

AMENDED RETURN - SECTION 512 (A) (7) REPEAL

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1866

OMB No 1545-0687

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section

Print or Type

UPMC SUSQUEHANNA LOCK HAVEN

82-1600494

- X 501(C)(3)
408(e) 220(e)
408A 530(a)
529(a)

Number, street, and room or suite no if a P O box, see instructions

600 GRANT STREET, 58TH FLOOR
C/O CORPORATE TAX DEPT

E Unrelated business activity codes (See instructions)

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

PITTSBURGH, PA 15219

812930

C Book value of all assets at end of year

F Group exemption number (See instructions)

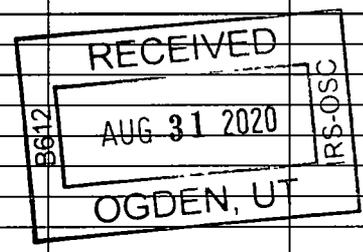
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity QUALIFIED TRANSPORTATION FRINGE BENEFITS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X Yes No
If "Yes," enter the name and identifying number of the parent corporation ATTACHMENT 1 UPMC 25-1423657

J The books are in care of CHRISTOPHER STOCKHAUSEN Telephone number 570-321-3175

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and 13 rows of business income items. Total income is 0.



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Deduction description and amount. Total deductions are 0.

SCANNED NOV 09 2020

G10

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [X] See instructions and
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$ 424.
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750). \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34. ATCH 2 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from [] Tax rate schedule or [] Schedule D (Form 1041). 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. 40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 41a
b Other credits (see instructions). 41b
c General business credit Attach Form 3800 (see instructions). 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40. 42
43 Other taxes. Check if from [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule). 43
44 Total tax. Add lines 42 and 43. 44 0.
45a Payments A 2016 overpayment credited to 2017 45a
b 2017 estimated tax payments 45b
c Tax deposited with Form 8868. 45c
d Foreign organizations Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [] Form 2439 [] Form 4136 [X] Other 117. Total 45g ATCH 3 117.
46 Total payments. Add lines 45a through 45g. 46 117.
47 Estimated tax penalty (see instructions) Check if Form 2220 is attached. [] 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 49 117.
50 Enter the amount of line 49 you want Credited to 2018 estimated tax [] Refunded [] 50 117.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here [] Yes [X] No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? [] Yes [X] No
If YES, see instructions for other forms the organization may have to file
53 Enter the amount of tax-exempt interest received or accrued during the tax year [] \$

Sign 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 taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer [Signature] Date 8/12/2020 Title CFO
May the IRS discuss this return with the preparer shown below (see instructions)? [] Yes [X] No
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A apply.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

- (1)
(2)
(3)
(4)

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1) through (4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations | | | |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
|------------------|--|------------------------------------|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
|-------------------------|--------------------|---|--------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A) | | Enter here and on page 1, Part I, line 9, column (B) |

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|--|--|--|--|-------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | | Enter here and on page 1, Part II, line 26 |

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|----------------------|----------------------------|----------------------------|--|----------------------|--------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | | | | |

Totals (carry to Part II, line (5))

Part II . Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|--|--|--|----------------------|--------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I. ▶ | | | | | | |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) ▶ | | | | | | |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

UPMC SUSQUEHANNA LOCK HAVEN

82-1600494

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

UPMC
25-1423657

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

- 1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).
- 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....
- 3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....
- 4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....
- 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....
- 6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365
IN THE CORPORATION'S TAX YEAR.....
- 7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365
IN THE CORPORATION'S TAX YEAR.....
- 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439
FROM FORM 4136

BALANCE TO BE REFUNDED 117.

TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS 117.

UPMC Susquehanna Lock Haven
600 Grant Street, 58th Fl, Corp Tax Dept
Pittsburgh, PA 15219
24-0799343

The above-referenced Taxpayer is amending Form 990 for its tax year ending June 30, 2018.
The following lines changed:

Line #12: changed from 1,424 to zero – due to repeal of Section 512(a)(7)

Line #13: changed from 1,424 to zero – due to repeal of Section 512(a)(7)

Line #30: changed from 1,424 to zero – due to repeal of Section 512(a)(7)

Line #32: changed from 1,424 to zero – due to repeal of Section 512(a)(7)

Line #34: changed from 424 to zero – due to repeal of Section 512(a)(7)

Line #35c: changed from 117 to zero – due to repeal of Section 512(a)(7)

Line #40: changed from 117 to zero – due to repeal of Section 512(a)(7)

Line #42: changed from 117 to zero – due to repeal of Section 512(a)(7)

Line #44: changed from 117 to zero – due to repeal of Section 512(a)(7)

Line #48: changed from 117 to zero – due to repeal of Section 512(a)(7)

Line #49: changed from zero to 117 – due to repeal of Section 512(a)(7)

Line #50: changed from zero to 117 – due to repeal of Section 512(a)(7)