDUAL AND MANY ARE PARTNERS OF UPMC PINNAC LE BECAUSE OF THE RELATIONSHIPS WITH THE LEADERS OF OUR SPIRITUAL CARE DEPARTMENT AND THE FCHC INITIATIVE. WHEN MEMBERS OF THE FAITH COMMUNITY ARE ADMITTED TO A UPMC PINNACLE HOSPI TAL, THE FAITH LEADER AND OUR FCHC LEADERS WORK TO ENSURE THAT THE PATIENT HAS ALL AVAILAB LE SUPPORT AND SERVICES ALIGNED TO ASSIST IN A HEALTHY RECOVERY. LEADERS AT LOCAL CONGREGA TIONS WORK COLLABORATIVELY WITH PINNACLE STAFF TO:-PROVIDE ACCESS TO QUALITY HEALTH CARE A ND HELP GUIDE INDIVIDUALS THROUGH THE HEALTHCARE SYSTEM.-PROVIDE ADVOCACY TO EMPOWER CONGR EGANTS IN HEALTHCARE EDUCATION MAKING.-CONNECT FAITH COMMUNITIES TO A NETWORK OF SUPPORT F OLLOWING ILLNESS, INJURY, AND HOSPITALIZATION.-CONNECT PEOPLE WITH EDUCATION AND SERVICES THAT WILL ENABLE THEM TO MAINTAIN OPTIMAL LEVELS OF HEALTH AND WELLBEING.-ASSIST UPMC PINN ACLE STAFF IN PROVIDING CULTURALLY SENSITIVE SERVICES TO DIVERSE POPULATIONS.INDIGENT CARE FUND IN FY20-21, UPMC PINNACLE MADE AVAILABLE TO SEVEN LOCAL CLINICS THAT SERVE THE UNINS URED AND UNDERSERVED. IN FISCAL YEAR 2021, CLINICS UTILIZED APPROXIMATELY $113,912 TO PROV IDE DIAGNOSTIC TESTING AT NO COST TO THEIR PATIENTS. DUE TO COVID-19 MANY CLINICS SHUT DOW N IN MARCH. TO DATE, THE CONTINUUM PROJECT HAS DISBURSED OVER $689,491 IN FREE CARE FUNDS TO COVER THE COST OF DIAGNOSTIC SERVICES TO PATIENTS AT THE BEACON CLINIC, BETHESDA MISSIO N, COMMUNITY CHECK UP CENTER, HAMILTON HEALTH CENTER, HOPE WITHIN CLINIC, AIM FREE CLINIC, MISSION OF MERCY AND JOSHI HEALTH CLINIC. BASED ON UPMC PINNACLE GOALS AND THE ANALYSIS O F RELATED DATA TO DATE, THE FOLLOWING GOAL AND RELATED OUTCOME HAS BEEN NOTED:-DECREASE RE ADMISSIONS WITHIN 30 DAYS FOR COMMUNITY HEALTH CENTER PATIENTS FROM 10% TO 12%.THE TRANSFO RMATION FROM A TRADITIONAL INPATIENT BASED HEALTH CARE MODEL TO A COLLABORATIVE, PATIENT-C ENTERED MEDICAL HOME MODEL REQUIRES A PARTNERSHIP BETWEEN INDIVIDUAL PATIENTS, PHYSICIANS, CLINICS, AND THE COMMUNITY-BASED PATIENT SUPPORT

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	SYSTEM. PATIENT CARE IS FACILITATED BY THE COMMUNITY HEALTH NAVIGATION TEAM USING RELATION SHIPS WITH COMMUNITY BASED ORGANIZATIONS AND A HEALTH INFORMATION EXCHANGE TO ENSURE PATIE NTS GET THE INDICATED CARE WHEN AND WHERE THEY NEED AND WANT IT IN A CULTURALLY AND LINGUI STICALLY APPROPRIATE MANNER.UPMC CHILD ADVOCACY CENTER OF CENTRAL PA FORMERLY KNOWN AS CHI LDREN'S RESOURCE CENTER (CRC)AS A TRUSTED PLACE FOR OUR COMMUNITY TO GO FOR ACCESS TO PUBL IC HEALTH SERVICES AND INFORMATION, UPMC PINNACLE AND ITS STAFF OF PROFESSIONALS MEET THE NEEDS OF A DIVERSE POPULATION WITH CULTURAL AWARENESS AND SENSITIVITY. THE CRC PARTNERS WI TH LAW ENFORCEMENT, DISTRICT ATTORNEY OFFICES, SOCIAL SERVICES, PSYCHOLOGICAL SUPPORT SERV ICES, CRISIS INTERVENTION, AND CHILD PROTECTION SERVICES TO PROVIDE EFFICIENT, QUALITY CAR E IN A SAFE, CHILD-FRIENDLY ENVIRONMENT FOR CHILDREN SUSPECTED OF HAVING BEEN ABUSED OR NE GLECTED. THROUGH ONGOING TRAINING AND EDUCATION IN THE COMMUNITY, THE CRC HAS SEEN AN INCR EASE IN PARTICIPATION WITH PARTNERS AGENCIES IN AN EVER-WIDENING GEOGRAPHIC SERVICE AREA. THE CRC SERVED 1,301 CHILDREN AND CAREGIVERS IN FY21. WE SAW CHILDREN FROM OVER 20 COUNTIE S IN PENNSYLVANIA BUT ROUTINELY SERVED CHILDREN FROM DAUPHIN, CUMBERLAND, PERRY, LEBANON, SCHUYKILL, JUNIATA, AND MIFFLIN COUNTIES.LEAD AND HEALTHY HOMES PROGRAM (LHHP) THE UPMC PI NNACLE LEAD POISONING PREVENTION PROGRAM (LPPEP) IS A NONPROFIT, SELF-SUPPORTING, NON-GRAN T FUNDED PROGRAM THAT PASSIONATELY CARES ABOUT THE CHILDREN IN SOUTH CENTRAL PA. WITH OVER 25 YEARS OF CHILDHOOD LEAD POISONING PREVENTION EXPERIENCE, OUR TEAM OF HEALTH PROFESSION ALS INCLUDES REGISTERED NURSES AND PUBLIC HEALTH PERSONNEL WITH LICENSES IN LEAD RISK ASSE SSMENTS WITH AN EXPERTISE IN CHILDHOOD LEAD POISONING PREVENTION AND RECOGNITION, AND HEAL THY HOMES SPECIALISTS BY THE NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION (NEHA), AND ASBESTO S BUILDING INSPECTORS. WHEN A CHILD IS DIAGNOSED WITH AN ELEVATED LEAD LEVEL (EBL) BY THEI R PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER; THE LPPEP WILL CONTACT THE PARENT TO DISCUSS THE LEAD ELEVATION AND MAKE AN APPOINTMENT FOR AN ENVIRONMENTAL LEAD INVESTIGA TION AT THEIR HOME. IN ADDITION, THE REGISTERED NURSE WILL: REVIEW POSSIBLE CAUSES OF ELEV ATED LEAD ASK ABOUT CHIPPING AND PEELING PAINT IN THE HOME DETERMINE THE AGE OF THE HOME (THROUGH PUBLIC RECORDS) INQUIRE ABOUT ANY HOME RENOVATIONS CURRENTLY OR PREVIOUSLY CONDUCT ED IN OR AROUND THE HOME REQUEST INFORMATION ABOUT OTHER HOMES, DAY CARES, SCHOOLS, OR PLA CES WHERE THE CHILD SPENDS TIME, AND THESE WILL BE INVESTIGATED AS WELL. ASK ABOUT ANY OTH ER CHILDREN, OR PREGNANT MOMS IN THE FAMILY, AND IF THEY WERE TESTED FOR EBL REVIEW DIET, AND RECOMMENDED NUTRITION INFORMATION FOR CHILDREN WITH EBL DISCUSS THE IMPORTANCE OF VITA MINS STRESS THE IMPORTANCE OF FOLLOW UP LEAD TESTING FOR THE CHILD REFER TO EARLY INTERVEN TION AND THE INTERMEDIATE UNIT REFER TO OTHER SOCIAL SERVICE AGENCIES, I.E. HEAD START, WI C PREPARE WRITTEN LITERATURE AND OTHER EDUCATIONAL PAMPHLETS ABOUT LEAD POISONING TO BE GI VEN AT THE HOME VISIT. IF REQUESTED, THESE CAN ALSO BE MAILED TO THE PARENT. THE UPMC LPPE P LICENSED RISK ASSESSOR WILL TEST EACH ROOM OF THE HOUSE; PAINTED, TILED, OR VARNISHED SU RFACES, BATHTUBS IF APPLICABLE, AND ALSO THE OUTSIDE OF THE HOME, INCLUDING PORCHES AND OU T-BUILDINGS. SOIL AND WATER SAMPLES WILL BE TAKEN IF DEEMED NECESSARY. SOIL OF A GARDEN, O R POTENTIAL GARDEN IS ALWAYS SAMPLED. PLUMBING WILL BE EXAMINED FOR LEAD PIPES AND SOLDERI NG. ALSO, THE LPPEP STAFF IS EXPERIENCED IN RECOGNIZING MANY OTHER FORMS OF LEAD POISONING IN CHILDREN WHICH ARE ON THE RISE. THESE INCLUDE:CULTURAL- APPLICATION OF KOHL, SINDOOR I N MIDDLE EASTERN AND ASIAN IMMIGRANTS AND OTHER CULTURAL MAKE-UP.(CON'T AT END)

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

Form and Line Reference	Explanation
PART II: COMMUNITY BUILDING ACTIVITIES	SPICES IMPORTED FROM OTHER COUNTRIES. (TURMERIC, HOT PEPPER CHILI POWDER, AND PAPRIKA) THE SE ARE SOMETIMES IN UNMARKED PACKAGES, AND WE SEND THEM TO A CODIFIED LAB FOR LEAD TESTING . TOYS AND CANDY MADE OUTSIDE THE UNITED STATES CANDY WRAPPERS MADE OUTSIDE OF THE UNITED STATES CHILDREN AND ADULT JEWELRY CONTAINING LEAD AND KEYS DISHES, AND OTHER CONTAINERS WH ICH CONTAIN LEAD IN THE GLAZE RICE COOKERS, COOKING POTTERY SOIL CONTAMINATED WITH LEAD FR OM EXTERIOR PAINT FROM THE HOME, OUT-HOUSES, GARAGES, AND ALSO WHERE THE AREA AROUND THE H OME WAS USED FOR AUTO REPAIR PRIOR TO 1978 WHEN LEAD GASOLINE WAS BANNED. (ALL OF THE ABOV E WERE ACTUALLY FOUND TO BE CAUSES OF SOME OF OUR INVESTIGATIONS FOR SOURCE OF LEAD TOXICI TY IN CHILDREN)WE ALSO WILL INVESTIGATE ANY HOBBIES THAT LEAD IS INVOLVED WITH SUCH AS STA INED GLASS REPAIR, MAKING OR RELOADING BULLETS, AND TARGET SHOOTING AT THE RANGE, THE NURS E WILL ALSO INQUIRE ABOUT OCCUPATIONS, WHICH INVOLVE LEAD SUCH AS: BRIDGE PAINTING BATTERY MANUFACTURING CONSTRUCTION WORKERS DEMOLITION WORKERS FIRE RANGE WORKERS PIPE FITTERSONCE THE INSPECTION IS COMPLETED AND THE DUST/WATER/SOIL SAMPLES HAVE BEEN ANALYZED, A COMPLET E DETAILED X-RAY FLUORESCENCE (XFR) ANALYZER REPORT AND LETTER WITH OUR FINDINGS AND EXPER T OPINION OF THE SOURCE OF LEAD ARE SENT TO THE: PRIMARY CARE PROVIDER PARENTS LANDLORD ST ATE HEALTH NURSE FOR THE COUNTY CODES DEPARTMENT AS YOU CAN SEE, UPMC PINNACLE LPPEP GOES ABOVE AND BEYOND WHEN CONDUCTING A THOROUGH ENVIRONMENTAL LEAD INSPECTION WITH A DEDICATED AND COMPASSIONATE STAFF.UPMC PINNACLE LPPEP STAFF ARE CERTIFIED IN NEHA'S HEALTH HOMES CR EDENTIALING AND HAVE MANY YEARS OF EXPERIENCE IN ASSURING FAMILY HOMES ARE SAFE. WE ARE EX PERTS ON LEAD AS WELL AS: RADON ASTHMA (INCLUDING ASTHMA TRIGGERS) ALLERGIES MOLD CARBON M ONOXIDE HOME SAFETY INTEGRATED PEST MANAGEMENT (BEDBUGS, MICE, RATS, COCKROACHES)*IF THE L EAD RISK ASSESSOR DOES A HOME VISIT, AND RECOGNIZES ANY OF THE ABOVE, THEY ARE PROVIDED EX PERT EDUCATION, AS WELL AS REFERRALS TO ASSIST THEM TO CORRECT THESE UNHEALTHY HOME ISSUES .IF THE FAMILY DECIDES TO MOVE OUT OF THEIR HOME DUE TO THE AMOUNT OF LEAD FOUND, OUR LPPE P WILL OFFER TO DO A HOME VISIT AT THE NEW HOME TO ASSURE THEY ARE LEAD SAFE THERE.WE ALSO PROVIDE HOME CLEANING INSTRUCTIONS AND SUPPLIES FOR THE PARENT OF THE LEAD CHILD. WE HAVE A TRUE PORTABLE INDUSTRIAL HEPA-VAC WE LEND OUT THAT ACTUALLY WILL PICK UP LEAD DUST (UNL IKE COMMERCIAL HEPA-VACS). WE ASK THEM NOT TO REMOVE THE CATCH BAG, AND ONCE WE PICK UP TH E HEPA-VAC, WE ASSURE IT IS DISPOSED OF PROPERLY. FOR MANY YEARS WE HAVE BEEN CONDUCTING L EAD RISK ASSESSMENTS. WE HAVE DONE MANY THOUSAND LEAD INVESTIGATIONS IN SOUTH CENTRAL, NOR TH CENTRAL, AND NORTHEAST PA. IN FY21, WE RECEIVED 190 REFERRALS AND CONDUCTED 162 ENVIRON MENTAL LEAD INSPECTIONS. IN FY21, WE RECEIVED 130 REFERRALS FOR CHILDREN WITH ELEVATED BLO OD LEAD LEVELS. WE COVER 15 COUNTIES, BUT THE MARJORITY LIVE IN DAUPHIN, LANCASTER, AND LE BANON COUNITES. THE REMAINING REFERRALS ARE SPREAD OVER CUMBERLAND, YORK, PERRY, HUNTINGTO N, FRANKLIN, AND LEBANON. OF THE 130 REFERRALS, ENVIRONMENTAL HOME ASSESSMENTS WERE COMPLE TED AT APPROXIMATELY 79 HOMES. DUE TO COVID-19, FROM MARCH 2019 TO JUNE 2019 36 INSPECTION S WERE DONE BY TELEHEALTH. (PHYSICAL HOME INSPECTIONS STOPPED DUE TO COVID-19 IN MARCH). A LL FAMILIES, INCLUDING THE REMAINDER RECEIVED COMPREHENSIVE AND THOROUGH LEAD EDUCATION EI THER VIA A HOME VISIT OR TELEPHONE. LEAD POISONING PREVENTION LITERATURE IS GIVEN TO ALL F AMILIES TOO. RESOURCE EDUCATION AND COMPREHENSIVE CARE FOR HIV (REACCH) THE UPMC PINNACLE REACCH PROGRAM SERVES AS A COMPREHENSIVE MEDICAL CARE PROGRAM FOR ALL PEOPLE LIVING WITH H IV/AIDS WITHIN THE SOUTH CENTRAL PENNSYLVANIA REGION. IN FY20-21, REACCH SERVED 709 RACIAL LY DIVERSE PATIENTS: 41% WERE AFRICAN AMERICAN, 53% CAUCASIAN/NON-HISPANIC, 13% HISPANIC, AND 2% MULTI-RACIAL OR OTHER. ALMOST ALL PATIENTS HAVE BEEN ABLE TO OBTAIN HEALTH INSURANC E THROUGH THE AFFORDABLE CARE ACT AND EXPANDED MEDICAID. 59% ARE COVERED BY MEDICAID, 33% ARE COVERED BY MEDICARE, 3% HAD PRIVATE INSURANCE AND ONLY 5% WERE UNINSURED. 69% OF REACC H PATIENTS LIVE IN HARRISBURG CITY, 9% IN OTHER PARTS OF DAUPHIN COUNTY, 13% IN CUMBERLAND COUNTY, 3% IN PERRY COUNTY, AND THE REMAINDER RESIDE IN FRANKLIN, YORK, OR OTHER SURROUND ING COUNTIES. IN ADDITION TO HIV TREATMENT, PRIMARY MEDICAL CARE AND COMPREHENSIVE DENTAL CARE, STAFF SEEKS TO REMOVE SOCIAL AND ECONOMIC BARRIERS TO CARE BY PROVIDING TREATMENT AD HERENCE COUNSELING, BEHAVIORAL HEALTH COUNSELING, CASE MANAGEMENT, SOCIAL WORK SERVICES, N UTRITION THERAPY, AND FINANCIAL COUNSELING. REACCH ALSO PROVIDES OUTREACH AND TESTING WITH IN THE COMMUNITY, SEEKING TO IDENTIFY HIV+ INDIVIDUALS WHO DO NOT KNOW THEIR STATUS THROUG H TESTING HIGH-RISK POPULATIONS, AND REACHING OUT TO INDIVIDUALS KNOWN TO BE POSITIVE BUT WHO ARE NOT ACTIVELY ENGAGED IN MEDICAL TREATMENT. IN FY20-21, 128 INDIVIDUALS WERE TESTED THROUGHOUT THE COMMUNITY. REACCH HAS EXCELLENT PR

Form and Line Reference	Explanation
PART II: COMMUNITY BUILDING ACTIVITIES	OGRAM OUTCOMES. 92% OF REACCH PATIENTS CONSISTENTLY HAVE AN UNDETECTABLE AMOUNT OF HIV IN THEIR BLOOD, COMPARED WITH THE NATIONAL RATE OF ONLY 33%. 120 BABIES HAVE BEEN BORN TO HIV + MOTHERS THROUGH THE REACCH PROGRAM, AND THERE HAS BEEN NO VERTICAL TRANSMISSION OF HIV; ALL OF THESE BABIES ARE HIV NEGATIVE. THROUGH OUR HOMELESS PREVENTION PROGRAM (RYAN WHITE HOUSING) AT REACCH, WE HAVE BEEN ABLE TO HELP 124 PATIENTS WITH HOUSING ASSISTANCE PREVENT ING HOMELESSNESS.

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Form and Line Reference	Explanation
PART III, LINE 4:	THE FINANCIAL STATEMENTS DO NOT HAVE A SPECIFIC NOTE ON BAD DEBT EXPENSE; RATHER THE FINANCIAL STATEMENTS EVALUATE BAD DEBTS ON ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE FOOTNOTE RELATED TO THE ALLOWANCE IS SUMMARIZED AS FOLLOWS: "ACCOUNTS RECEIVABLE ARE RECORDED AT THEIR ESTIMATED NET REALIZABLE VALUE. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS ESTIMATED BASED UPON HISTORICAL COLLECTION RATES."THE BAD DEBT EXPENSE ON PART III, LINE 2 WAS CALCULATED BY TAKING THE AMOUNT WRITTEN OFF TO BAD DEBT FOR EACH ACCOUNT AND CONVERTING IT TO CHARGES BY APPROPRIATELY ADJUSTING THE AMOUNT BY THE PAYOR REIMBURSEMENT PERCENTAGE FOR THAT ACCOUNT. THEN, THE COST TO CHARGE RATIO FOR EACH SPECIFIC ACCOUNT, UTILIZING THE COSTS FROM THE HOSPITAL COST ACCOUNTING SYSTEM (DESCRIBED IN DETAIL ABOVE), WAS APPLIED TO THIS CALCULATED PORTION OF THE TOTAL CHARGES.FOR THE PORTION OF BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE HOSPITAL DETERMINED THE CITY OF HARRISBURG ZIP CODES THAT PRIMARILY INCLUDE PUBLIC HOUSING. THEN WE REVIEWED OUR BAD DEBT WRITE-OFFS FOR THE FISCAL YEAR TO DETERMINE THE ACCOUNTS WHERE THE PATIENT ADDRESS WAS INCLUDED IN THOSE ZIP CODES. AN OVERALL COST TO CHARGE RATIO WAS THEN APPLIED TO THIS AMOUNT TO ARRIVE AT AN EXPENSE FIGURE. THIS AMOUNT CONTINUES TO DECREASE EACH YEAR AS WE HAVE FURTHER DEVELOPED OUR PRESUMPTIVE CHARITY CARE AND FINANCIAL AID APPROACH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE MEDICARE COSTS WERE DETERMINED BASED ON THE HOSPITALS' COST TO CHARGE RATIO FOR THE SERVICES RENDERED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	PATIENTS ARE NOTIFIED OF OUR CHARITY CARE POLICY IN A VARIETY OF WAYS. THERE ARE POSTERS INFORMING PATIENTS OF OUR CHARITY CARE POLICY AND A PLAIN LANGUAGE VERSION OF THE POLICY HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES. ALL OF OUR PATIENT ACCOUNT STATEMENTS CONTAIN LANGUAGE THAT INDICATES THERE IS FINANCIAL AID AVAILABLE FOR QUALIFYING INDIVIDUALS. IN ADDITION, THE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL WEBSITE IN BOTH ENGLISH AND SPANISH. PATIENTS WHO APPLY FOR FINANCIAL ASSISTANCE AND PROVIDE ALL THE NECESSARY DOCUMENTATION REQUIREMENTS ARE NOTIFIED WITHIN THIRTY DAYS OF THE HOSPITAL'S DECISION. WHEN THE APPROVAL IS DETERMINED, THE APPROPRIATE DISCOUNT IS POSTED TO THE PATIENT ACCOUNT IMMEDIATELY. THE FINANCIAL ASSISTANCE DISCOUNT WILL BE APPLIED TO SERVICE FOR THE PREVIOUS TWELVE MONTHS AND SUBSEQUENT SIX MONTHS. THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE. NO ADDITIONAL COLLECTION EFFORTS ARE MADE. APPLICANTS APPROVED FOR ONLY PARTIAL DISCOUNT WILL BE REQUIRED TO MAKE REASONABLE PAYMENT ARRANGEMENTS ON THEIR BALANCE IN ACCORDANCE WITH THE HOSPITAL'S CREDIT AND COLLECTION POLICY. THIS POLICY DOES PERMIT THE USE OF BOTH INTERNAL COLLECTION STAFF AND EXTERNAL COLLECTION AGENCIES WHO WILL ENGAGE IN STANDARD ACCEPTABLE BUSINESS PRACTICES WHICH INCLUDE PHONE CALLS, MAILING AND THE REPORTING OF UNPAID DEBT TO THE CREDIT REPORTING AGENCIES; BUT UNDER NO CIRCUMSTANCES WILL THE HOSPITALS OR ITS CONTRACTED COLLECTION AGENCY ADOPT "EXTRAORDINARY COLLECTION ACTIONS" THAT ENTAIL ANY LEGAL COURSE OF ACTION OR JUDICIAL PROCESSES SUCH AS LAWSUITS OR LIENS.

Form and Line Reference	Explanation
PART VI, LINE 2:	LED BY THE MISSION EFFECTIVENESS DEPARTMENT, THE CHNA PROCESS REPRESENTS A COMPREHENSIVE C OMMUNITY-WIDE PROCESS THAT CONNECTS MORE THAN 500,000 COMMUNITY RESIDENTS AND A WIDE RANGE OF PUBLIC AND PRIVATE ORGANIZATIONS. THESE INCLUDE EDUCATIONAL INSTITUTIONS, HEALTH-RELAT ED PROFESSIONALS, LOCAL GOVERNMENT OFFICIALS, HUMAN SERVICE ORGANIZATIONS AND FAITH-BASED ORGANIZATIONS TO EVALUATE THE COMMUNITY'S HEALTH AND SOCIAL NEEDS. THE ASSESSMENT UTILIZED SECONDARY DATA COLLECTION, INTERVIEWS WITH KEY COMMUNITY LEADERS, HAND DISTRIBUTED SURVEY S, PUBLIC FORUMS, AND PROVIDER SURVEYS TO IDENTIFY HEALTH PROGRAMS AND RISK FACTORS IN THE SERVICE AREA.FY 2016 CHNA UPMC PINNACLE CONDUCTED THE NEXT CHNA IN FY 2016. AS PART OF TH IS CHNA PROCESS, OUR TEAM GATHERED BOTH PRIMARY AND SECONDARY DATA. AS PART OF THE PRIMARY DATA COLLECTION, WE CONDUCTED 56 PHONE INTERVIEWS WITH LOCAL COMMUNITY LEADERS. WITH THE HELP OF COMMUNITY BASED GRASS ROOTS ORGANIZATIONS. A HAND-DISTRIBUTED SURVEY WAS DISSEMINA TED TO OUR MOST VULNERABLE POPULATIONS. AVAILABLE IN BOTH ENGLISH AND SPANISH, WE RECEIVED 833 COMPLETED SURVEYS. NEW TO THE CHNA PROCESS, PINNACLE COLLECTED 654 PROVIDER SERVICES SURVEYS WHICH DOCUMENTED COMMUNITY NEEDS AS IDENTIFIED BY PHYSICIANS, NURSES, AND MID LEVE L PROVIDERS IN BOTH INPATIENT AND OUTPATIENT SETTINGS. ALSO, THREE KIOSKS WERE MADE AVAILA BLE THROUGHOUT THE SYSTEM FOR PUBLIC COMMENTARY. ADDITIONALLY, THIRTY- FIVE COMMUNITY MEMB ERS PROVIDED FEEDBACK ON THE PRIOR CHNA AND THE CURRENT HEALTH NEEDS OF THE COMMUNITY. FIN ALLY, TWO COMMUNITY FORUMS WERE HELD WELCOMING THE ENTIRE COMMUNITY TO REVIEW THE FINDINGS AND PROVIDE FEEDBACK AND/OR VOICE ADDITIONAL CONCERNS.SECONDARY DATA COLLECTIONSECONDARY DATA WAS COLLECTED FROM MULTIPLE SOURCES, INCLUDING: COUNTY HEALTH RANKINGS, HEALTHY PEOPL E 2020, OFFICE OF APPLIED STUDIES, PENNSYLVANIA DEPARTMENT OF HEALTH, BUREAU OF HEALTH STA TISTICS AND RESEARCH, PENNSYLVANIA OFFICE OF RURAL HEALTH, CAPITAL AREA COALITION ON HOMEL ESSNESS, THE CENTERS FOR DISEASE PREVENTION AND CONTROL (CDC), ETC. THE DATA RESOURCES WER E RELATED TO DISEASE PREVALENCE, SOCIO-ECONOMIC FACTORS, AND BEHAVIORAL HABITS. THE DATA W AS BENCH MARKED AGAINST STATE AND NATIONAL TRENDS.UPMC PINNACLE, THEN PINNACLE HEALTH HOSP ITALS, UTILIZED THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES COMMUNITY HEALTH STATUS IND ICATORS, WHICH PROVIDED DATA THAT CAN BE COMPARED TO PEER COUNTIES ON A STATE AND NATIONAL LEVEL. IN ADDITION, HEALTHY PEOPLE 2020 IDENTIFIED NEARLY 600 OBJECTIVES WITH MORE THAN 1 ,300 MEASURES TO IMPROVE THE HEALTH OF ALL AMERICANS. TO MONITOR PROGRESS TOWARDS ACHIEVIN G INDIVIDUAL OBJECTIVES, HEALTHY PEOPLE RELIES ON DATA SOURCES DERIVED FROM A NATIONAL CEN SUS OF EVENTS LIKE NATIONAL VITAL STATISTICS SYSTEM AND NATIONALLY REPRESENTATIVE SAMPLE S URVEYS LIKE THE NATIONAL HEALTH INTERVIEW SURVEY. UPMC PINNACLE HOSPITALS SEARCHES THE HEA LTH INDICATORS WAREHOUSE FOR DATA RELATED TO HEALTHY PEOPLE 2020 OBJECTIVES DEVELOPED BY T HE NATIONAL CENTER FOR HEALTH STATISTICS TO DEFINE PRIORITIES THAT ASSIST IN IMPROVING HEA LTH IN THE COMMUNITY. DATA WAS ALSO OBTAINED THROUGH TRUVEN HEALTH ANALYTICS (FORMERLY KNO WN AS THOMSON REUTERS) TO QUANTIFY THE SEVERITY OF HEALTH DISPARITIES FOR EVERY ZIP CODE I N THE NEEDS ASSESSMENT AREA BASED ON SPECIFIC BARRIERS TO HEALTHCARE ACCESS. FIVE PROMINEN T SOCIO-ECONOMIC BARRIERS TO COMMUNITY HEALTH WERE IDENTIFIED: INCOME BARRIERS, CULTURE/LA NGUAGE BARRIERS, EDUCATIONAL BARRIERS, INSURANCE BARRIERS, AND HOUSING BARRIERS.UPMC PINNA CLE PRESENTED THE RESULTS OF A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN NOVEMBER 2015 A ND DEVELOPED AN IMPLEMENTATION PLAN WITH STRATEGIES TO ADDRESS THE IDENTIFIED COMMUNITY HE ALTH NEEDS. THE FINAL IMPLEMENTATION PLAN WAS VIEWED BY THE MISSION EFFECTIVENESS AND STRA TEGIC ISSUES COMMITTEE OF THE BOARD IN SEPTEMBER 2016 AND APPROVED BY THE UPMC PINNACLE BO ARD OF DIRECTORS IN NOVEMBER 2016. AS UPMC PINNACLE LOOKS TOWARDS THE FUTURE, WE ENSURE TH AT OUR CORE VALUES OF QUALITY, ACCESS TO CARE AND COORDINATION OF CARE ARE AT THE CENTER O F ALL OF OUR ORGANIZATIONAL STRATEGIES. WE EMBRACE OUR COMMUNITY PARTNERS AND WORK COLLABO RATIVELY WITH THEM TO STRENGTHEN THE SUPPORT SYSTEMS THAT WILL ALLOW US AND OUR PARTNERS T O MAINTAIN POSITIVE HEALTH OUTCOMES.IN ACCORDANCE WITH IRS GUIDELINES, UPMC PINNACLE BEGAN THE NEXT COMMUNITY HEALTH NEEDS ASSESSMENT IN FALL 2017. ORGANIZATIONS AND COMMUNITY LEAD ERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAI TH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIV E PRIMARY DATA COLLECTION PHASE RESULTED IN CONTRIBUTIONS FROM OVER 900 COMMUNITY RESIDENT S, LEADERS, ORGANIZATIONS, AND COMMUNITY STAKEHOLDERS. THE PRIMARY DATA COLLECTED CONSISTE D OF TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS; 831 PAPER HAND SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS; FORTY-TWO COMMUNITY LEAD

Form and Line Reference	Explanation
PART VI, LINE 2:	ERS ATTENDED A COMMUNITY FORUM. AS A RESULT OF EXTENSIVE PRIMARY AND SECONDARY RESEARCH AN D THE INPUT OF COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THRE E REGIONAL PRIORITIES: ACCESS TO CARE, BEHAVIORAL HEALTH AND ADDRESSING THE SOCIAL DETERMI NANTS OF HEALTH. WITH THE COMPLETION OF THE CHNA, UPMC PINNACLE HOSPITALS, UPMC CARLISLE, AND PENNSYLVANIA PSYCHIATRIC INSTITUTE DEVELOPED AN IMPLEMENTATION PLAN TO LEVERAGE THE OR GANIZATION'S RESOURCES TO BEST ADDRESS COMMUNITY HEALTH NEEDS AND IMPROVE THE OVERALL HEAL TH AND WELL-BEING OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA IN 2018. IN MAY 2019 THE UPMC PINNACLE BOARD OF DIRECTORS APPROVED A FIVE-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESS MENT IMPLEMENTATION STRATEGY FOR CUMBERLAND, DAUPHIN, LEBANON, PERRY AND YORK COUNTIES. PR IORITY 1: ACCESS TO CARE- THE GOAL IS TO EXPAND THE HEALTH CARE REACH TO RURAL AND HOMEBOU ND POPULATIONS. ANTICIPATED IMPACT IS THAT RURAL AND HOMEBOUND POPULATIONS HAVE INCREASED ACCESS TO HEALTH CARE SERVICES. STRATEGY 1: STRENGTHEN ACCESS TO SPECIALTY PROVIDER-BASED SERVICES AND SUPPORTIVE SERVICES, AND INCREASE UTILIZATION OF HEALTH CARE SERVICES BY COMM UNITY MEMBERS. WE WILL PROVIDE INSURANCE ENROLLMENT SPECIALIST AND FINANCIAL AID COUNSELOR S TO ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS. WE WILL OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME BY USING TECHNOLOGY AND CONNECTING WITH OUR COMMUNITY P ARTNERS AND COMMUNITY HEALTH CENTERS. WE WILL COLLABORATE WITH COMMUNITY HEALTH CENTER STA FF TO REVIEW CASES OF HIGH UTILIZATION AND ACUITY. WE WILL MAINTAIN A CONTINUED PARTNERSHI P WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED, AND DIVERSE POPULATIONS. STRATEGY 2: STRENGTHEN ACCESS TO DENTAL PROVIDER-BASED SERVICES, SUPPORTIVE SERVICES, AND UTILIZATION OF DENTAL SERVICES BY COMMUNITY MEMBERS. PROMOTE INC REASED UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL H EALTH STATUS IMPROVEMENT. COORDINATE CARE OF URGENT DENTAL NEEDS IN THE EMERGENCY DEPARTME NT. STRATEGY 3: PROVIDE PATIENT ACCESS TO HEALTH CARE RESOURCES IN THEIR LANGUAGE BY EXPAN DING OUR INTERPRETATION SERVICES TO PATIENTS; EXPAND TRANSLATION OF MEDICAL DOCUMENTS TO P ATIENTS. STRATEGY 4: INCREASE ACCESS TO EVIDENCE BASED SMOKING CESSATION AND PREVENTION PR OGRAMS THROUGH CONTINUED TOBACCO CESSATION AND SMOKING PREVENTION PROGRAMS. STRATEGY 5: IN CREASE NUMBER OF PATIENTS RECEIVING CARE COORDINATION SERVICES BY EXPLORING PAYOR OPTIONS FOR PAYMENT PROGRAMS AND EXPLORING CHRONIC CARE MANAGEMENT BILLING. PRIORITY 2: BEHAVIORAL HEALTH - THE GOAL IS TO IMPROVE BEHAVIORAL HEALTH ILLNESSES BY PROVIDING ACCESS TO QUALIT Y MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, PROVIDING EDUCATION THAT ADDRESSES THE WHOLE PERSON, AND INCREASING OUR PREVENTION, EDUCATION, AND TREATMENT SERVICES. STRATEGY 1: CON DUCT MENTAL HEALTH SCREENINGS TO REDUCE THE OCCURRENCE OF SUICIDE. STRATEGY 2: PROVIDE MEN TAL HEALTH TRAINING TO LAW ENFORCEMENT OFFICERS.STRATEGY 3: IMPLEMENT AN INTEGRATED CARE M ODEL FOR BEHAVIORAL HEALTH AT UPMC PINNACLE HOSPITALS. STRATEGY 4: PROVIDE EARLY ENGAGEMEN T AND SUPPORT FOR PSYCHOSIS.STRATEGY 5: IMPLEMENT TRAUMA INFORMED CARE (TIC) TO MEET THE N EEDS OF THE WHOLE PERSON. STRATEGY 6: IMPROVE ACCESS TO HEALTH CARE THROUGH A MEDICAL HOME . STRATEGY 7: PROVIDE DIRECT ACCESS FOR THOSE EXPERIENCING A MENTAL HEALTH CRISIS. STRATEG Y 8: IMPROVE ACCESS TO MENTAL HEALTH CARE THROUGH TELE-PSYCHIATRY. STRATEGY 9: IMPROVE BEH AVIORAL HEALTH OF CHILDREN AND ADOLESCENTS.STRATEGY 10: IMPROVE ACCESS TO MEDICATED ASSIST ED TREATMENT (MAT).STRATEGY 11: PROVIDE STEPS TO RECOVERY FOR PREGNANT WOMEN FACING ADDICT ION. CON'T

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

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PART VI, LINE 4:	THE PSA IN WHICH UPMC PINNACLE SERVES HAS 12 CENSUS TRACTS WHICH HAVE BEEN IDENTIFIED BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION AS MEDICALLY UNDERSERVED AREAS (MUAS). ADJACENT TO THE WEST OF THE PSA ARE AN ADDITIONAL 5 MINOR CIVIL DIVISIONS WHICH HAVE BEEN IDENTIFIED AS MUAS. UPMC PINNACLE IS A SIGNIFICANT PROVIDER OF HEALTHCARE SERVICES TO PATIENTS IN THE AREAS ADJACENT TO ITS PSA.UPMC PINNACLE EMERGENCY DEPARTMENT (ED) IS THE FIRST OPTION FOR THE MAJORITY OF THE RESIDENTS. IN ADDITION, THE HOSPITAL AND RELATED ORGANIZATIONS OPERATE ADULT, CHILDREN, WOMAN, AND TEEN PRIMARY CARE CLINICS THAT SERVE THE CITY'S MEDICAID AND UNINSURED POPULATION.NEARLY 82.5% OF THE HARRISBURG CITY POPULATION IS MINORITY, COMPARED TO 35% OF THE COUNTY POPULATION. AFRICAN-AMERICAN/BLACKS COMPRISE 52.1% OF HARRISBURG'S POPULATION AND HISPANICS/LATINOS MAKE UP 20.3% OF THE CITY'S POPULATION, COMPARED TO 18% AFRICAN-AMERICANS/BLACKS AND 9.2% HISPANICS/LATINOS IN DAUPHIN COUNTY AS A WHOLE. NEARLY 21% OF HARRISBURG CITY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH IN THE HOME, COMPARED TO 8.2% OF COUNTY RESIDENTS.30% OF CITY RESIDENTS HAVE INCOME BELOW THE POVERTY LEVEL WHILE ONLY 13.4% OF COUNTY RESIDENTS HAVE INCOME BELOW THE POVERTY LEVEL. WHILE THE CITY REPRESENTS 18% OF THE COUNTY POPULATION, IT IS HOME TO 38% OF THOSE WITH INCOMES AT OR BELOW THE FEDERAL POVERTY LEVEL (FPL). NEARLY 29% OF HARRISBURG CITY RESIDENTS RECEIVED FOOD STAMPS/SNAP BENEFITS AT SOME POINT IN THE PAST YEAR, COMPARED TO 9.1% IN THE COUNTY AS A WHOLE. CURRENTLY 9% OF DAUPHIN COUNTY RESIDENTS HAVE NO HEALTH INSURANCE. UPMC PINNACLE WORKS IN COLLABORATION WITH OUR LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC), HAMILTON HEALTH CENTER, WHICH IS LOCATED IN THE HEART OF THE HARRISBURG HIGH-NEED AREA. ZIP CODE ANALYSIS CONDUCTED BY UPMC PINNACLE SHOWED THAT THIS SAME POPULATION USES UPMC PINNACLE HARRISBURG HOSPITAL AS THEIR PRIMARY HOSPITAL, INCLUDING THE EMERGENCY DEPARTMENT. MOST RECENTLY AVAILABLE INFORMATION SHOWS 81% OF THOSE SERVED HAD INCOME AT OR BELOW THE FEDERAL POVERTY LEVEL (FPL) AND 99% HAD INCOME AT OR BELOW 200% OF THE FPL. MORE THAN A THIRD OF THOSE SERVED (34.5%) BY HAMILTON DID NOT HAVE INSURANCE. THIS IS SUBSTANTIALLY HIGHER THAN FQHCS IN THE STATE AS A WHOLE, WHERE 26.9% OF PATIENTS SERVED HAD NO INSURANCE.COUNTIES IN EACH OF THE 50 STATES ARE RANKED ACCORDING TO SUMMARIES OF MORE THAN 30 HEALTH MEASURES. THOSE HAVING GOOD RANKINGS, SUCH AS 1 OR 2, ARE CONSIDERED TO BE THE "HEALTHIEST." COUNTIES ARE RANKED RELATIVE TO THE HEALTH OF OTHER COUNTIES IN THE SAME STATE (PENNSYLVANIA HAVING 67 COUNTIES) ON HEALTH OUTCOMES (MORTALITY, MORBIDITY) AND HEALTH MEASURES (HEALTH BEHAVIORS, CLINICAL CARE, SOCIAL AND ECONOMIC, AND PHYSICAL ENVIRONMENTS). DAUPHIN COUNTY RANKS AMONG THE UNHEALTHIEST OF THE COUNTIES IN: HEALTH OUTCOMES (49), MORBIDITY (54), HEALTH BEHAVIORS (51), AND SOCIAL AND ECONOMIC FACTORS (49). PERRY COUNTY RANKS AMONG THE UNHEALTHIEST IN MORTALITY (53), CLINICAL CARE (54), AND PHYSICAL ENVIRONMENT (61). CUMBERLAND COUNTY RANKS IN THE TOP 5 (HEALTHIEST) IN A NUMBER OF CATEGORIES: HEALTH OUTCOMES (4), HEALTH FACTORS (4), MORTALITY/LENGTH OF LIFE (4), HEALTH BEHAVIORS (3), AND CLINICAL CARE (4).

Form and Line Reference	Explanation
PART VI, LINE 5:	UPMC PINNACLE MAINTAINS AN ACTIVE ROLE IN THE COMMUNITIES IN WHICH IT SERVES. THE ROLE IS REFLECTIVE IN ITS BOARD OF DIRECTORS WHICH IS COMPRISED OF GREATER THAN 80 PERCENT INDEPEN DENT COMMUNITY BASED LEADERS. UPMC PINNACLE HAS AN OPEN MEDICAL STAFF. UPMC PINNACLE PROVI DES TRAINING FOR BOTH MEDICAL STUDENTS AND RESIDENTS IN A NUMBER OF SPECIALTIES. UPMC PINN ACLE HOSPITALS HAS AN ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), ACCRED ITED RESIDENCY PROGRAMS, AS WELL AS AMERICAN OSTEOPATHIC ASSOCIATION (AOA) ACCREDITED TEAC HING PROGRAMS. UPMC PINNACLE USES ITS SURPLUS FUNDS TO RENOVATE AND EXPAND PATIENT CARE AR EAS IN ADDITION TO DEVELOPING PATIENT SERVICES WHICH MAY NOT BE CURRENTLY AVAILABLE IN THE COMMUNITY.UPMC PINNACLE STAFF ALSO HAS A ROLE IN THE COMPASSIONATE CLOSURES PROGRAM TO AS SIST INDIGENT FAMILIES WITH NO FINANCIAL RESOURCES TO RESPECTFULLY MEMORIALIZE, CREMATE OR BURY THEIR LOVED ONES. A BROAD COMMUNITY PARTNERSHIP HAS COME TOGETHER TO ADDRESS THIS NE ED. PARTNERS INCLUDE THE VNA OF CENTRAL PENNSYLVANIA AND CROSSINGS HOSPICE, THE HISPANIC C OMMUNITY CENTER, THE INTERNATIONAL SERVICE CENTER, THE PENNSYLVANIA FUNERAL DIRECTORS' ASS OCIATION, UPMC PINNACLE HEALTH SYSTEM, THE SALVATION ARMY, THE UNITED WAY OF THE CAPITAL R EGION, DAUPHIN COUNTY COMMISSIONERS AND CORONER''S OFFICE, CUMBERLAND COUNTY COMMISSIONERS AND CORONER'S OFFICE, THE FOUNDATION FOR ENHANCING COMMUNITIES AND THE PA DEPARTMENT OF P UBLIC WELFARE. THE MISSION OF THE PARTNERS IS TO OFFER A MEASURE OF COMPASSIONATE CARE BLE NDED WITH DIGNITY AND RESPECT FOR OUR INDIGENT FAMILIES LIVING IN DAUPHIN OR CUMBERLAND CO UNTIES WHO HAVE LOST LOVED ONES.A RETAIL PHARMACY WAS OPENED IN THE HARRISBURG HOSPITAL TO BETTER SERVE PATIENTS AND THEIR FAMILIES. ADDITIONALLY, THE LEBANON VALLEY ADVANCED CARE CENTER OPENED IN JULY 2017.ADDITIONAL PROJECTS INCLUDE MODERNIZING AND UPDATING EXISTING L OCATIONS WITHIN THE UPMC PINNACLE SERVICE AREA TO MEET THE PATIENT NEEDS IN THE COMMUNITIE S WE SERVE AND IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS ACROSS THE BREADTH OF THE UPMC PINNACLE HEALTH SYSTEM. SIGNIFICANT RESOURCES WERE EXPENDED TO INSTALL AN INTEGRATED CLINI CAL ENTERPRISE-WIDE COMPUTER SYSTEM WHICH PROVIDES A MORE EFFICIENT CENTRALIZED INFORMATIO N MANAGEMENT SYSTEM CENTERED ON THE PATIENT. THIS SYSTEM HAS BEEN IMPLEMENTED SYSTEM-WIDE, STARTING WITH THE THREE HOSPITALS LOCATED IN THE HARRISBURG AREA AND THE PINNACLE MEDICAL GROUP AND MORE RECENTLY EXPANDING TO REGIONAL HOSPITALS INCLUDED IN THE UPMC PINNACLE SYS TEM. THIS CENTRALIZED SYSTEM HAS ADVANCED THE VALUE OF ALL PATIENT CARE SERVICES DELIVERED .AS ONE OF THE LEADING HOSPITALS IN SOUTH CENTRAL PENNSYLVANIA, UPMC PINNACLE HOSPITALS ST RIVES TO STRENGTHEN ACCESS TO CARE AS WE PROVIDE A CONTINUUM OF COMMUNITY-BASED SERVICES T HAT EXTEND BEYOND THE ROLE OF AN ACUTE CARE HOSPITAL, FROM IN-HOME PRENATAL CARE FOR FIRST TIME MOTHERS TO A LEAD AGENCY ON A REGIONAL DISASTER PREPAREDNESS TASK FORCE. TO BRING FO CUS TO OUR MISSION, PINNACLE HEALTH HOSPITALS IS COMMITTED TO SIX STRATEGIC PILLARS: COMMI TMENT TO PEOPLE, SERVICE, QUALITY, GROWTH, COMMUNITY, AND FINANCE. GUIDED BY THESE PILLARS AND BY THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), THE EIGHT INITIATIVES HIGHLIGHTED BELOW ARE KEY EXAMPLES OF OUR COMMITMENT TO BEING A TRUSTED PLACE FOR OUR COM MUNITY TO GO FOR ACCESS TO PUBLIC HEALTH SERVICES AND INFORMATION:CHILDRENS RESOURCE CENTE R (CRC) AND REACCH WERE PREVIOUSLY DESCRIBED AND ARE AMONG THE GREATEST EXAMPLES OF UPMC P INNACLE'S COMMITMENT TO THE OVERALL HEALTH OF THE COMMUNITY. -NURSE FAMILY PARTNERSHIP (NF P) - WITH A FOCUS ON PEOPLE AND A DESIRE TO MAKE THE HEALTHCARE SYSTEM EASIER TO NAVIGATE, WE OFFER THIS VOLUNTARY PREVENTION PROGRAM THAT PROVIDES NURSE HOME VISITATION SERVICES T O LOW INCOME, FIRST-TIME MOTHERS UNTIL THE INFANT IS TWO YEARS OLD. THIS NATIONALLY RENOWN ED, EVIDENCE-BASED COMMUNITY HEALTH CURRICULUM TRANSFORMED THE LIVES OF VULNERABLE FAMILIE S. IN FY21, NFP SERVED 563 CLIENTS AND DISTRIBUTED 176 CRIBS.-CERTIFIED APPLICATION COUNSE LORS (CAC) - DURING THE LAUNCH OF THE INSURANCE MARKETPLACE IN FALL 2013, UPMC PINNACLE DE DICATED TWO STAFF TO THE OPEN ENROLLMENT PROCESS AND SUPPORTED THEIR ROLES AS CERTIFIED AP PLICATION COUNSELORS. UPMC PINNACLE CACS WERE POSITIONED IN OUR HEALTH CLINICS AND HAVE ES TABLISHED A WEEKLY SCHEDULE TO VISIT OUR COMMUNITY PARTNERS SUCH AS BETHESDA MISSION, SALV ATION ARMY AND DOWNTOWN DAILY BREAD WHERE MANY UNINSURED AND VULNERABLE MEMBERS OF OUR COM MUNITY VISIT. THE CACS HELPED PEOPLE UNDERSTAND, APPLY, AND ENROLL FOR HEALTH COVERAGE THR OUGH THE MARKETPLACES IN FY21, THE CACS HAD 2,535 CONTACTS. THE CACS COMPLETED REQUIRED TR AINING AND COMPLIED WITH PRIVACY AND SECURITY LAWS, AND OTHER PROGRAM STANDARDS.-DAUPHIN C OUNTY HEALTH IMPROVEMENT PARTNERSHIP (DCHIP) - WITH A FOCUS ON CREATING A COHESIVE SYSTEM OF PUBLIC HEALTH SERVICES, WE CONVENED A TEAM OF MULTI-SECTOR, COMMUNITY-BASED PARTNERS FR OM HEALTHCARE, HUMAN SERVICE, GOVERNMENT, EDUCATIO

Form and Line Reference	Explanation
PART VI, LINE 5:	N, FAITH AND PAYOR COMMUNITIES. MEMBERS ARE COMMITTED TO WORKING COLLABORATIVELY TO IMPROV E HEALTH, REDUCE DISPARITIES, AND ADDRESS THE QUALITY OF LIFE OF COMMUNITY RESIDENTS.-EAT SMART, PLAY SMART (ESPS) - WITH A FOCUS ON LONG RANGE SUSTAINABLE GROWTH WITHIN OUR COMMUN ITIES, IT IS EVIDENT THAT THE HEALTH OF OUR CHILDREN IS A FOCAL POINT. A MULTI-STEP, LONG- TERM APPROACH TO PARTNERING WITH SCHOOLS, BUSINESSES, AND PAYORS TO EDUCATE STUDENTS AND F AMILIES ON HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY ALTERNATIVES ENSURES SUSTAINABLE BEH AVIOR CHANGE. IN FY21, 30 PRESCHOOL STUDENTS PARTICIPATED IN ESPS.-EMERGENCY MANAGEMENT PL AN SOUTH CENTRAL TASK FORCE - WITH A FOCUS ON PROVIDING LEADERSHIP IN IMPROVING THE OVERAL L HEALTH OF OUR COMMUNITY, OUR EMERGENCY MANAGEMENT TEAM CREATES AN ENVIRONMENT THAT SUPPO RTS ACCESSIBILITY AND COLLABORATES AND COORDINATES BOTH PUBLIC AND PRIVATE SECTOR RESOURCE S FOR REGIONAL SOLUTIONS THAT PROVIDE SUPPORT TO COMMUNITIES WHEN EVENTS EXCEED THEIR CAPA BILITIES.-SMILES - IN JANUARY 2013, UPMC PINNACLE STARTED WORKING IN PARTNERSHIP WITH MEMB ERS OF THE HARRISBURG AREA DENTAL SOCIETY TO PROVIDE ACCESS TO DENTAL SERVICES FOR UNINSUR ED AND UNDERINSURED PATIENTS WITH URGENT DENTAL NEEDS. A NETWORK OF MORE THAN FIFTY VOLUNT EER DENTISTS SPANS THE EAST AND WEST SHORES OF HARRISBURG. ONCE IT IS DETERMINED THAT A PA TIENT HAS AN URGENT DENTAL NEED, HE/SHE CAN BE REFERRED TO SMILES USING THE FOLLOWING REFE RRAL PROCESS. UPMC PINNACLE'S DENTAL ACCESS COORDINATOR WILL WORK WITH THE PATIENT AND DEN TIST TO SET UP AN APPOINTMENT TO ALLEVIATE THE URGENT NEED. IN FY 20-21, UPMC PINNACLE REF ERRED 581 PATIENTS TO VOLUNTEER DENTISTS FOR URGENT DENTAL NEEDS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	UPMC PINNACLE IS 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 UPMC PINNACLE 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, TO PROVIDE THE BEST CLINICAL OUTCOMES TO THE COMMUNITY. COMMUNITY LIFE TEAM IS ENGAGED IN PROVIDING COMMUNITY BASED, EFFICIENT AND COST-EFFECTIVE MEDICAL TRANSPORT SERVICES, PRE-HOSPITAL EMERGENCY MEDICAL SERVICES FOR THE RESIDENTS AND COMMUNITIES OF THE CENTRAL PENNSYLVANIA YORK REGIONS.PINNACLE HEALTH VENTURES, INC. WAS FORMED AS A RESULT OF THE ACQUISITION OF 100% OF THE STOCK OF TRISTAN ASSOCIATES ON MARCH 1, 2012, AND IS THE SOLE SHAREHOLDER OF PINNACLE HEALTH IMAGING (PHI). PHI LEASES EQUIPMENT AND SERVICES TO UPMC PINNACLE HOSPITALS. UNITED CENTRAL PENNSYLVANIA RECIPROCAL RISK RETENTION GROUP IS A WHOLLY OWNED, FOR-PROFIT, VERMONT CAPTIVE INSURANCE COMPANY OPERATING FOR THE BENEFIT OF UPMC PINNACLE.TO BETTER SERVE THE CENTRAL PENNSYLVANIA REGION, IN JULY 2017, UPMC PINNACLE PURCHASED FOUR REGIONAL HOSPITALS; CARLISLE REGIONAL HEALTH, YORK MEMORIAL; HEART OF LANCASTER; AND LANCASTER REGIONAL. IN SEPTEMBER OF 2017, HANOVER HEALTH SYSTEM WAS PURCHASED. THE HOSPITALS HAVE BEEN RENAMED AS UPMC CARLISLE, UPMC MEMORIAL, UPMC LITITZ AND UPMC HANOVER. IN FEBRUARY 2018, UPMC PINNACLE LANCASTER AND UPMC LITITZ WERE COMBINED. THESE ACQUISITIONS ALLOW UPMC PINNACLE TO EXTEND THEIR REACH IN PATIENT CARE AND COMMUNITY OUTREACH.UPMC PINNACLE AND ITS AFFILIATES ARE ACTIVELY INVOLVED IN THE CENTRAL PENNSYLVANIA REGION THROUGH VARIOUS CHARITY AND COMMUNITY BENEFIT ACTIVITIES. THE OTHER ENTITIES WITHIN THE SYSTEM, NOT INCLUDING THE HOSPITAL, PROVIDED $8,870,577.92 OF CHARITY CARE RECORDED IN CHARGES. THE FOLLOWING LISTS THE VARIETY OF COMMUNITY BENEFITS PERFORMED WITHIN THE SYSTEM, THAT HAD THEY BEEN PERFORMED AT THE HOSPITAL LEVEL, WOULD HAVE BEEN INCLUDABLE ON SCHEDULE H.-UPMC PINNACLE - IN COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY HEALTH EDUCATION, COMMUNITY BASED CLINICAL SERVICES AND HEALTH CARE SUPPORT SERVICE, IN HEALTH PROFESSIONS EDUCATION (PHYSICIANS/MEDICAL STUDENTS), IN SUBSIDIZED HEALTH SERVICES, IN FINANCIAL AND IN-KIND CONTRIBUTIONS, IN COMMUNITY BUILDING ACTIVITIES-COMMUNITY SUPPORT, COMMUNITY HEALTH IMPROVEMENT ADVOCACY, AND LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS. -UPMC PINNACLE MEDICAL SERVICES - $3,375,559 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BASED CLINICAL SERVICES AND HEALTH CARE SUPPORT SERVICES.-UPMC PINNACLE FOUNDATION - $43,570 IN COMMUNITY BENEFIT OPERATIONS AND FINANCIAL CONTRIBUTIONS.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, CHNA:	STRATEGY 12: COLLABORATE WITH CENTER FOR ADDICTION RECOVERY ACTIONS TO IMPROVE THE WARM HANDOFF PROCESSES IN THE EMERGENCY DEPARTMENT AND PROVIDE ONGOING X WAIVER TRAINING SESSIONS. PRIORITY 3: SOCIAL DETERMINANTS OF HEALTH - THE GOAL IS TO INCREASE KNOWLEDGE OF ACCESS AND OPPORTUNITY TO UPMC PINNACLE RESOURCES IN RURAL COMMUNITIES AND UNDERSERVED POPULATIONS.STRATEGY 1: ADDRESS INCOME, EDUCATION AND EMPLOYMENT DETERMINANTS OF HEALTH THAT NEGATIVELY IMPACT A HEALTHY AND DIVERSE WORKFORCE AND PREVENTIVE CARE.STRATEGY 2: ADDRESS TRANSPORTATION BARRIERS TO REDUCE MISSED APPOINTMENTS DUE TO UNRELIABLE OR NO TRANSPORTATION WHICH NEGATIVELY IMPACTS PREVENTIVE CARE AND INCREASES ED VISITS.STRATEGY 3: ASSIST HOMELESS RECIPIENTS WITHIN THE UPMC PINNACLE FOOTPRINT WITH MOVING FROM THE STREETS INTO STRUCTURED, LONG-TERM CARE THROUGH COLLABORATION WITH COMMUNITY PARTNERS.STRATEGY 4: IMPROVE LANGUAGE ACCESS GIVEN THROUGH THE DEVELOPMENT AND PROMOTION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES. STRATEGY 4: IMPROVE LANGUAGE ACCESS GIVEN THROUGH THE DEVELOPMENT AND PROMOTION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES.

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **3** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	UPMC PINNACLE HARRISBURG 111 SOUTH FRONT STREET HARRISBURG, PA 17101 WWW.UPMCPINNACLE.COM 340601	X	X		X		X	X			
2	UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC 4300 LONDONDERRY ROAD HARRISBURG, PA 17109 WWW.UPMCPINNACLE.COM 340601	X	X		X		X	X			
3	UPMC PINNACLE WEST SHORE 1995 TECHNOLOGY PARKWAY MECHANICSBURG, PA 17050 WWW.UPMCPINNACLE.COM 340601	X	X		X		X	X			

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

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

Form and Line Reference	Explanation
UPMC PINNACLE HARRISBURG	PART V, SECTION B, LINE 5: ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN THE CONTRIBUTION OF OVER 900 COMMUNITY STAKEHOLDERS/LEADERS, ORGANIZATIONS, AND COMMUNITY GROUPS.THE PRIMARY DATA COLLECTION CONSISTED OF SEVERAL PROJECT COMPONENT PIECES. TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. OVERALL, 831 PAPER HAND-SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS. WE WORKED CLOSELY WITH 47 COMMUNITY ORGANIZATIONS TO DISTRIBUTE AND GATHER THE HAND-SURVEY FROM COMMUNITY RESIDENTS. FORTY-TWO COMMUNITY LEADERS AND REPRESENTATIVES ATTENDED A COMMUNITY FORUM TO PRIORITIZE HEALTH NEEDS, WHICH WILL ASSIST IN THE IMPLEMENTATION AND PLANNING PHASE. A RESOURCE INVENTORY WAS GENERATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE FIVE-COUNTY SERVICE AREA. THE RESOURCE INVENTORY IDENTIFIES AVAILABLE ORGANIZATIONS AND AGENCIES THAT SERVE THE REGION WITHIN EACH OF THE PRIORITY NEEDS.A SIGNIFICANT PROJECT COMPONENT PIECE OF THE CHNA WAS THE COMPILATION OF A REGIONAL PROFILE (SECONDARY DATA ANALYSIS). THE REGIONAL PROFILE WAS COMPOSED UTILIZING LOCAL, STATE, AND FEDERAL FIGURES PROVIDING VALUABLE INFORMATION ON A WIDE-ARRAY OF HEALTH AND SOCIAL ISSUES. THE WORKING GROUP EXAMINED AND DISCUSSED DIFFERENT SOCIOECONOMIC ASPECTS, HEALTH OUTCOMES, AND HEALTH FACTORS THAT AFFECT RESIDENTS' BEHAVIORS; SPECIFICALLY, THE INFLUENTIAL FACTORS THAT IMPACT THE HEALTH OF RESIDENTS.AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED DURING LATE DECEMBER 2017 THROUGH EARLY FEBRUARY 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING:1) PUBLIC HEALTH EXPERTISE; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS; 4) GOVERNMENT LEADERS; AND 5) RELIGIOUS LEADERS. IN TOTAL, 26 INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS AND STAKEHOLDERS.

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

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

Form and Line Reference	Explanation
UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC	PART V, SECTION B, LINE 5: ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN THE CONTRIBUTION OF OVER 900 COMMUNITY STAKEHOLDERS/LEADERS, ORGANIZATIONS, AND COMMUNITY GROUPS.THE PRIMARY DATA COLLECTION CONSISTED OF SEVERAL PROJECT COMPONENT PIECES. TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. OVERALL, 831 PAPER HAND-SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS. WE WORKED CLOSELY WITH 47 COMMUNITY ORGANIZATIONS TO DISTRIBUTE AND GATHER THE HAND-SURVEY FROM COMMUNITY RESIDENTS. FORTY-TWO COMMUNITY LEADERS AND REPRESENTATIVES ATTENDED A COMMUNITY FORUM TO PRIORITIZE HEALTH NEEDS, WHICH WILL ASSIST IN THE IMPLEMENTATION AND PLANNING PHASE. A RESOURCE INVENTORY WAS GENERATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE FIVE-COUNTY SERVICE AREA. THE RESOURCE INVENTORY IDENTIFIES AVAILABLE ORGANIZATIONS AND AGENCIES THAT SERVE THE REGION WITHIN EACH OF THE PRIORITY NEEDS.A SIGNIFICANT PROJECT COMPONENT PIECE OF THE CHNA WAS THE COMPILATION OF A REGIONAL PROFILE (SECONDARY DATA ANALYSIS). THE REGIONAL PROFILE WAS COMPOSED UTILIZING LOCAL, STATE, AND FEDERAL FIGURES PROVIDING VALUABLE INFORMATION ON A WIDE-ARRAY OF HEALTH AND SOCIAL ISSUES. THE WORKING GROUP EXAMINED AND DISCUSSED DIFFERENT SOCIOECONOMIC ASPECTS, HEALTH OUTCOMES, AND HEALTH FACTORS THAT AFFECT RESIDENTS' BEHAVIORS; SPECIFICALLY, THE INFLUENTIAL FACTORS THAT IMPACT THE HEALTH OF RESIDENTS.AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED DURING LATE DECEMBER 2017 THROUGH EARLY FEBRUARY 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING:1) PUBLIC HEALTH EXPERTISE; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS; 4) GOVERNMENT LEADERS; AND 5) RELIGIOUS LEADERS. IN TOTAL, 26 INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS AND STAKEHOLDERS.

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

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

Form and Line Reference	Explanation
UPMC PINNACLE WEST SHORE	PART V, SECTION B, LINE 5: ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN THE CONTRIBUTION OF OVER 900 COMMUNITY STAKEHOLDERS/LEADERS, ORGANIZATIONS, AND COMMUNITY GROUPS.THE PRIMARY DATA COLLECTION CONSISTED OF SEVERAL PROJECT COMPONENT PIECES. TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. OVERALL, 831 PAPER HAND-SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS. WE WORKED CLOSELY WITH 47 COMMUNITY ORGANIZATIONS TO DISTRIBUTE AND GATHER THE HAND-SURVEY FROM COMMUNITY RESIDENTS. FORTY-TWO COMMUNITY LEADERS AND REPRESENTATIVES ATTENDED A COMMUNITY FORUM TO PRIORITIZE HEALTH NEEDS, WHICH WILL ASSIST IN THE IMPLEMENTATION AND PLANNING PHASE. A RESOURCE INVENTORY WAS GENERATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE FIVE-COUNTY SERVICE AREA. THE RESOURCE INVENTORY IDENTIFIES AVAILABLE ORGANIZATIONS AND AGENCIES THAT SERVE THE REGION WITHIN EACH OF THE PRIORITY NEEDS.A SIGNIFICANT PROJECT COMPONENT PIECE OF THE CHNA WAS THE COMPILATION OF A REGIONAL PROFILE (SECONDARY DATA ANALYSIS). THE REGIONAL PROFILE WAS COMPOSED UTILIZING LOCAL, STATE, AND FEDERAL FIGURES PROVIDING VALUABLE INFORMATION ON A WIDE-ARRAY OF HEALTH AND SOCIAL ISSUES. THE WORKING GROUP EXAMINED AND DISCUSSED DIFFERENT SOCIOECONOMIC ASPECTS, HEALTH OUTCOMES, AND HEALTH FACTORS THAT AFFECT RESIDENTS' BEHAVIORS; SPECIFICALLY, THE INFLUENTIAL FACTORS THAT IMPACT THE HEALTH OF RESIDENTS.AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED DURING LATE DECEMBER 2017 THROUGH EARLY FEBRUARY 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING:1) PUBLIC HEALTH EXPERTISE; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS; 4) GOVERNMENT LEADERS; AND 5) RELIGIOUS LEADERS. IN TOTAL, 26 INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS AND STAKEHOLDERS.

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

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

Form and Line Reference	Explanation
UPMC PINNACLE HARRISBURG	PART V, SECTION B, LINE 6A: UPMC CARLISLEPENNSYLVANIA PSYCHIATRIC INSTITUTE

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

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

Form and Line Reference	Explanation
UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC	PART V, SECTION B, LINE 6A: UPMC CARLISLEPENNSYLVANIA PSYCHIATRIC INSTITUTE

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

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Form and Line Reference	Explanation
UPMC PINNACLE WEST SHORE	PART V, SECTION B, LINE 6A: UPMC CARLISLEPENNSYLVANIA PSYCHIATRIC INSTITUTE

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

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

Form and Line Reference	Explanation
UPMC PINNACLE HARRISBURG	PART V, SECTION B, LINE 7D: COMMUNITY EVENTS

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

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

Form and Line Reference	Explanation
UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC	PART V, SECTION B, LINE 7D: COMMUNITY EVENTS

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

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

Form and Line Reference	Explanation
UPMC PINNACLE WEST SHORE	PART V, SECTION B, LINE 7D: COMMUNITY EVENTS

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

Form and Line Reference	Explanation
UPMC PINNACLE HARRISBURG	PART V, SECTION B, LINE 11: AFTER REVIEWING THE DATA GENERATED FROM THE CHNA AND MAPPING E XISTING INTERNAL AND COMMUNITY BASED RESOURCES, UPMC PINNACLE DEVELOPED THE FOLLOWING IMPL EMENTATION PLAN WITH EVIDENCE-BASED STRATEGIES.UPMC PINNACLE PRESENTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012, 2015 AND IN ACCORDANCE WITH IRS REGULATION TO CONDUCT THE CHNA EVERY THREE YEARS, HAS COMPLETED AND APPROVED THE 2018 CHNA. AS A RESULT OF EXTENSIV E PRIMARY AND SECONDARY RESEARCH, INCLUDING WITH COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES. THE RESEARCH ILLUSTRATED THAT THE RE IS A NEED FOR ADDITIONAL INFORMATION AND SERVICES THAT PROMOTE AND PROVIDE ACCESS TO HE ALTH SERVICES (1), BEHAVIORAL HEALTH SERVICES (2), AND HEALTHY LIFESTYLES (3). 1) PRIORITY 1: ACCESS TO HEALTH SERVICES IN THE AREAS OF PRIMARY CARE, SPECIALTY CARE, AND DENTAL CAR E. THE GOAL OF UPMC PINNACLE HOSPITAL IS TO EXPAND THE HEALTH CARE REACH TO RURAL AND HOME BOUND POPULATIONS WITH THE ANTICIPATED IMPACT THAT RURAL AND HOMEBOUND POPULATIONS WILL HA VE INCREASED ACCESS TO HEALTH CARE SERVICES. THIS WILL BE ACCOMPLISHED USING A PLAN OF 5 K EY STRATEGIES.STRATEGY 1: STRENGTHEN ACCESS TO SPECIALTY PROVIDER-BASED SERVICES AND SUPPO RTIVE SERVICES, AND INCREASE UTILIZATION OF HEALTH CARE SERVICES BY COMMUNITY MEMBERS. WE WILL PROVIDE INSURANCE ENROLLMENT SPECIALISTS AND FINANCIAL AID COUNSELORS TO ENROLL UNINS URED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS. WE WILL OPTIMIZE THE PATIENT-CENT ERED MEDICAL HOME BY USING TECHNOLOGY AND CONNECTING WITH OUR COMMUNITY PARTNERS AND COMMU NITY HEALTH CENTERS. WE WILL COLLABORATE WITH COMMUNITY HEALTH CENTER STAFF TO REVIEW CASE S OF HIGH UTILIZATION AND ACUITY. WE WILL MAINTAIN A CONTINUED PARTNERSHIP WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED, AND DIVERSE POPU LATIONS. STRATEGY 2: STRENGTHEN ACCESS TO DENTAL PROVIDER-BASED SERVICES, SUPPORTIVE SERVI CES, AND UTILIZATION OF DENTAL SERVICES BY COMMUNITY MEMBERS. PROMOTE INCREASED UTILIZATIO N OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPR OVEMENT. COORDINATE CARE OF URGENT DENTAL NEEDS IN THE EMERGENCY DEPARTMENT. STRATEGY 3: P ROVIDE PATIENT ACCESS TO HEALTH CARE RESOURCES IN THEIR LANGUAGE BY EXPANDING OUR INTERPRE TATION SERVICES TO PATIENTS; EXPAND TRANSLATION OF MEDICAL DOCUMENTS TO PATIENTS. STRATEGY 4: INCREASE ACCESS TO EVIDENCE BASED SMOKING CESSATION AND PREVENTION PROGRAMS THROUGH CO NTINUED TOBACCO CESSATION AND SMOKING PREVENTION PROGRAMS. STRATEGY 5: INCREASE NUMBER OF PATIENTS RECEIVING CARE COORDINATION SERVICES BY EXPLORING PAYOR OPTIONS FOR PAYMENT PROGR AMS AND EXPLORING CHRONIC CARE MANAGEMENT BILLING. 2) PRIORITY 2: BEHAVIORAL HEALTH SERVIC ES FOCUSING ON MENTAL HEALTH AND SUBSTANCE ABUSE. THE GOAL IS TO IMPROVE BEHAVIORAL HEALTH ILLNESSES BY PROVIDING ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, PROV IDING EDUCATION THAT ADDRESSES

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

Form and Line Reference	Explanation
UPMC PINNACLE HARRISBURG	THE WHOLE PERSON, AND INCREASING OUR PREVENTION, EDUCATION, AND TREATMENT SERVICES. WE HA VE DEVELOPED 12 KEY STRATEGIES TO ADDRESS THIS PRIORITY.STRATEGY 1: CONDUCT MENTAL HEALTH SCREENINGS TO REDUCE THE OCCURRENCE OF SUICIDE. STRATEGY 2: PROVIDE MENTAL HEALTH TRAINING TO LAW ENFORCEMENT OFFICERS. STRATEGY 3: IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORA L HEALTH AT UPMC PINNACLE HOSPITALS. STRATEGY 4: PROVIDE EARLY ENGAGEMENT AND SUPPORT FOR PSYCHOSIS. STRATEGY 5: IMPLEMENT TRAUMA INFORMED CARE (TIC) TO MEET THE NEEDS OF THE WHOLE PERSON. STRATEGY 6: IMPROVE ACCESS TO HEALTH CARE THROUGH A MEDICAL HOME. STRATEGY 7: PRO VIDE DIRECT ACCESS FOR THOSE EXPERIENCING A MENTAL HEALTH CRISIS. STRATEGY 8: IMPROVE ACCE SS TO MENTAL HEALTH CARE THROUGH TELE-PSYCHIATRY. STRATEGY 9: IMPROVE BEHAVIORAL HEALTH OF CHILDREN AND ADOLESCENTS. STRATEGY 10: IMPROVE ACCESS TO MEDICATED ASSISTED TREATMENT (MA T). STRATEGY 11: PROVIDE STEPS TO RECOVERY FOR PREGNANT WOMEN FACING ADDICTION. STRATEGY 1 2: COLLABORATE WITH CENTER FOR ADDICTION RECOVERY ACTIONS TO IMPROVE THE WARM HANDOFF PROC ESSES IN THE EMERGENCY DEPARTMENT AND PROVIDE ONGOING X WAIVER TRAINING SESSIONS. 3) PRIOR ITY 3: HEALTHY LIFESTYLES IN AREAS OF PHYSICAL ACTIVITY, OBESITY, AND TOBACCO USE. THE GOA L IS TO INCREASE KNOWLEDGE OF ACCESS AND OPPORTUNITY TO UPMC PINNACLE RESOURCES IN RURAL C OMMUNITIES AND UNDERSERVED POPULATIONS. FOUR KEY STRATEGIES HAVE BEEN DEVELOPED TO ADDRESS THIS PRIORITY. STRATEGY 1: ADDRESS INCOME, EDUCATION AND EMPLOYMENT DETERMINANTS OF HEALT H THAT NEGATIVELY IMPACT A HEALTHY AND DIVERSE WORKFORCE AND PREVENTIVE CARE.STRATEGY 2: A DDRESS TRANSPORTATION BARRIERS TO REDUCE MISSED APPOINTMENTS DUE TO UNRELIABLE OR NO TRANS PORTATION WHICH NEGATIVELY IMPACTS PREVENTIVE CARE AND INCREASES ED VISITS.STRATEGY 3: ASS IST HOMELESS RECIPIENTS WITHIN THE UPMC PINNACLE FOOTPRINT WITH MOVING FROM THE STREETS IN TO STRUCTURED LONG-TERM CARE THROUGH COLLABORATION WITH COMMUNITY PARTNERS.STRATEGY 4: IMP ROVE LANGUAGE ACCESS GIVEN THROUGH THE DEVELOPMENT AND PROMOTION OF CULTURALLY AND LINGUIS TICALLY APPROPRIATE SERVICES.

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

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

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Form and Line Reference	Explanation
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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

2020

Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
CAPITAL AREA GIRLS ON THE RUN 525 N 12TH STREET STE 205 LEMOYNE, PA 17043	27-5095044	501(C)(3)	25,000				GOTR YEAR 2
DAUPHIN COUNTY ECONOMIC DEVELOPMENT CORP 3211 NORTH FRONT STREET SUITE 301-C 301-C HARRISBURG, PA 17110	25-1607082	501(C)(3)	7,500				CULTURAL FEST 2021

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
HARRISBURG DOWNTOWN IMPROVEMENT DISTRICT 22 N 2ND STREET HARRISBURG, PA 17101	30-0272951	501(C)(3)	25,000				JOSHUA GROUP SUMMER PROGRAM
UNIVERSITY OF PITTSBURGH PO BOX 640093 PITTSBURGH, PA 15264	25-0965591	501(C)(3)	16,000				GENERAL OPERATIONS

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Schedule J (Form 990)

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

Part I Questions Regarding Compensation

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

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 are not listed on Form 990, Part VII.

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

(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	UPMC PINNACLE HOSPITALS RELIES ON UPMC PINNACLE, A RELATED ORGANIZATION, TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO AND OTHER OFFICERS. METHODS USED TO ESTABLISH COMPENSATION BY THE RELATED ORGANIZATION INCLUDE: * COMPENSATION COMMITTEE * INDEPENDENT COMPENSATION CONSULTANT * COMPENSATION SURVEY OR STUDY * APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD
PART I, LINE 4A	WILLIAM PUGH, THE FORMER EVP & CFO/TREASURER, RECEIVED A SEVERANCE PAYMENT OF $632,994 DURING THE 2020 CALENDAR YEAR.

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PHILIP GUARNESCHELLI PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	803,155	460,142	133,982	14,250	26,699	1,438,228	0
1WILLIAM H PUGH FMR EVP & CFO/TREASURER (RET. 12/19)	(i)	0	0	0	0	0	0	0
	(ii)	14,513	182,031	732,165	5,700	10,429	944,838	0
2WILLIAM BACHINSKY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	524,575	164,988	7,073	14,250	22,812	733,698	0
3THOMAS NICHOLSON MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	564,873	82,047	0	14,250	27,415	688,585	0
4 CHRISTOPHER P MARKLEY ESQ SEC'Y/SR VP/GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	420,513	167,946	47,054	14,250	18,745	668,508	0
5HAROLD YANG TRANSPLANT SURGEON	(i)	527,619	34,500	0	14,250	18,497	594,866	0
	(ii)	0	0	0	0	0	0	0
6SUNIL PATEL PEDIATRIC CARDIOLOGIST	(i)	343,799	194,634	0	14,250	18,159	570,842	0
	(ii)	0	0	0	0	0	0	0
7JOHN CINICOLA MED DIRECTOR, SPECIAL CLINIC PROJECT	(i)	388,097	111,154	0	14,250	29,620	543,121	0
	(ii)	0	0	0	0	0	0	0
8DANIELLE LADIE TRANSPLANT SURGEON	(i)	450,961	34,917	0	14,250	8,731	508,859	0
	(ii)	0	0	0	0	0	0	0
9ALISON BERNHARDT VP & CFO/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	359,754	106,500	0	14,250	9,376	489,880	0
10HOLLY THOMAS PHYSICIAN, OB/GYN	(i)	321,396	28,898	0	11,804	28,512	390,610	0
	(ii)	0	0	0	0	0	0	0
11KENNETH OKEN MD DIRECTOR/PHYSICIAN - OB/GYN	(i)	300,450	1,333	0	13,875	7,940	323,598	0
	(ii)	0	0	0	0	0	0	0
12CHRISTINE MILLER ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	206,910	41,505	0	11,331	17,116	276,862	0
13AMANDA MORGAN ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	140,673	28,876	0	7,741	16,463	193,753	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

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	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	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RONALD KRATZ MD	PARTNER, RIVERSIDE ANESTHESIA ASSOCIATES	16,866,387	RONALD KRATZ, M.D. IS A PARTNER IN RIVERSIDE ANESTHESIA ASSOCIATES, WHICH DOES BUSINESS WITH THE FILING ORGANIZATION. ALL TRANSACTIONS ARE AT ARM'S LENGTH.		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED:	- CONTINUING EDUCATION FOR NURSES AND PHYSICIAN OFFICE STAFF AND FOR LOCAL COMMUNITY PROFESSIONALS SUCH AS SCHOOL NURSES. - BAILEY HOUSE IS A HOME AWAY FROM HOME. IT PROVIDES FREE OVERNIGHT LODGING AND A COMFORTABLE, SUPPORTIVE, AND NURTURING ENVIRONMENT FOR FAMILIES FROM OUTSIDE THE HARRISBURG AREA. WELLNESS AND SCREENING PROGRAMS ARE PROVIDED INCLUDING: - CHOLESTEROL SCREENINGS - PROSTATE SCREENINGS - INFANT DEVELOPMENT SCREENINGS - SPEECH AND HEARING SCREENINGS - DEPRESSION AND ANXIETY SCREENINGS - BONE DENSITY SCREENINGS - NUTRITION THERAPY EDUCATION PROGRAMS - LEAD POISONING SCREENINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1:	UPMC (EIN 25-1423657), ULTIMATE PARENT OF UPMC PINNACLE AND THE PARENT ENTITY OF A GROUP O F TAX-EXEMPT ORGANIZATIONS, IS THE COMMON REPORTING AGENT FOR THE GROUP AND FILES ALL 1099 FORMS FOR UPMC PINNACLE HOSPITALS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CORPORATION IS UPMC PINNACLE, A FEDERALLY TAX EXEMPT, STATE NONPROF IT ENTITY (EIN 25-1778658). IN SEPTEMBER 2017 UPMC PINNACLE AFFILIATED WITH UPMC, A WORLD-RENOWNED INTEGRATED HEALTHCARE DELIVERY AND FINANCING SYSTEM, THAT IS AN INTERNATIONAL LEA DER IN PROVIDING CLINICAL CARE, GROUND BREAKING RESEARCH AND TREATMENTS WITH LOCATIONS IN WESTERN AND CENTRAL PENNSYLVANIA, MARYLAND, NEW YORK AND AROUND THE WORLD.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION REQUIRE THE APPROVAL OF BOTH THE UPMC PIN NACLE BOARD AND THE UPMC BOARD, AS THE SOLE MEMBER OF UPMC PINNACLE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN THE PERFORMANCE OF THEIR DUTIES TO UPMC PINNACLE, COVERED PERSONS SHALL SEEK TO ACT IN THE BEST INTERESTS OF UPMC PINNACLE, AND SHALL EXERCISE GOOD FAITH, LOYALTY, DILIGENCE AND HONESTY. A COVERED PERSON IS ANY INDIVIDUAL WHO SERVES IN A FIDUCIARY CAPACITY TO, OR WHO HAS LEGAL AUTHORITY TO REPRESENT OR OBLIGATE, UPMC PINNACLE OR ANY OF ITS AFFILIATED ORGA NIZATIONS INCLUDING, BUT NOT LIMITED TO, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS. COVER ED PERSONS ALSO INCLUDE A) IMMEDIATE FAMILIES (SPOUSES, CHILDREN, SIBLINGS, PARENTS, OR SP OUSE'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 DIRECTO R, 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 INT ERESTS OF UPMC PINNACLE, INCLUDING, BUT NOT LIMITED TO (A) ENGAGING IN OR SEEKING TO BE EN GAGED IN (I) THE DELIVERY OF HEALTH CARE SERVICES OR (II) THE DELIVERY OF GOODS OR SERVICE S TO UPMC PINNACLE, OR (B) ANY TRANSACTION OR ARRANGEMENT WITH UPMC PINNACLE WHICH WOULD R ESULT IN BENEFIT TO COVERED PERSONS. IF A POTENTIAL CONFLICT IS IDENTIFIED REGARDING A SPE CIFIC UPMC ACTIVITY, THE UPMC CORPORATE COMPLIANCE DEPARTMENT, WITH THE ASSISTANCE OF THE LEGAL DEPARTMENT, EITHER DEVELOPS A WRITTEN PLAN DESIGNED TO PREVENT THE CONFLICT FROM INF LUENCING DECISIONS RELATED TO THAT ACTIVITY, OR REQUIRES THAT THE CONFLICTING RELATIONSHIP BE DIVESTED, AS APPROPRIATE. COVERED PERSONS WITH A DOCUMENTED 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 DIRECTO RS OR COMMITTEE MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM. VIOLATIONS OF THIS STATEME NT OF POLICY MAY SUBJECT COVERED PERSONS TO APPROPRIATE SANCTIONS, INCLUDING REMOVAL FROM THEIR POSITIONS WITH UPMC PINNACLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE UPMC PINNACLE BOARD HAS THE AUTHORITY TO DEVELOP AND MAI NTAIN EXECUTIVE COMPENSATION TO BE APPROVED BY THE UPMC PINNACLE BOARD OF DIRECTORS. THE C OMPENSATION COMMITTEE WILL FOLLOW A DILIGENT PROCESS THAT MEETS REGULATORY REQUIREMENTS FO R A REBUTTABLE PRESUMPTION OF REASONABLENESS AND PROMOTES EFFECTIVE GOVERNANCE OF EXECUTIV E COMPENSATION, CONSISTENT WITH THE UPMC PINNACLE COMPENSATION PHILOSOPHY. 1. FOLLOW A PRO CESS THAT ESTABLISHES AND MAINTAINS A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL EXE CUTIVES 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 THO SE 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 APPROPRIAT E COMPARABILITY DATA ON TOTAL COMPENSATION. 3. SELECT AND DIRECTLY ENGAGE AND SUPERVISE AN Y CONSULTANT HIRED BY UPMC PINNACLE TO ADVISE THE COMMITTEE ON EXECUTIVE COMPENSATION. 4. PERIODICALLY EVALUATE THE APPROPRIATENESS OF THIS CHARTER AND THE EFFECTIVENESS OF THE PRO CESS THE COMMITTEE USES IN GOVERNING EXECUTIVE COMPENSATION AND REPORT THIS EVALUATION TO THE UPMC PINNACLE BOARD. 5. MONITOR CHANGES IN LAWS AND REGULATIONS PERTAINING TO EXECUTIV E COMPENSATION AND BENEFITS TO SEE THAT UPMC PINNACLE COMPLIES WITH THEM. 6. SEEK OUTSIDE REVIEW OF COMMITTEE OPERATIONS TO ENSURE COMPLIANCE WITH THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS. 7. REVIEW ACTUAL EXECUTIVE COMPENSATION AND BENEFITS PROVIDED TO CONFIRM CONSISTENCY WITH COMPENSATION AND BENEFITS APPROVED BY THE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE F OR PUBLIC INSPECTION. THE ORGANIZATION INCLUDES A COPY OF ITS FINANCIAL STATEMENTS WITH TH E 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 BUR EAU OFFICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 1,516,491. MANAGEMENT AND GENERAL EXPENSES 246,87 1. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,763,362. CLEANING SERVICES: PROGRAM SERVICE EX PENSES 3,875,802. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSE S 3,875,802. LAB FEES: PROGRAM SERVICE EXPENSES 8,337,205. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,337,205. OTHER PROFESSIONAL FEES: PROGRAM SER VICE EXPENSES 154,494,550. MANAGEMENT AND GENERAL EXPENSES 7,620,429. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 162,114,979. CONSULTING FEES: PROGRAM SERVICE EXPENSES 12,829,632. MANA GEMENT AND GENERAL EXPENSES 2,088,545. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 14,918,177. ADMINISTRATIVE FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES -92,659. FUNDRAISING EXPENSES 0. TOTAL EXPENSES -92,659.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFERS TO EXEMPT AFFILIATES -11,007,719. CHANGES IN TEMPORARY AND PERMANENTLY RESTRICTED NET ASSETS -1,478,879. FINANCING FRAMEWORK TRANSFERS -458,563,476. JOINT VENTURE EQUITY EARNINGS -1,107,128. CHANGE IN PENSION LIABILITY -803,555.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2C:	UPMC HAS AN AUDIT COMMITTEE THAT IS ESTABLISHED TO ASSIST THE BOARD OF DIRECTORS IN FULFIL LING ITS OVERSIGHT RESPONSIBILITIES BY MONITORING UPMC CONSOLIDATED FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION PROVIDED BY UPMC TO GOVERNMENTAL BODIES, THE PUBLIC OR OTHER E XTERNAL ENTITIES. THE UPMC'S SYSTEM OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING, LE GAL COMPLIANCE AND ETHICS THAT MANAGEMENT AND THE BOARD HAVE ESTABLISHED AND UPMC'S INTERN AL AUDITING, ACCOUNTING AND FINANCIAL REPORTING PROCESSES ALSO PROVIDED OVERSIGHT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2B:	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PART OF A CONSOLIDATED FINANCIAL STATEMENT AUD IT 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). TH E FINANCIAL STATEMENT AUDIT DURING THE 990 FILING PERIOD IS FOR THE CALENDAR YEAR ENDED DE CEMBER 31,2020.

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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

2020

Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

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
(1) PINNACLE HEALTH EMERGENCY DEPARTMENT SERVICES LLC PO BOX 8700 HARRISBURG, PA 171058700 86-1057582	MEDICAL EMERGENCY SERVICES	PA	-21,656,813	-53,177,429	UPMC PINNACLE HOSPITALS
(2) PINNACLE HEALTH HOSPITALISTS SERVICES LLC PO BOX 8700 HARRISBURG, PA 171058700 46-2927099	HOSPITALISTS SERVICES	PA	-26,008,435	-46,518,099	UPMC PINNACLE HOSPITALS
(3) PINNACLE HEALTH OBSERVATION SERVICES LLC PO BOX 8700 HARRISBURG, PA 171058700 47-2088742	PROFESSIONAL SERVICES TO OBSERVATION PATIENTS	PA	-2,249,138	-4,336,883	UPMC PINNACLE HOSPITALS
(4) UPMC PINNACLE ANESTHESIA SERVICES PO BOX 8700 HARRISBURG, PA 171058700 82-3458724	ANESTHESIA SERVICES	PA	-14,014,259	-26,558,124	UPMC PINNACLE HOSPITALS

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

		Yes	No
1 During the tax year, did the orgranization 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	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)WEST SHORE SURGERY CENTER LTD	A	684,520	COST ADJ. ANNUALLY FOR CPI
(2)WEST SHORE SURGERY CENTER LTD	R	904,589	COST ADJ. ANNUALLY FOR CPI

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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PARTS I THROUGH IV:	ENTITIES REPORTED IN PARTS I THROUGH IV THAT ARE MARKED WITH AN * ARE NOT TECHNICALLY "RELATED ORGANIZATIONS", AS DEFINED IN THE FORM 990 INSTRUCTIONS AS THE REQUISITE "CONTROL" DID NOT EXIST DURING THE FISCAL YEAR ENDED JUNE 30, 2021. 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.

Return Reference	Explanation
FORM 990, SCHEDULE R, PART III	WEST SHORE SURGERY CENTER IS OWNED BY THE FOLLOWING RELATED ENTITIES: UPMC PINNACLE HOSPITALS - 45% PINNACLE HEALTH MEDICAL SERVICES - 2% THE REMAINING 53% IS OWNED BY A NUMBER OF INDIVIDUAL PHYSICIANS.

Additional Data

Software ID:
Software Version:
EIN: 25-1778644
Name: UPMC PINNACLE HOSPITALS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
600 GRANT STREET PITTSBURGH, PA 15219 25-1574736	SR LIVING	PA	501(C)(3)	10	UPMC		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1335247	CCRC	PA	501(C)(3)	10	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 25-0965334	SR LIVING	PA	501(C)(3)	10	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 72-1562844	SR LIVING	PA	501(C)(3)	10	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 26-0303394	FOUNDATION	PA	501(C)(3)	12(A) I	UPMC		No
600 GRANT STREET PITTSBURGH, PA 15219 25-0613830	INACTIVE	PA	501(C)(3)	3	UPMC		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1753852	SR CARE MGMT	PA	501(C)(3)	10	UPMC		No
600 GRANT STREET PITTSBURGH, PA 15219 45-2178782	RESEARCH	PA	501(C)(3)	7	UPMC		No
532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232 25-1290546	FOUNDATION	PA	501(C)(3)	12(C)III	UPMC PRESBY		No
9100 BABCOCK BLVD PITTSBURGH, PA 15237 25-1407815	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC PASS		No
100 FARFIELD DRIVE SENECA, PA 16346 25-1483624	FOUNDATION	PA	501(C)(3)	12(D)III	UPMC NORTHWE		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1520340	FOUNDATION	PA	501(C)(3)	7	UPMC ST MARG		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1865744	FOUNDATION	PA	501(C)(3)	7	UPMC CHP		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1462312	FOUNDATION	PA	501(C)(3)	7	N/A		No
600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219 46-4186362	PHYSICIAN SRV	NY	501(C)(3)	3	REGNL HEALTH		No
302 FRENCH STREET ERIE, PA 16507 25-1400999	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC HAMOT		No
600 GRANT STREET 58TH FL PITTSBURGH, PA 15219 20-1459415	ONCOLOGY SVC	PA	501(C)(3)	10	UPMC JAMESON		No
1211 WILMINGTON AVE NEW CASTLE, PA 16105 23-2871396	SR SERVICES	PA	501(C)(3)	10	UPMC SR COMM		No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 23-1403678	REAL ESTATE	PA	501(C)(2)	N/A	UPMC SUSQUEH		No
37 CENTRAL AVENUE WELLSBORO, PA 16901 24-0804365	SKILLED NURSI	PA	501(C)(3)	10	UPMC SUSQUEH		No

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

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						Yes	No
700 HIGH STREET WILLIAMSPORT, PA 17701 23-2416166	AMBULANCE SVC	PA	501(C)(3)	10	UPMC WILLIAM		No
207 FOOTE AVENUE JAMESTOWN, NY 14701 16-0743226	HOSPITAL	NY	501(C)(3)	3	UPMC CHAUTAU		No
207 FOOTE AVENUE JAMESTOWN, NY 14701 22-2392582	HOLDING CO	NY	501(C)(3)	12 (B)(II)	CHAUT AT WCA		No
135 ALLEN STREET JAMESTOWN, NY 14701 16-1557878	AIR AMBULANCE	NY	501(C)(3)	7	CHAUT AT WCA		No
3410 WEST PITTSBURGH ROAD NEW CASTLE, PA 16101 25-1701701	SNF & IL	PA	501(C)(3)	10	UPMC SR COMM		No
745 GREENVILLE ROAD MERCER, PA 16137 25-1701700	SNF & IL	PA	501(C)(3)	10	UPMC SR COMM		No
4372 ROUTE 6 KANE, PA 16735 26-3906925	FOUNDATION	PA	501(C)(3)	12 (B)(II)	N/A		No
1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 25-6005313	SUPPORT	PA	501(C)(3)	12(D)III	N/A		No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 25-1810488	FOUNDATION	PA	501(C)(3)	12(B)II	N/A		No
300 FOOTE AVENUE PO BOX 840 JAMESTOWN, NY 14702 22-2393584	FOUNDATION	PA	501(C)(3)	12(C)III	N/A		No
491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323 25-1472179	FOUNDATION	PA	501(C)(3)	12(D) III	N/A		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1778658	SUPPORTING OR	PA	501(C)(3)	12(B)II	UPMC		No
361 ALEXANDER SPRING ROAD CARLISLE, PA 17105 82-0880337	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL		No
250 COLLEGE AVENUE LANCASTER, PA 17603 82-0896436	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL		No
1500 HIGHLANDS AVENUE LITITZ, PA 17543 82-0844453	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL		No
325 SOUTH BELMONT STREET YORK, PA 17405 82-0912090	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 82-0947698	PHYSICIAN SRV	PA	501(C)(3)	3	UPMC PINNACL		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 22-2691718	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC PINNACL		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1890444	MED TRANSPORT	PA	501(C)(3)	7	UPMC PINNACL		No
300 HIGHLAND AVENUE HANOVER, PA 17331 22-2658574	SUPPORTING OR	PA	501(C)(3)	12(A)(I)	UPMC PINNACL		No

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

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						Yes	No
300 HIGHLAND AVENUE HANOVER, PA 17331 23-1360851	HOSPITAL	PA	501(C)(3)	3	HANNOVER HEA		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1709054	PHYSICIAN SRV	PA	501(C)(3)	3	UPMC PINNACL		No
1001 EAST SECOND STREET COUDERSPORT, PA 16915 24-0802108	HOSPITAL	PA	501(C)(3)	3	UPMC		No
1001 EAST SECOND STREET COUDERSPORT, PA 16915 45-5417308	FOUNDATION	PA	501(C)(3)	12(A)(I)	C COLE MEM H		No
1001 EAST SECOND STREET COUDERSPORT, PA 16915 27-3172100	CLINIC SITES	PA	501(C)(3)	12(A)(I)	C COLE MEM H		No
1001 EAST SECOND STREET COUDERSPORT, PA 16915 23-1972659	RES. CARE	PA	501(C)(3)	12(A)(I)	C COLE MEM H		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1555687	SUPPORTING OR	PA	501(C)(3)	12(B)(II)	UPMC SR COMM		No
600 GRANT STREET PITTSBURGH, PA 15219 25-0969472	CCRC	PA	501(C)(3)	10	ASBURY HEIGH		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1819952	PERSONAL CARE	PA	501(C)(3)	10	ASBURY HEIGH		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1729266	PERSONAL CARE	PA	501(C)(3)	10	ASBURY HEIGH		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1507472	INDEP LIVING	PA	501(C)(3)	N/A	ASBURY HEIGH		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1555688	FOUNDATION	PA	501(C)(3)	7	ASBURY HEIGH		No
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-0965570	HOSPITAL	PA	501(C)3	3	UPMC		No
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 23-2910318	DRUG TREATMEN	PA	501(C)3	3	UPMC SOMERSE		No
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-1441863	FOUNDATION	PA	501(C)3	12(C)III	UPMC SOMERSE		No
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-1441920	PHYSICIAN SRV	PA	501(C)3	3	UPMC SOMERSE		No
PO BOX 539 CUMBERLAND, MD 21501 52-0591531	HOSPITAL	MD	501(C)3	3	UPMC		No
PO BOX 539 CUMBERLAND, MD 21501 35-2289841	FOUNDATION	MD	501(C)3	12(C)III	UPMC WESTERN		No
300 HIGHLAND AVENUE HANOVER, PA 17331 82-2553293	FOUNDATION	PA	501(C)3	12(C)III	UPMC PINNACL		No
600 GRANT STREET PITTSBURGH, PA 15219 25-1423657	SUPPORTING ORG	PA	501(C)(3)	12(C)III	N/A		No

Form 990, Schedule R, Part III - 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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CHAUTAUQUA INTEGRATED DELIVERY SYSTEM I 200 HARRISON STREET 2ND FLOOR JAMESTOWN, NY 14701 16-1542139	INTEGRATED DELIVE	NY	N/A					No			No	
HANOVER SURGICENTER REAL ESTATE LP 300 HIGHLAND AVE HANOVER, PA 17331 35-2342993	INACTIVE	PA	N/A					No			No	
MEDCARE SUSQUEHANNA VALLEY LLC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 82-1673688	DME	PA	N/A					No			No	
UPMC LEADER SURGERY CENTER LLC 1703 INNOVATION DRIVE YORK, PA 17408 23-3035083	SURGERY CENT	PA	N/A					No			No	
BAYFRONT BUILDING PROFESSIONAL LLC 3645 WEST LAKE ROAD ERIE, PA 16505 25-1480837	REAL ESTATE	PA	N/A					No			No	
CHARTWELL PA LP 600 GRANT STREET PITTSBURGH, PA 15219 25-1729714	HOMEHEALTH	PA	N/A					No			No	
CORE NETWORK LLC 600 GRANT STREET PITTSBURGH, PA 15219 25-1786209	HEALTHCARE	PA	N/A					No			No	
EPN-HAMOT URGENT CARE LLC 600 GRANT STREET PITTSBURGH, PA 15219 27-2147949	URGENT CARE	PA	N/A					No			No	
HAMOT SURGERY CENTER LLC 200 STATE STREET ERIE, PA 16507 25-1863661	AMBULATORY SU	PA	N/A					No			No	
HAMOT-KCH REAL ESTATE VENTURE 300 STATE STREET ERIE, PA 16507 26-3691782	MEDICAL OFFIC	PA	N/A					No			No	
LIFE CARE HOME SRV OF NW PA 1647 SASSAFRAS STREET ERIE, PA 16501 25-1536879	HOME HEALTH S	PA	N/A					No			No	
OMICELO RE I LP 2525 LIBERTY AVENUE PITTSBURGH, PA 15222 47-5603393	REAL ESTATE D	DE	N/A					No			No	
SENECA HILLS ASSISTED LIVING LP 600 GRANT STREET PITTSBURGH, PA 15219 23-2873106	ASSISTED LIVI	PA	N/A					No			No	
SHADYSIDE MEDICAL CENTER ASSOCIATION 600 GRANT STREET PITTSBURGH, PA 15219 25-1608318	MED OFFICE BL	PA	N/A					No			No	
ST MARGARET MEDICAL ARTS ASSOCIATES 600 GRANT STREET PITTSBURGH, PA 15219 25-1786655	MED OFFICE BL	PA	N/A					No			No	

Form 990, Schedule R, Part III - 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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WEST SHORE SURGERY CENTER LTD 409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1821415	SURGICAL CARE - MEDICAL SERVICES	PA	SEE PART VII - SUPPLEMENTAL INFORMATION		576,384	1,507,342		No			No	
SUSQUEHANNA VALLEY SURGICAL CENTER 4310 LONDONDERRY ROAD SUITE 1 HARRISBURG, PA 17109 25-1847818	SURGICAL CARE - MEDICAL SERVICES	PA	N/A		245,485	1,975,751		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HCPHARMACY CENTRAL INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1364192	PHARMACY CO-O	PA	N/A	C					No
CHILDREN'S COMMUNITY CARE 600 GRANT STREET PITTSBURGH, PA 15219 25-1781887	PHYSICIAN SRV	PA	N/A	C					No
UPMC PHYSICIAN SERVICES HOLDING COMPANY 600 GRANT STREET PITTSBURGH, PA 15219 25-1877017	HOLDING CO	PA	N/A	C					No
HEMATOLOGY ONCOLOGY ASSOCIATION INC 600 GRANT STREET PITTSBURGH, PA 15219 42-1648357	PHYSICIAN SRV	PA	N/A	C					No
ONCOLOGY HEMATOLOGY ASSOCATION INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1762980	PHYSICIAN SRV	PA	N/A	C					No
TRI-STATE NEUROSURGICAL ASSOCIATES - UPM 600 GRANT STREET PITTSBURGH, PA 15219 25-1458655	PHYSICIAN SRV	PA	N/A	C					No
RENAISSANCE FAMILY PRACTICE - UPMC INC 600 GRANT STREET PITTSBURGH, PA 15219 26-2942406	PHYSICIAN SRV	PA	N/A	C					No
UPMC HOLDING COMPANY INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777713	HOLDING CO	PA	N/A	C					No
UPMC COVERAGE PRODUCTS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1777710	HOLDING CO	PA	N/A	C					No
FREEDOM INSURANCE COMPANY 600 GRANT STREET PITTSBURGH, PA 15219 03-0308944	INSURANCE	VT	N/A	C					No
TRI-CENTURY INSURANCE CO 600 GRANT STREET PITTSBURGH, PA 15219 25-1500739	INSURANCE	PA	N/A	C					No
UPMC DNA INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1883237	INSURANCE	PA	N/A	C					No
UPMC HEALTH BENEFITS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1844144	HEALTH INSUR	PA	N/A	C					No
UPMC HEALTH NETWORK INC 600 GRANT STREET PITTSBURGH, PA 15219 72-1527566	HEALTH INSUR	PA	N/A	C					No
UPMC HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2813536	HEALTH INSUR	PA	N/A	C					No

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								Yes	No
UPMC BENEFIT MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1769564	WORKERS' COMP	PA	N/A	C					No
UPMC DIVERSIFIED SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1778454	HOLDING CO	PA	N/A	C					No
MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA 15219 25-1666087	AMB SURG	PA	N/A	C					No
MEDICAL ARCHIVAL SYSTEMS INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2912501	SOFTWARE DEVE	DE	N/A	C					No
RX PARTNERS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1801966	PHARMACY	PA	N/A	C					No
BIOTRONICS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1843500	EQUIP MAINTEN	PA	N/A	C					No
MEDICAL CENTER PROPERTIES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1796940	REAL ESTATE	PA	N/A	C					No
ASKESIS DEVELOPMENT GROUP INC 600 GRANT STREET PITTSBURGH, PA 15219 54-1625585	SOFTWARE DEVE	DE	N/A	C					No
BAYFRONT REGIONAL DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401388	RE HOLDING CO	PA	N/A	C					No
BAYSIDE DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401386	REAL ESTATE	PA	N/A	C					No
UPMC WORK ALLIANCE INC 600 GRANT STREET PITTSBURGH, PA 15219 45-2825053	INSURANCE	PA	N/A	C					No
UPMC HEALTH COVERAGE INC 600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219 46-2824537	INSURANCE	PA	N/A	C					No
UPMC HEALTH OPTIONS INC 600 GRANT STREET PITTSBURGH, PA 15219 46-2824626	INSURANCE	PA	N/A	C					No
UPMC COMPLETE CARE INC 5215 CENTRE AVENUE PITTSBURGH, PA 15232 46-3605753	PHYSICIAN SRV	PA	N/A	C					No
AMERICAN HOME HEALTH SERVICES 868 CORPORATE WAY WESTLAKE, OH 44145 31-1521422	HOME HEALTH C	OH	N/A	C					No

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

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								Yes	No
HEALTH FIDELITY INC 210 S B STREET SAN MATEO, CA 94401 45-2538963	TECHNOLOGY SV	CA	N/A	C					No
CURAVI HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 81-1217377	HEALTHCARE	DE	N/A	C					No
PENSIAMO INC 600 GRANT STREET 59TH FL PITTSBURGH, PA 15219 81-2069236	SUPPLY CHAIN	DE	N/A	C					No
ALTOONA FAMILY INC 620 HOWARD AVE ALTOONA, PA 16601 25-1444935	MGMT SVCS	PA	N/A	C					No
LEXINGTON HOLDINGS INC 620 HOWARD AVE ALTOONA, PA 16601 25-1794386	HOLDING CO	PA	N/A	C					No
LEXINGTON ONE INC 620 HOWARD AVE ALTOONA, PA 16601 25-1468889	RENTAL	PA	N/A	C					No
LEXINGTON TWO INC HOWARD AVE 7TH ST ALTOONA, PA 16601 25-1555689	DME	PA	N/A	C					No
LEXINGTON FOUR INC 620 HOWARD AVE ALTOONA, PA 16601 25-1793736	HOLDING CO	DE	N/A	C					No
UPMC ALTOONA REGIONAL HEALTH SERVICES 1414 9TH AVENUE ALTOONA, PA 16602 25-1219302	PHYSICIAN SRV	PA	N/A	C					No
LEXINGTON ANESTHESIA ASSOCIATES INC 620 HOWARD AVE ALTOONA, PA 16601 25-1897765	PHYSICIAN SRV	PA	N/A	C					No
RXANTE INC 511 CONGRESS STREET 803 PORTLAND, ME 04101 45-4040219	MEDICATION MG	DE	N/A	C					No
SUSQUEHANNA VENTURES INC 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2470623	PHARMACY	PA	N/A	C					No
WCA SERVICE CORPORATION INC 207 FOOTE AVENUE JAMESTOWN, NY 14701 16-1151438	SUPPORT	NY	N/A	C					No
PINNACLE HEALTH CARDIOVASCULAR INSTITUT 409 SOUTH SECOND STREET HARRISBURG, PA 17104 32-0321362	PHYSICIAN SRV	PA	N/A	C					No
HANOVER HEALTH CORPORATION 300 HIGHLAND AVENUE HANOVER, PA 17331 90-0498067	HOLDING CO	PA	N/A	C					No

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

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								Yes	No
HANOVER APOTHECARY INC 310 STOCK STREET SUITE 1 HANOVER, PA 17331 03-0594526	PHARMACY	PA	N/A	C					No
UNITED CENTRAL PA RECIPROCAL RISK RETEN 76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401 13-4224033	INSURANCE	VT	N/A	C					No
PINNACLE HEALTH VENTURES INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 61-1677624	HOLDING CO	PA	N/A	C					No
PINNACLE HEALTH IMAGING INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1718571	IMAGING SVC	PA	N/A	C					No
COLE CARE INC 1001 EAST 2ND STREET COUDERSPORT, PA 16915 25-1497347	DME	PA	N/A	C					No
UPMC ITALY HEALTH SERVICES SRL VIA DISCESA DEI GIUDICI 4 PALERMO IT	HEALTH SVC	IT	N/A	C					No
UPMC INVESTMENTS LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	HOLDING CO	EI	N/A	C					No
UPMC PROPERTY LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	PROPERTY	EI	N/A	C					No
EURO CARE INFRASTRUCTURE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	PROPERTY MGMT	EI	N/A	C					No
EURO CARE PROPERTY MANAGEMENT LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	PROPERTY MGMT	EI	N/A	C					No
UPMC WHITFIELD HOSPITAL LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	HOSPITAL	EI	N/A	C					No
UPMC GLOBAL OPERATIONS CENTER LTD 6TH FLOOR BEACON HOSPITAL SANDYFORD EI	CANCER TREATM	EI	N/A	C					No
PANTHER REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-1402742	INSURANCE	CJ	N/A	C					No
FORBES REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-1400710	INSURANCE	CJ	N/A	C					No
CATHEDRAL (RE) INSURANCE CO PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-1400837	INSURANCE	CJ	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD EI	HEALTHCARE SU	EI	N/A	C					No
UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE	CA	N/A	C					No
SUSQUEHANNA HEALTH SYSTEM INSURANCE NET PO BOX 1159 CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					No
UPMC UNITED KINGDOM LTD C/O NAIRCO 11TH FLOOR WHITEFRIARS LEWINS MEAD, BRISTOL UK 98-0571026	SOFTWARE LICE	UK	N/A	C					No
BLUESPHERE BIO 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 82-4979766	IMMUNOTHERAPY	DE	N/A	C					No
INFECTIOUS DISEASE CONNECT INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 83-3311071	TELEMEDICINE	DE	N/A	C					No
HUMONIC INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 83-4005420	BIOPHARM	DE	N/A	C					No
NOVASENTA INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 82-5443222	IMMUNOTHERAPY	DE	N/A	C					No
UPMC HILLMAN CANCER CENTER - PINNACLE 101 ERFORD ROAD CAMP HILL, PA 17701 83-3640945	CANCER TREATM	PA	N/A	C					No
SHANGHAI UPMC CO LTD 288 SHIMEN 1ST ROAD JINGAN DISTRIC SHANGHAI CH	HEALTHCARE MG	CH	N/A	C					No
SALVATOR MUNDI INTERNATIONAL HOSPITAL ROMA VIALE DELLE MURA GIANICOLENSI IT	HOSPITAL	IT	N/A	C					No
SOMERSET ANESTHESIA INC 600 GRANT STREET PITTSBURGH, PA 15219 45-5135437	PHYSICIAN SRV	PA	N/A	C					No
SOMERSET MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1512960	MOB OWNERSHIP	PA	N/A	C					No
GENERIAN PHARMACEUTICALS INC 2425 SIDNEY STREET PITTSBURGH, PA 15203 82-1101143	PHARMACY	DE	N/A	C					No
WORK PARTNERS NATIONAL INC 600 GRANT STREET PITTSBURGH, PA 15219 84-3141950	INSURANCE	PA	N/A	C					No

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ASTRATA INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 84-4804493	SOFTWARE	DE	N/A	C					No
VEGAVECT 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 84-4280784	GENE THERAPY	DE	N/A	C					No
NOVIMAB 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 84-1494905	CLINICAL RESEARCH	DE	N/A	C					No
REALYZE INTELLEGENCE INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 85-0873923	SOFTWARE	DE	N/A	C					No
HAYSTACK CONSOLIDATED SERVICES INC 12500 WILLOWBROOK ROAD CUMBERLAND, MD 21502 52-1335895	INACTIVE	PA	N/A	C					No
WESTERN MARYLAND INSURANCE COMPANY LTD PO BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C					No
GENERIAN PHARMACEUTICALS AUSTRALIA PTY L LEVEL 5 63 PIRIE STREET ADELAIDE AU	PHARMACY	AU	N/A	C					No
WILLOWBROOK HEALTHCARE CONDO 12401 WILLOWBROOK ROAD CUMBERLAND, MD 21502 37-1538510	REAL ESTATE	DE	N/A	C					No
RXANTE PHARMACY SERVICES INC 511 CONGRESS STREET 803 PORTLAND, ME 04101 83-3402761	PHARMACY	DE	N/A	C					No
CLANE HOSPITAL DEVELOPMENT ASSOCIATES L C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORTH WATERFORD EI	MANAGEMENT	EI	N/A	C					No
UPMC KILDARE HOSPITAL LTD PROSPEROUS ROAD CLANE COUNTY KILDARE, CLANE EI	HOSPITAL	EI	N/A	C					No
UPMC AUT EVEN HOSPITAL LTD FRESHFORD ROAD COUNTY KILKENNY EI	HOSPITAL	EI	N/A	C					No
UPMC EXCESS PL TRUST 600 GRANT STREET PITTSBURGH, PA 15219 82-6254351	TRUST	PA	N/A	T					No