

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

Form sections B through M: B Check if applicable, C Name of organization (UPMC Susquehanna Lock Haven), D Employer identification number (82-1600494), E Telephone number (570-893-5000), G Gross receipts (\$23,981,478), H(a) Is this a group return, H(b) Are all subordinates included, I Tax-exempt status (501(c)(3)), J Website (www.upmcsusquehannahealth.org), K Form of organization (Corporation), L Year of formation (2017), M State of legal domicile (PA)

Part I Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for mission (See Schedule O), revenue (Total 23,981,478), expenses (Total 26,168,869), and net assets (Total -2,187,391).

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SCANNED AUG 12 2019

Part II Signature Block: Declaration of preparer, Signature of officer (Christopher Stockhausen, Interim CFO), Date (5/13/19), Preparer (Brian D. Todd, CPA), Firm (BKD, LLP), Firm's address (910 E. St. Louis Street, Springfield, MO 65806), Firm's EIN (P00422601), Phone no. (417-865-8701)

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission
Lock Haven Hospital (LHH) is a subsidiary of UPMC Susquehanna. The mission of UPMC Susquehanna and affiliates is as follows: To serve our community by providing outstanding patient care and shaping tomorrow's health care through clinical and technological innovation, research,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O

Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.

Yes No X

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

4a (Code ) (Expenses \$ 23,888,244. including grants of \$ ) (Revenue \$ 23,877,681.)
During the fiscal year ended June 30, 2018, the Hospital admitted 691 patients, rendering 2,272 patient days and registered approximately 22,178 outpatients. Skilled Nursing facility totaled 19,568 days of care.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$
LHH treats all patients without regard to their ability to pay. In addition, the Hospital treats Medicare and Medical Assistance patients and maintains a Medicare/Medical Assistance policy that provides patients enrolled in such programs with access to all covered inpatient, outpatient and diagnostic services that are available to non-Medicare/Medical Assistance Patients.

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$
On an annual basis, LHH devotes a portion of its revenue and assets to community program services. The following reflects the breakout of \$3,339,060 in quantifiable community benefits reported for FY 2018; Charity Care (at cost) \$23,951; Bad Debt (at cost) \$569,908; Government sponsored health care (unpaid cost of Medicare, Medicaid, indigent care programs, SCHIP and other safety net programs) \$2,745,201.

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

4e Total program service expenses 23,888,244.

ABCD FHJOR

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
<b>21</b> 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		X
<b>22</b> 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		X
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> 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		X
<b>b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36</b> 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		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form table with columns for question numbers (1a-14b), Yes/No, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 1041, and Form 720.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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 **Christopher Stockhausen - 570-321-3175**  
**700 High Street, Williamsport, PA 17701**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ronald E. DiSimone, MD Director	2.00 50.00	X						0.	1,132,394.	37,084.
(2) Daniel Glunk, MD Director	2.00 50.00	X						0.	325,152.	30,093.
(3) Davie Jane Gilmour Vice Chair	2.00 2.00	X		X				0.	0.	0.
(4) Sister Teresa Ann Jacobs Secretary	2.00 2.00	X		X				0.	0.	0.
(5) Philip Johnson Treasurer	2.00 2.00	X		X				0.	0.	0.
(6) Steven Johnson President/CEO	2.00 50.00	X		X				0.	1,434,188.	33,810.
(7) Ann S. Pepperman Chair	2.00 2.00	X		X				0.	0.	0.
(8) Glenn Poirier Director	2.00 2.00	X						0.	0.	0.
(9) Raj Patel Director	2.00 0.00	X						0.	0.	0.
(10) Eric D. Pohjula Executive Vice President/CFO	1.00 50.00			X				0.	434,880.	31,749.
(11) David Lopatofsky, MD Executive Vice President/CMO	1.00 50.00				X			0.	552,898.	35,625.
(12) Jan E. Fisher Executive Vice President/COO	1.00 50.00				X			0.	480,809.	28,165.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,826.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			7,826.			
<b>Program Service Revenue</b>	<b>2 a</b> Net Patient Service Revenue	<b>Business Code</b>	621990	23,119,677.	23,119,677.		
	<b>b</b> Supplemental Payments		623000	504,882.	504,882.		
	<b>c</b> Outpatient Center		621498	252,147.	252,147.		
	<b>d</b> Affiliated Rental Income		621990	975.	975.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			23,877,681.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			64.		64.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>					
		<b>b</b> Less direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>						
	<b>b</b> Less direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> Cafeteria			624200	57,043.		57,043.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue		900099	38,864.		38,864.	
	<b>e Total.</b> Add lines 11a-11d			95,907.			
<b>12 Total revenue.</b> See instructions			23,981,478.	23,877,681.	0.	95,971.	

**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

X

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				
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	8,814,098.	8,339,584.	474,514.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,664.	44,152.	2,512.	
9 Other employee benefits	1,140,382.	1,078,989.	61,393.	
10 Payroll taxes	542,374.	513,175.	29,199.	
11 Fees for services (non-employees)				
a Management	787,382.	787,382.		
b Legal	23,683.	2,730.	20,953.	
c Accounting				
d Lobbying	1,733.		1,733.	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,595,818.	4,277,063.	318,755.	
12 Advertising and promotion	1,902.	1,902.		
13 Office expenses	335,061.	232,269.	102,792.	
14 Information technology	41,308.	41,308.		
15 Royalties				
16 Occupancy	1,171,388.	706,120.	465,268.	
17 Travel	13,437.	12,784.	653.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,917.	8,917.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	326,934.		326,934.	
23 Insurance	225,971.	43,811.	182,160.	
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 <b>Bad Debt</b>	3,900,811.	3,900,811.		
b <b>Medical Supplies</b>	2,444,315.	2,444,315.		
c <b>Repairs &amp; Maintenance</b>	891,846.	874,307.	17,539.	
d <b>Miscellaneous</b>	854,845.	578,625.	276,220.	
e All other expenses				
25 <b>Total functional expenses</b> Add lines 1 through 24e	26,168,869.	23,888,244.	2,280,625.	0.
26 <b>Joint costs</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	0.	1	0.	
	2	0.	2	112,968.	
	3	0.	3	0.	
	4	0.	4	5,377,891.	
	5		5		
	6		6		
	7		7		
	8	0.	8	229,273.	
	9		9	69,857.	
	10a	5,366,766.			
	10b	326,934.	0.	5,039,832.	
	11		11		
	12		12		
	13		13		
	14		14		
	15		0.	15	533,226.
16		0.	16	11,363,047.	
Liabilities	17		17	693,229.	
	18		18		
	19		19		
	20		20		
	21		21		
	22		22		
	23		23		
	24		24		
	25		0.	25	12,857,209.
	26		0.	26	13,550,438.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27		27	-2,187,391.	
	28		28		
	29		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30		30		
	31		31		
	32		32		
	33		0.	33	-2,187,391.
	34		0.	34	11,363,047.

**Part XI Reconciliation 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	23,981,478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,168,869.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,187,391.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-2,187,391.

**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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2017.</b> 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 <input type="checkbox"/>		
<b>b 33 1/3% support test - 2016.</b> 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 <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

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

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

**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)

Lined area for supplemental information.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization <b>UPMC Susquehanna Lock Haven</b>	Employer identification number <b>82-1600494</b>
------------------------------------------------------------	-----------------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2017

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

Yes  No

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		1,733.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i.			1,733.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

The Hospital holds memberships in the American Hospital Association, (AHA) and the Hospital Association of Pennsylvania, (HAP) both of which engage in lobbying as part of their mission to represent the interests of hospitals at both the Federal and State levels. For the year ended 06/30/18, the amount of dues paid to AHA totaled \$7,543, of which



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public Inspection

Name of the organization **UPMC Susquehanna Lock Haven** Employer identification number **82-1600494**

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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				
b Buildings		4,426,588.	325,290.	4,101,298.
c Leasehold improvements				
d Equipment		68,541.	1,644.	66,897.
e Other		871,637.		871,637.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,039,832.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total</b> (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) Estimated 3rd party settlements	90,878.
(3) Estimated medical legal liability costs	8,000.
(4) Other liabilities/Intercompany	12,758,331.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	12,857,209.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals.

Part XIII Supplemental Information.

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

Part X, Line 2:

UPMC has no uncertain tax positions recorded. Tax benefits are recognized when it is more likely than not that a tax position will be sustained upon examination by the tax authorities based on the technical merits of the position. Such tax positions are measured as the largest amount of tax benefit that is greater than 50% likely to be realized upon ultimate settlement with the tax authorities assuming full knowledge of the position and all relevant facts. As of June 30, 2018, UPMC does not have any unrecorded tax benefits. An external audit is completed at a consolidated UPMC System level only, including UPMC and all taxable and tax-exempt subsidiaries.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization: **UPMC Susquehanna Lock Haven**  
Employer identification number: **82-1600494**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America	0	1	Program Services	Captive insurance company	105,110.
<b>3 a</b> Sub-total	0	1			105,110.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c Totals</b> (add lines 3a and 3b)	0	1			105,110.





**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No

Schedule F (Form 990) 2017

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Lined area for supplemental information.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization **UPMC Susquehanna Lock Haven** Employer identification number **82-1600494**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?  
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
- 2**  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 250 %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care  
 200%  250%  300%  350%  400%  Other \_\_\_\_\_ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care
- 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b	X	
3c		
4	X	
5a	X	
5b		X
5c		
6a		X
6b		

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			23,951.		23,951.	.11%
<b>b</b> Medicaid (from Worksheet 3, column a)			4789247.	4590781.	198,466.	.89%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			4813198.	4590781.	222,417.	1.00%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			38,739.		38,739.	.17%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			2,422.		2,422.	.01%
<b>j Total</b> Other Benefits			41,161.		41,161.	.18%
<b>k Total</b> Add lines 7d and 7j			4854359.	4590781.	263,578.	1.18%





**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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UPMC Susquehanna Lock Haven:

Part V, Section B, Line 2: Lock Haven Hospital was acquired by UPMC Susquehanna as part of an asset purchase agreement effective 10/01/2017.

UPMC Susquehanna Lock Haven:

Part V, Section B, Line 16j: [www.upmc.com/patients-visitors/paying-bill/se](http://www.upmc.com/patients-visitors/paying-bill/se)

UPMC Susquehanna Lock Haven:

Part V, Section B, Line 19e: UPMC Susquehanna Lock Haven does not do any extraordinary collection actions (ECAs) Therefore there are no notifications.

Part V, Section B, Line 16

[www.upmc.com/patients-visitors/paying-bill/services](http://www.upmc.com/patients-visitors/paying-bill/services)



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 Susquehanna Lock Haven

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group UPMC Susquehanna Lock Haven

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
<b>14</b> Explained the basis for calculating amounts charged to patients?	X	
<b>15</b> Explained the method for applying for financial assistance?	X	
<p>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)</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
<b>16</b> Was widely publicized within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.upmc.com (see Part VI)</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.upmc.com (see Part VI)</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.upmc.com (see Part VI)</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> 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</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group UPMC Susquehanna Lock Haven

- 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?
- 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?
- If "Yes," check all actions in which the hospital facility or a third party engaged
- a  Reporting to credit agency(ies)
  - b  Selling an individual's debt to another party
  - c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
  - d  Actions that require a legal or judicial process
  - e  Other similar actions (describe in Section C)
- 20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply).
- a  Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
  - b  Made a reasonable effort to orally notify individuals about the FAP and FAP application process
  - c  Processed incomplete and complete FAP applications
  - d  Made presumptive eligibility determinations
  - e  Other (describe in Section C)
  - f  None of these efforts were made

	Yes	No
17	X	
18		
19		X
20		

**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?
- 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)

	Yes	No
21	X	

**Part V Facility Information** (continued)

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

Name of hospital facility or letter of facility reporting group UPMC Susquehanna Lock Haven

	Yes	No
<p><b>22</b> 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</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> 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</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C</p>	23	X
<p><b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C</p>	24	X

Schedule H (Form 990) 2017

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Part I line 3c

Financial assistance or charity care is available for eligible individuals who have health care needs and are uninsured, underinsured, ineligible for government programs or otherwise unable to pay for their own care.

A patient may be determined to have financial need based on the following:

1. **Indigency:** If income falls at or below 250% of the federal poverty guidelines, the patient will have no financial responsibility. The patient is approved for 100% free care.
2. **Low income sliding scale:** assistance may be a discounted or reduced patient liability depending on the patient's income:
  - a. If the combined family income is greater than 251% and less than or equal to 400% of the federal poverty guidelines and uninsured, the patient is eligible for reduced charity care. There will be an 87% reduction in the patient bill. The discounted charity care scale is listed below:

Part VI Supplemental Information (Continuation)

f/s= family size 2018

2018

Family size Category 1-100%Category 2-87%

1	\$30,350	\$48,560
2	\$41,150	\$65,840
3	\$51,950	\$83,120
4	\$62,750	\$100,400
5	\$73,550	\$117,680
6	\$84,350	\$134,960
7	\$95,150	\$152,240
8	\$105,950	\$169,520
Each additional	\$10,800	\$17,280

3. Financial hardship: if a patient is approved for discounted or reduced charity care and cannot afford to pay the remaining balance, the patient may be considered for financial hardship. Assistance will be provided in the form of an adjustment of charges to prevent the patient liability from exceeding the lesser of 15% of family income or the AGB.

4. Medical hardship/catastrophic care: if a patient is denied for financial assistance and cannot afford to pay the account balance, the patient may be considered medically indigent and may be considered for medical hardship/catastrophic care. The patient will be liable to pay the lesser of 15% of their calculated household income or the AGB towards their medical bill. This is a one-time financial assistance adjustment for existing account balances. The remaining balance will be adjusted to free care.

**Part VI** Supplemental Information (Continuation)

Part I, Line 7, Column (f)

The Bad Debt expense included on Form 990, Part IX, Line 25 (b), but subtracted for purposes of calculating the percentage in this column is \$3,900,811.

Part I line 4

"Medically indigent" means persons who the organization has determined unable to pay some of all of their medical bills because their medical bills exceed a certain percentage of their family household income.

Part III, Line 2:

Bad debt consists of the actual bad debt written off, plus a reserve calculation based on a progressive percentage for self pay and other non-contract accounts receivable aging categories. This figure is the amount of bad debt in the audited financial statements.

Part III, Line 3:

UPMC reclassifies bad debt accounts as charity care by utilizing a predictive model called PARO (payment assistance rank order). PARO was built as a socio-economic score that identifies those patients that are most likely to have the highest need of financial assistance. This is accomplished by analyzing consumer data and activity, court records, government records, property files, census data and IRS data. PARO provides a systematic approach to financial assistance by utilizing a predictive model that encompasses healthcare economics and credit policies; a uniform assessment measure for every patient regardless of

**Part VI** Supplemental Information (Continuation)

financial standing; accounts for patients that are unresponsive, illiterate, or otherwise challenged to apply; eliminates barrier to application and meets increased pressure to provide additional financial resources to consumers; identifies and supports those community needs efforts to provide assistance to consumers in need. There are two data points returned to UPMC to make the decision whether the patient will qualify for charity care. The first is the estimated income level based on the federal poverty level guidelines. The second is the PARO score which utilizes an algorithm-based approach and returns a score based on personal attributes of the patient. Data elements are combined to create two primary indicators of need, the PARO score and the federal poverty level. PARO analyzes our historical charity care approvals to determine our PARO threshold and the FPL threshold for the historical approvals. The approved charity care accounts are compared against accounts that are in active accounts receivable. This is done to determine if the distributions are similar or if any patterns exist based on the approved accounts and the unknown accounts. If the patient's estimated income and PARO score are within the scores identified by the calibration of UPMC existing charity care patients, the account is reclassified from bad debt to charity care. Every patient is able to apply for charity care; however, the automated strategy focuses on patients that do not complete the applications process. The US Department of Education estimates that 1 in 5 consumers are functionally illiterate. This, coupled with the low levels of participation in traditional banking methods, makes the application process virtually impossible for some consumers.

Part III, Line 4:

The System reports patient accounts receivable for services rendered at

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

net realizable amounts from third-party payers, patients and others. The System provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the patient, the System bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

## Part III, Line 8:

The costing methodology is based on a modified cost accounting system. We cost our patient data for the previous fiscal year and then we apply relational factors to the costs based on the change in charges from the prior fiscal year to the current fiscal year.

Serving patients with government health benefits, such as Medicare, is a component of the community benefit standard that tax-exempt hospitals are held to. This implies that serving Medicare patients is a community benefit and that the hospital operates to promote the health of the community.

## Part III, Line 9b:

UPMC has a debt collection policy outlining collection practices for patients. If at any time the patient expresses an inability to pay, they are sent a financial assistance application. Information regarding financial assistance is printed on all collection letters. Collections per policy do not apply to account balances known to be eligible for financial.

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

assistance.

Part VI, Line 3:

UPMC communicates the availability of financial assistance to its patients by placing signage and distributing brochures about the financial assistance program in its provider registration areas, admissions, emergency department and business office locations. In addition, UPMC includes information regarding how a patient can request financial assistance on the bills, follow-up correspondence and collection letters. Patients also may find information about financial assistance through access to the UPMC web site ([www.upmc.com](http://www.upmc.com)). Patients are encouraged to contact UPMC's trained financial counselors should they require assistance with completing applications. Contact telephone numbers are posted strategically throughout the hospital facilities so that patients have a resource for obtaining support with any financial assistance questions they may have. UPMC has created a plain language summary (PLS) to explain, in simplified terms, our financial assistance policy (FAP). This summary is printed at all same day surgery, Er and inpatient locations and given to the patient upon discharge. UPMC has also translated the PLS, FAP, collection and billing policy, and FAP application into the following languages: Arabic, Chinese, French, Italian, Nepali, Russian, Spanish and Braille. The determination of languages for translation of documents was determined by a study of English proficiency in the communities served and review of predominant native languages in those communities as prescribed in IRC section 501(r). The PLS is available on the UPMC website. UPMC will notify all patients approved via presumptive eligibility if not receiving the highest level of assistance. A letter informing the patient that they may qualify for a higher level and a financial assistance

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

application will be sent to the patient upon determination. UPMC has widely publicized our financial assistance policy. UPMC has worked with hospital leaders and community liaisons to determine the most appropriate non-healthcare locations to reach the populations that will benefit from our financial assistance. UPMC has proactively reached out in these communities to widely publicize our financial assistance policy. Finally, UPMC will now only include patient balances from one year prior to the patient's financial assistance approval date. As a result, UPMC will also refund any patient payments made within that year of the patient's financial assistance approval date, approved via an application.

## Part VI, Line 4:

The hospitals that comprise UPMC Susquehanna Lycoming county operations are: The Williamsport Hospital (TWH), Divine Providence Hospital (DPH) and Muncy Valley Hospital (MVH). The county is in the north central region of the state, about three and half hours northeast of Pittsburgh and the same distance northwest of Philadelphia. Lycoming County is designated as rural and has small towns nestled within a stunning natural landscape. The City of Williamsport, with the majestic Susquehanna River running through it, is designated as urban, and is the home of Little League World Series. Unfortunately, the City of Williamsport and the surrounding rural area are also home for many individuals and families who cannot afford the primary health and dental care services provided in their county. In addition, Soldiers & Sailors Memorial Hospital (SSMH) located in Wellsboro, PA, Tioga county, is also part of UPMC Susquehanna; as well as, Lock Haven Hospital (LHH) located in Clinton county and Sunbury Community Hospital located in Northumberland county. For a more detailed discussion regarding the community served, as well as associate socio-economic

**Part VI** Supplemental Information (Continuation)

characteristics, you may view the CHNA and related Implementation plan at [www.upmcsusquehannahealth.org](http://www.upmcsusquehannahealth.org).

Part VI, Line 5:

The hospitals of UPMC Susquehanna all have entity specific boards that are composed of persons who reside in and around Lycoming County.

In addition to this UPMC Susquehanna extends medical staff privileges to all qualified physicians in the county in all areas of primary and specialty care according to the UPMC Susquehanna Medical Staff Bylaws.

Bylaws excerpts pertaining to this area are as follows:

3.1) Nature of Membership - Medical Staff membership is available to qualified physicians, dentists, maxillofacial/oral surgeons, and podiatrists and confers both responsibilities and prerogatives, but only as provided in these Bylaws. No physician, dentist, or podiatrist, including those employed by or otherwise under contract with the Hospital(s), may admit a patient or independently provide patient care services in the Hospital(s) unless he is a Medical Staff member with applicable clinical privileges pursuant to these Bylaws. A member shall have only those clinical privileges, including admitting privileges, as have been granted in accordance with these Bylaws.

3.2) Qualifications - No individual shall be considered eligible for appointment on reappointment to the Medical Staff unless he meets each of the following required qualifications/criteria. If any change in personal or professional status occurs which would inhibit practitioner's ability to effectively meet the obligations for patient care and Medical Staff membership under these Bylaws, the practitioner shall immediately notify the Medical Director.

3.2-1) Professional Licensure Qualification - A member must be a

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

physician, dentist, or podiatrist and must be duly licensed to practice in the Commonwealth of Pennsylvania.

3.2-2) Clinical Privileges Qualification - A member of the Medical Staff must have clinical privileges (or in the case of a new applicant, is granted clinical privileges at the time of the appointment), except those appointed to the Emeritus Staff or as otherwise specified in these Bylaws.

3.2-3) Professional Competence - A member must demonstrate sufficient professional education, training, experience, competence, and good judgement to perform Medical Staff responsibilities and clinical privileges requested.

3.2-4) Health Status - A member must have sufficient physical and mental health to perform Medical Staff responsibilities and exercise clinical privileges requested.

3.2-5) Basic Responsibilities - A member must discharge the basic responsibilities of Medical Staff membership noted in 3.3-2.

3.2-6) Board Certification Requirement - All practitioners who are current staff members at UPMC Susquehanna as of 7/1/10 and who have met prior qualifications for membership shall be exempt from board certification requirements.

3.2-7) Standing with Federal Payors - A member must not be excluded from participation in federally funded programs such as Medicare and Medicaid.

3.2-8) Waiver - The Board Certification requirement described in 3.2-6 may be waived under very special circumstances in which an applicant for Medical Staff membership is capable of providing specific unique expertise presently not available or insufficiently available on the Medical Staff which will fulfill an unmet medical need in the community. Such waiver may be granted by the Board(s) only upon recommendation of the Department Chairman, Credentials Committee, and the Medical Executive Committee (MEC).

**Part VI** Supplemental Information (Continuation)

3.2-9) Prohibited Criteria - Medical Staff membership or assignment to a Medical Staff category shall not be denied, terminated, revoked, suspended, modified, or otherwise restricted based upon:

- (a) Gender, race, creed, color, national origin, handicap, or disability, if the individual is otherwise qualified under these Bylaws, or
- (b) Economic considerations as the sole or primary criterion, or
- (c) Any criterion not set forth as a required qualification in these Bylaws, or
- (d) Any other criterion lacking professional or ethical justification.

3.2-10) Effect of Other Affiliations - No individual shall be granted Medical Staff membership or be assigned to any Medical Staff category merely because he:

- (a) Holds a certain degree,
- (b) Is licensed to practice in the Commonwealth of Pennsylvania or any other state,
- (c) Is a member of any professional organization,
- (d) Is certified by any clinical Board,
- (e) Had, or presently has, Medical Staff membership or clinical privileges at another health care facility,
- (f) Is employed by or is otherwise under contract with the Hospital(s) or
- (g) Is employed by or otherwise practices with a group composed of one or Medical Staff members.

The volunteer program at UPMC Susquehanna supports the services at our 6 campuses, MVH, DPH, TWH, SSMH, LHH, and SCH as well as our LifeCenter located within the River Valley Regional YMCA in Williamsport, PA. Volunteers, ranging in age from 14, assist staff and patients in almost every department.

**Part VI** Supplemental Information (Continuation)

The volunteers come from Lycoming and surrounding counties to support our services. They provide over 65,000 hours of service in both office, customer service and patient care areas to support our service partners. They become ambassadors for the hospital, make new friends, financially support the hospital, become involved in the auxiliary, remain an active member of society, often stay healthier longer, enjoy the camaraderie with staff and other volunteers, serve on hospital committees, recruit other volunteers, increase their volunteer hours and offer constructive suggestions for improvement. Volunteers are recruited through fairs, internet information and on-line applications, volunteer referrals and presentations to groups. They are a highly regarded, integral part of our operational support system.

## Part VI, Line 6:

Lock Haven Hospital (LHH) is one of six hospitals which are part of UPMC Susquehanna. The mission of UPMC Susquehanna is to promote health by acting as the parent of a nonprofit health system in North Central Pennsylvania and by raising funds and otherwise supporting the system.

Lock Haven Hospital (LHH) is an acute care community hospital providing diagnostic and treatment facilities. LHH also operates a long-term care facility.

MVH is a critical access hospital, primarily serving Lycoming and surrounding counties. MVH also provides a full range of outpatient and emergency services, as well as, operates a long-term care facility.

Divine Providence Hospital (DPH) is a specialty hospital that offers inpatient psychiatric services and a wide array of outpatient hospital

**Part VI** Supplemental Information (Continuation)

services, as well as, home health and hospice services.

The Williamsport Hospital (TWH) is an acute care community hospital providing diagnostic and treatment facilities, educational and training programs, and a rehabilitation facility.

Soldiers & Sailors Memorial Hospital (SSMH) is a critical access hospital providing diagnostic and treatment facilities, educational and training programs.

Sunbury Community Hospital (SCH) is an acute care community hospital as well as offers inpatient psychiatric services.

The hospitals treat Medicare and Medical Assistance patients and maintains a Medicare / Medical Assistance policy that provides patients enrolled in such programs with access to all covered inpatient, outpatient and diagnostic services that are available to non-Medicare / Medical Assistance patients.

The community benefit report is prepared on a system-wide basis under UPMC Susquehanna. On an annual basis, UPMC Susquehanna devotes a portion of its revenue and assets to community program services. The following reflects the breakout of \$108,814,429 in quantifiable community benefits reported for FY 2018: Charity Care (at cost) \$1,975,767; Bad Debt (at cost) \$10,179,193; Government-sponsored health care (unpaid cost of Medicare, Medicaid, indigent care programs, SCHIP and other safety net programs) \$90,988,959. In addition, various other programs such as Research, Health Professions Education, Community Building, Financial and In-Kind Contributions, and Community Benefit Operations totaling

**Part VI** Supplemental Information (Continuation)

\$5,670,510.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2017**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPMC Susquehanna Lock Haven

Employer identification number

82-1600494

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)									
<b>1b</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										
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?										
<p><b>3</b> 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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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										
<b>4a</b> Receive a severance payment or change-of-control payment?		X								
<b>4b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X								
<b>4c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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										
<b>5a</b> The organization?		X								
<b>5b</b> Any related organization?		X								
If "Yes" on line 5a or 5b, describe in Part III										
<b>6</b> 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										
<b>6a</b> The organization?		X								
<b>6b</b> Any related organization?		X								
If "Yes" on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	X									
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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

Schedule J (Form 990) 2017



**Part III** Supplemental Information

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

**Part I, Line 7:**

In order for the Leadership Team to participate in the annual Variable Compensation Incentive Program (VCIP) a minimum operating margin must be achieved for the most recently completed year on a consolidated system-level basis. Individual goals and objectives related to the VCIP may also include individual entity operating performance. For FY 2018, the minimum threshold was met that would trigger a VCIP payment. In October 2017, President / CEO Steven P. Johnson received variable compensation award in the amount of \$665,835.

**Part I, Line 3**

UPMC Susquehanna EIN #23-2751183, a related organization, uses the following resources to establish the compensation of the top management officials; compensation committee, independent compensation consultant, written employment contract, compensation survey or study and approval by the board.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

UPMC Susquehanna Lock Haven

Employer identification number

82-1600494

Form 990, Part I, Line 1, Description of Organization Mission:

Lock Haven Hospital (LHH) is a 47 bed hospital primarily serving  
Clinton and surrounding counties. LHH also provides a full range of  
outpatient and emergency services, as well as 90 Long Term Care beds.

Form 990, Part III, Line 1, Description of Organization Mission:

and education.

Form 990, Part VI, Section A, line 2:

Several board members also serve on the board of a related taxable  
corporation.

Form 990, Part VI, Section A, line 6:

UPMC Susquehanna, EIN #23-2751183, is the sole member of the governing  
body. The sole member of UPMC Susquehanna Lock Haven, EIN # 82-1600494 is  
the federally tax-exempt entity UPMC Susquehanna.

Form 990, Part VI, Section A, line 7a:

UPMC Susquehanna, EIN # 23-2751183, may elect or remove members of the  
governing body.

Form 990, Part VI, Section A, line 7b:

All the business and affairs of the corporation shall be managed and  
controlled by the Board of Directors, subject to the oversight of the  
Member of the management and operation of the corporation, except that the  
following powers are reserved exclusively to the sole Member of the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

UPMC Susquehanna Lock Haven

Employer identification number

82-1600494

corporation, and no attempted exercise of any such powers by anyone other than the sole Member shall be valid or of any force or effect whatsoever. The sole Member shall exercise its powers through its Board of Directors. The Member shall have the exclusive authority to exercise the following powers:

- A) To approve the appointment and removal of the President of the corporation subject to all applicable provisions of the Creation agreement.
- B) To elect and remove, with or without cause, a Director of the corporation.
- C) To establish the overall policy and long range plans of the corporation, determine or change the mission of the corporation, approve the programs and services of the corporation and the termination of any programs or services of the corporation, and monitor and maintain the philosophy, goals and purposes for which the corporation was formed and exists, subject to and in accordance with the provisions of the Creation agreement.
- D) To adopt, amend or repeal the Articles of Incorporation or these bylaws.
- E) To establish requirements for a unified budget, the approval of new capital debt, any increment to any existing capital debt, and/or any change in capital debt obligations of the corporation.
- F) To establish requirements for the approval of the acquisition, purchase, sale, leasing outside the ordinary course of business, transfer outside the ordinary course of business or encumbrance outside the ordinary course of business of land or buildings and the construction or demolition of buildings owned by the corporation.
- G) To require a certified audit of corporate funds at any time.
- H) To approve any guaranty of the indebtedness of any person, the granting

Name of the organization UPMC Susquehanna Lock Haven	Employer identification number 82-1600494
---------------------------------------------------------	----------------------------------------------

of any security interest in or the creation of any encumbrance on any assets of the corporation outside the ordinary course of business, or any transfer of any assets of the corporation outside the ordinary course of business, except transfers between or among affiliated corporations.

- I) To approve any merger, consolidation, organization, reorganization, joint venture or other modification of corporate structure or affiliations affecting the autonomy, governance, or operations of the corporation.
- J) To dissolve or terminate the existence of the corporation and determine the distribution of assets upon such termination or dissolution, as provided in these bylaws.
- K) To appoint annually the external fiscal auditor of the corporation.
- L) To approve the nominees for elected officers of the Board of Directors of the corporation, and to return the list of approved nominees to the Board of Directors for election.
- M) To remove any elected officer of the corporation;
- N) To approve the annual capital and operating budget of the corporation;
- O) To coordinate managed care plans, including decisions concerning entry into or renewal of any contract or agreement relating thereto.

Form 990, Part VI, Section B, line 11b:

A copy of the IRS form 990 is available for all board members to review prior to filing.

Form 990, Part V, Line 1A

All 1099's are issued by UPMC Susquehanna EIN #23-2751183. All expenses are then allocated back to all related entities.

Name of the organization

UPMC Susquehanna Lock Haven

Employer identification number

82-1600494

Form 990, Part VI, Section B, Line 12c:

UPMC, as a system-wide practice, requires key employed and non-employed personnel to comply with its conflict of interest policies when they engage in UPMC-related business. Individuals covered by the policies include: UPMC board members, corporate officers, and key employees, UPMC physicians and non-physicians employees who hold a position of influence, identified non-employed members of the UPMC medical staff who hold a position of influence, and individuals conducting clinical research at UPMC, whether or not they are employed by UPMC. These individuals are required to complete a questionnaire at least annually, which along with other data is used to identify possible individual, and institutional conflicts of interest. If a potential conflict is identified regarding a specific UPMC activity, the Corporate Compliance department, with the assistance of the Legal department, either develops a written plan designed to prevent the conflict from influencing decisions related to that activity, or requires that the conflicting relationship be divested, as appropriate. For employed personnel and non-board member, non-employed personnel, the conflict of interest identification and management process is ultimately overseen by an ethics and compliance committee of the UPMC board of directors on behalf of UPMC and all of its subsidiaries, potential conflict of interest transactions involving UPMC entity board members and entities with which they are affiliated are monitored and subject to preapproval by the governance and nominating committee of the UPC board of directors.

Form 990, Part VI, Section B, Line 15:

Form 990, Part VI, line 15a & 15b: All top management officials are paid by UPMC Susquehanna, EIN # 23-2751183.

The Board of Directors, through the Executive Compensation Committee,

Name of the organization

UPMC Susquehanna Lock Haven

Employer identification number

82-1600494

retains an independent outside consultant to provide guidance with respect to the annual establishment of the rebuttable presumption or reasonableness relative to executive compensation and benefits. The consultant annually provides detailed market information from its annual Executive Compensation Survey for Health Systems. In addition, other regional survey data is provided in order to supply the health system with a "national" picture of compensation. With this process established, the Executive Compensation Committee takes that proper steps to educate the Board of Directors to understand all of the above-mentioned oversight and to appropriately prepare them for community or media inquiry. In addition, the Board is made aware of the Form 990 and its role in the communication of information to the public.

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part IX, Line 11g, Other Fees:

Physician/Medical Fees:

Program service expenses	1,552,836.
Management and general expenses	301,995.
Fundraising expenses	0.
Total expenses	1,854,831.

Aramark Contracted Services:

Program service expenses	1,318,715.
Management and general expenses	16,630.
Fundraising expenses	0.

Name of the organization UPMC Susquehanna Lock Haven	Employer identification number 82-1600494
---------------------------------------------------------	----------------------------------------------

Total expenses 1,335,345.

Other:

Program service expenses 1,405,512.

Management and general expenses 130.

Fundraising expenses 0.

Total expenses 1,405,642.

Total Other Fees on Form 990, Part IX, line 11g, Col A 4,595,818.

Form 990, Part XIII, Line 2c

UPMC, the sole member of UPMC Susquehanna, has assumed the responsibility for oversight of the audited financial statements at system level for FY 2018.



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
*SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HA - 25-1317492, 1330 W. 26TH ST, ERIE, PA 16508	BEHAVIOR HLTH	Pennsylvania	501(c)(3)	Line 7	UPMC HAMOT		X
*UPMC JAMESON - 25-0965406 1211 WILMINGTON AVE NEW CASTLE, PA 16105	HEALTHCARE	Pennsylvania	501(c)(3)	Line 3	UPMC		X
*JAMESON HEALTHCARE FOUNDATION - 25-1536037 1211 WILMINGTON AVE NEW CASTLE, PA 16105	FOUNDATION	Pennsylvania	501(c)(3)	Line 12b, II	UPMC JAMESON		X
*JAMESON HEALTH SERVICES, INC - 03-0486993 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SUPPORTING ORG	Pennsylvania	501(c)(3)	Line 12b, II	UPMC JAMESON		X
*CHILDREN'S ADVOCACY CENTER OF LAWRENCE - 25-1581304, 1107 WILMINGTON AVE, NEW CASTLE, PA 16105	COORD SRVS	Pennsylvania	501(c)(3)	Line 7	UPMC JAMESON		X
*UPMC/JAMESON CANCER CENTER - 20-1459415 600 GRANT STREET PITTSBURGH, PA 15219	ONCOLOGY SVC	Pennsylvania	501(c)(3)	Line 10	UPMC JAMESON		X
*JAMESON MEDICAL CARE, INC - 26-0462696 1211 WILMINGTON AVE NEW CASTLE, PA 16105	PHYSICIAN SRV	Pennsylvania	501(c)(3)	Line 10	UPMC JAMESON		X
*JAMESON CARE CENTER, INC - 23-2871396 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SR SERVICES	Pennsylvania	501(c)(3)	Line 10	UPMC SR COMM		X
UPMC SUSQUEHANNA - 23-2751183 700 HIGH STREET WILLIAMSPORT, PA 17701	MGMT SUPPORT	Pennsylvania	501(c)(3)	Line 12b, II	UPMC		X
*VENANGO V.N.A. FOUNDATION - 25-1472179 491 ALLEGHENY BLVD FRANKLIN, PA 16323	FOUNDATION	Pennsylvania	501(c)(3)	Line 12d, III-0	N/A		X
DIVINE PROVIDENCE HOSPITAL OF THE SISTERS - 24-0799343, 1100 GRAMPIAN BLVD, WILLIAMSPORT, PA 17701	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC SUSQUEHANNA		X
SUSQUEHANNA PHYSICIAN SERVICES - 23-2449454 1201 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	PHYSICIAN SRV	Pennsylvania	501(c)(3)	Line 3	UPMC SUSQUEHANNA		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SUSQUEHANNA HEALTH SYSTEM INNOVATION CTR - 47-1600873, 700 HIGH STREET, WILLIAMSPORT, PA 17701	SUPPORT SRV	Pennsylvania	501(c)(3)	Line 12a, I	UPMC SUSQUEHANNA	X	
SUSQUEHANNA HEALTH FOUNDATION - 23-2743470 1100 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	FOUNDATION	Pennsylvania	501(c)(3)	Line 12a, I	UPMC SUSQUEHANNA	X	
MUNCY VALLEY HOSPITAL - 24-0806023 215 EAST WATER ST MUNCY, PA 17756	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC SUSQUEHANNA	X	
LAUREL REALTY, INC - 23-1403678 32-36 CENTRAL AVE WELLSBORO, PA 16901	REAL ESTATE	Pennsylvania	501(c)(2)	N/A	UPMC SUSQUEHANNA	X	
LAUREL MANAGEMENT SERVICES, INC - 25-1644910 32-36 CENTRAL AVE WELLSBORO, PA 16901	MANAGEMENT SVC	Pennsylvania	501(c)(3)	Line 12b, II	UPMC SUSQUEHANNA	X	
LAUREL HEALTH SYSTEM - 24-0795488 32-36 CENTRAL AVE WELLSBORO, PA 16901	SUPPORT SRV	Pennsylvania	501(c)(3)	Line 12b, II	UPMC SUSQUEHANNA	X	
SOLDIERS AND SAILORS MEMORIAL HOSPITAL - 23-2176963, 32-36 CENTRAL AVE, WELLSBORO, PA 16901	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC SUSQUEHANNA	X	
THE GREEN HOME - 24-0804365 37 CENTRAL AVE WELLSBORO, PA 16901	SKILLED NURSING	Pennsylvania	501(c)(3)	Line 10	UPMC SUSQUEHANNA	X	
TIOGA HEALTH CARE PROVIDERS - 25-1765538 1201 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	HEALTHCARE	Pennsylvania	501(c)(3)	Line 12b, II	UPMC SUSQUEHANNA	X	
THE WILLIAMSPORT HOSPITAL - 24-0795508 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC SUSQUEHANNA	X	
WILLIAMSPORT AREA AMBULANCE SERVICE COOP - 23-2416166, 700 HIGH STREET, WILLIAMSPORT, PA 17701	AMBULANCE SVC	Pennsylvania	501(c)(3)	Line 10	WILLIAMSPORT HOSPITAL	X	
UPMC SUSQUEHANNA SUNBURY - 82-1592230 350 NORTH 11TH ST SUNBURY, PA 17801	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC SUSQUEHANNA	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
*UPMC CHAUTAUQUA AT WCA - 16-0743226 207 FOOTE AVE JAMESTOWN, NY 14701	HOSPITAL	New York	501(c)(3)	Line 3	UPMC CHAUTAUQUA	X	
*W.C.A. GROUP, INC - 22-2392582 207 FOOTE AVE JAMESTOWN, NY 14701	HOLDING CO	New York	501(c)(3)	Line 12b, II	UPMC CHAUTAUQUA	X	
*STARFLIGHT, INC - 16-1557878 135 ALLEN STREET JAMESTOWN, NY 14701	AIR AMBULANCE	New York	501(c)(3)	Line 7	UPMC CHAUTAUQUA	X	
*SOUTH CENTRAL ALPHA HOUSING AND HEALTH - 25-1701701, 3410 W PITTSBURGH RD, NEW CASTLE, PA 16101	SKILLED NURSING & AL	Pennsylvania	501(c)(3)	Line 10	UPMC SR COMM	X	
*SOUTH WESTERN ALPHA HOUSING AND HEALTH - 25-1701700, 745 GREENVILLE RD, MERCER, PA 16137	SKILLED NURSING & AL	Pennsylvania	501(c)(3)	Line 10	UPMC SR COMM	X	
*KANE COMMUNITY HOSPITAL FOUNDATION - 26-3906925, 4372 ROUTE 6, KANE, PA 16735	FOUNDATION	Pennsylvania	501(c)(3)	Line 12b, II	N/A		X
*JUNIOR GUILD OF THE JAMESON MEMORIAL HOS - 25-6005313, 1211 WILMINGTON AVE, NEW CASTLE, PA 16105	SUPPORT	Pennsylvania	501(c)(3)	Line 12d, III-O	N/A		X
LAUREL HEALTH FOUNDATION - 25-1810488 32-36 CENTRAL AVE WELLSBORO, PA 16901	FOUNDATION	Pennsylvania	501(c)(3)	Line 12b, II	LAUREL HEALTH SYSTEM	X	
*W.C.A. FOUNDATION, INC - 22-2393584 300 FOOTE AVE JAMESTOWN, NY 14702	FOUNDATION	New York	501(c)(3)	Line 12c, III-FI	N/A		X
UPMC - 25-1423657 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING ORG	Pennsylvania	501(c)(3)	Line 12c, III-FI	N/A		X
*UPMC PINNACLE - 25-1778658 409 SOUTH SECOND STREET HARRISBURG, PA 17104	SUPPORTING ORG	Pennsylvania	501(c)(3)	Line 12b, II	UPMC	X	
*UPMC PINNACLE CARLISLE - 82-0880337 361 ALEXANDER SPRING RD CARLISLE, PA 17105	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC PINNACLE	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
*UPMC PINNACLE LANCASTER - 82-0896436 250 COLLEGE AVE LANCASTER, PA 17603	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC PINNACLE	X	
*UPMC PINNACLE LITITZ - 82-0844453 1500 HIGHLANDS AVE LITITZ, PA 17543	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC PINNACLE	X	
*UPMC PINNACLE MEMORIAL - 82-0912090 325 SOUTH BELMONT ST YORK, PA 17405	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC PINNACLE	X	
*PINNACLE HEALTH REGIONAL PHYSICIANS - 82-0947698, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SRV	Pennsylvania	501(c)(3)	Line 3	UPMC PINNACLE	X	
*PINNACLE HEALTH FOUNDATION - 22-2691718 409 SOUTH SECOND STREET HARRISBURG, PA 17104	FOUNDATION	Pennsylvania	501(c)(3)	Line 12b, II	UPMC PINNACLE	X	
*COMMUNITY LIFE TEAM, INC. - 23-0890444 409 SOUTH SECOND STREET HARRISBURG, PA 17104	MED TRANSPORT	Pennsylvania	501(c)(3)	Line 7	UPMC PINNACLE	X	
*HANOVER HEALTHCARE PLUS, INC. - 22-2658574 300 HIGHLAND AVE HANOVER, PA 17331	SUPPORTING ORG	Pennsylvania	501(c)(3)	Line 12a, I	UPMC PINNACLE	X	
*UPMC PINNACLE HANOVER - 23-1360851 300 HIGHLAND AVE HANOVER, PA 17331	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	HANOVER HEALTH	X	
*UPMC PINNACLE HOSPITALS - 25-1778644 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC PINNACLE	X	
*PINNACLE HEALTH MEDICAL SERVICES - 25-1709054, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SRV	Pennsylvania	501(c)(3)	Line 3	UPMC PINNACLE	X	
*CHARLES E. COLE MEMORIAL HOSPITAL - 24-0802108, 1001 EAST SECOND ST, COUDERSPORT, PA 16915	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	UPMC	X	
*COLE FOUNDATION, INC. - 45-5417308 1001 EAST SECOND ST COUDERSPORT, PA 16915	FOUNDATION	Pennsylvania	501(c)(3)	Line 12a, I	C. COLE MEMORIAL HOSPITAL	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
*SENECA HILLS ASSISTED LIVING - 23-2873106, 600 GRANT STREET, PITTSBURGH, PA 15219	ASSISTED LIVING	PA	N/A	N/A				X	N/A		X	
*ST. MARGARET MEDICAL ARTS ASSOC - 25-1786655, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A				X	N/A		X	
*CORE NETWORK, LLC - 25-1786209, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A				X	N/A		X	
*LIFE HOME CARE, LP - 25-1847839, 600 GRANT STREET, PITTSBURGH, PA 15219	HOMECARE	PA	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
*H.C. PHARMACY CENTRAL, INC - 25-1564192 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY CO-OP	PA	N/A	C CORP					X
*CHILDREN'S COMMUNITY CARE - 25-1781887 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP					X
*UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, DUBLIN, IRELAND	CANCER TREATMENT	Ireland	N/A	C CORP					X
*UPMC PHYSICIAN SERVICES HOLDING COMPANY - 25-1877017, 600 GRANT STREET, PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP					X
*HEMATOLOGY ONCOLOGY ASSOC - 42-1648357 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
*SHADYSIDE MEDICAL CENTER ASSOC - 25-1608318, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A			X		N/A		X	
*CHARTWELL PA, LP - 25-1729714, 600 GRANT STREET, PITTSBURGH, PA 15219	HOMEHEALTH	PA	N/A	N/A			X		N/A		X	
*LIFE CARE HOME SRV OF NW PA - 25-1536879, 1647 SASSAFRAS ST, ERIE, PA 16507	HOME HEALTH	PA	N/A	N/A			X		N/A		X	
*HAMOT-KCH REAL ESTATE VENTURE - 26-3691782, 300 STATE ST, ERIE, PA 16507	MEDICAL OFFICE	PA	N/A	N/A			X		N/A		X	
*HAMOT SURGERY CENTER, LLC - 25-1863661, 200 STATE STREET, ERIE, PA 16507	AMBULATORY SURG	PA	N/A	N/A			X		N/A		X	
*EPN-HAMOT URGENT CARE, LLC - 27-2147949, 600 GRANT STREET, PITTSBURGH, PA 15219	URGENT CARE	PA	N/A	N/A			X		N/A		X	
*MOUNTAIN VIEW MEDICAL ONCOLOGY - 46-1449241, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A			X		N/A		X	
*LAWRENCE COUNTY MRI & DIAGNOST - 27-0219891, 2526 WILMINGTON AVE, NEW CASTLE, PA 16105	IMAGING CENTER	PA	N/A	N/A			X		N/A		X	
COMMUNITY BASKET, LLC - 20-1195739, 1205 GRAMPAN BLVD, WILLIAMSPORT, PA 17701	INACTIVE	PA	N/A	N/A			X		N/A		X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
*ONCOLOGY HEMATOLOGY ASSOC - 25-1762980 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP					X
*TRI-STATE NEUROSURGICAL ASSOC - 25-1458655 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP					X
*RENAISSANCE FAMILY PRACTICE-UPMC, INC - 26-2942406, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SRV	PA	N/A	C CORP					X
*UPMC HOLDING COMPANY, INC - 25-1777713 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP					X
*UPMC COVERAGE PRODUCTS, INC - 25-1777710 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP					X
*FREEDOM INSURANCE COMPANY - 03-0308944 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	VT	N/A	C CORP					X
*TRI-CENTURY INSURANCE CO - 25-1500739 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP					X
*UPMC DNA, INC - 25-1883237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP					X
*UPMC HEALTH BENEFITS, INC - 25-1844144 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP					X
*UPMC HEALTH NETWORK, INC - 72-1527566 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP					X
*UPMC HEALTH PLAN, INC - 23-2813536 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP					X
*UPMC BENEFIT MANAGEMENT SERVICES, INC - 25-1769564, 600 GRANT STREET, PITTSBURGH, PA 15219	WORKER'S COMP	PA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
*UPMC DIVERSIFIED SERVICES, INC - 25-1778454 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING CO	PA	N/A	C CORP					X
*MONROEVILLE SPECIALTY CLINIC - 25-1666087 600 GRANT STREET PITTSBURGH, PA 15219	AMB SURG	PA	N/A	C CORP					X
*MEDICAL ARCHIVAL SYSTEMS, INC - 23-2912501 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C CORP					X
*PRESBY HEALTH RESOURCE MGMT - 25-1422155 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	N/A	C CORP					X
*RX PARTNERS, INC - 25-1801966 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY	PA	N/A	C CORP					X
*BIOTRONICS, INC - 25-1843500 600 GRANT STREET PITTSBURGH, PA 15219	EQUIP MAINTEN	PA	N/A	C CORP					X
*MEDICAL CENTER PROPERTIES, INC - 25-1796940 600 GRANT STREET PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	C CORP					X
*ASKESIS DEVELOPMENT GROUP, INC - 54-1625585 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVE	DE	N/A	C CORP					X
*PANTHER REINSURANCE COMPANY, LTD - 98-1402742, P.O. Box 1109, , GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	Cayman Islands	N/A	C CORP					X
*FORBES REINSURANCE COMPANY, LTD - 98-1400710, P.O. Box 1109, , GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	Cayman Islands	N/A	C CORP					X
*CATHEDRAL (RE) INSURANCE CO - 98-1400837 P.O. Box 1109 , GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	Cayman Islands	N/A	C CORP					X
*UPMC INTERNATIONAL HEALTH INITIATIVES - 84-1706741, 600 GRANT STREET, PITTSBURGH, PA 15219	INACTIVE	PA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
*UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD, DUBLIN, IRELAND	HEALTHCARE SU	Ireland	N/A	C CORP					X
*UPMC UNITED KINGDOM, LTD - 98-0571026 C/O NAIR&CO 11TH FLOOR WHITEFRIARS LEWINS MEAD, BRISTOL, UNITED	SOFTWARE LICE	United Kingdom	N/A	C CORP					X
*BAYFRONT REGIONAL DEVELOPMENT CORP - 25-1401388, 300 STATE STREET, ERIE, PA 16507	RE HOLDING CO	PA	N/A	C CORP					X
*BAYSIDE DEVELOPMENT CORP - 25-1401386 300 STATE STREET ERIE, PA 16507	REAL ESTATE	PA	N/A	C CORP					X
*UPMC WORK ALLIANCE, INC - 45-2825053 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP					X
*UPMC CANADA TECHNOLOGIES, LIMITED 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE	Canada	N/A	C CORP					X
*ALLIED ORTHOPEDICS APPLIANCES, INC - 16-1092951, 335 E 3RD ST, JAMESTOWN, NY 14701	INACTIVE	NY	N/A	C CORP					X
*UPMC HEALTH COVERAGE, INC - 46-2824537 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP					X
*UPMC HEALTH OPTIONS, INC - 46-2824626 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP					X
*UPMC COMPLETE CARE, INC - 46-3605753 5215 CENTRE AVE PITTSBURGH, PA 15232	PHYSICIAN SRV	PA	N/A	C CORP					X
*AMERICAN HOME HEALTH SERVICES - 31-1521422 868 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH	OH	N/A	C CORP					X
*HEALTH FIDELITY, INC - 45-2538963 210 S B ST SAN MATEO, CA 94401	TECHNOLOGY SVC	CA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
*FLUENCE HEALTH INC - 47-2684174 6425 PENN AVE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C CORP					X
*CURAVI HEALTH, INC - 81-1217377 6425 PENN AVE PITTSBURGH, PA 15206	HEALTHCARE	DE	N/A	C CORP					X
*PENSIAMO, INC - 81-2069236 600 GRANT STREET PITTSBURGH, PA 15219	SUPPLY CHAIN	DE	N/A	C CORP					X
*ALTOONA FAMILY, INC - 25-1444935 620 HOWARD AVE ALTOONA, PA 16601	MGMT SVCS	PA	N/A	C CORP					X
*LEXINGTON HOLDINGS, INC - 25-1794386 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	PA	N/A	C CORP					X
*LEXINGTON ONE, INC - 25-1468889 620 HOWARD AVE ALTOONA, PA 16601	RENTAL	PA	N/A	C CORP					X
*LEXINGTON TWO, INC - 25-1555689 HOWARD AVE & 7TH ST ALTOONA, PA 16601	DME	PA	N/A	C CORP					X
*LEXINGTON FOUR, INC - 25-1793736 620 HOWARD AVE ALTOONA, PA 16601	HOLDING CO	PA	N/A	C CORP					X
*ALLEGHENY HEALTHCARE STAFFING, INC - 27-1657362, 620 HOWARD AVE, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP					X
*UPMC ALTOONA REGIONAL HEALTH SERVICES - 25-1219302, 1414 9TH AVE, ALTOONA, PA 16602	PHYSICIAN SRV	PA	N/A	C CORP					X
*LEXINGTON ANESTHESIA ASSOCIATES, INC - 25-1897765, 620 HOWARD AVE, ALTOONA, PA 16601	PHYSICIAN SRV	PA	N/A	C CORP					X
*NORTHERN CAMBRIA MEDICAL CENTER, INC - 25-1530860, 620 HOWARD AVE, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
*PATTON FAMILY MEDICAL CENTER, INC - 25-1793735, 620 HOWARD AVE, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP					X
*MEDCPU - 38-3805381 100 WALL STREET NEW YORK, NY 10005	SOFTWARE DEVE	DE	N/A	C CORP					X
*UPMC EXCESS PL TRUST - 82-6254351 600 GRANT STREET PITTSBURGH, PA 15219	TRUST	PA	N/A	TRUST					X
*RXANTE, INC - 45-4040219 511 CONGRESS STREET PORTLAND, ME 04101	MEDICATION MGT	DE	N/A	C CORP					X
*VINCENT PAYMENT SOLUTIONS, INC - 82-1101143 6425 PENN AVE PITTSBURGH, PA 15219	PAYMENT SYSTEM	DE	N/A	C CORP					X
*J. HEALTH VENTURES, INC - 25-1607893 1211 WILMINGTON AVE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C CORP					X
*J.E.R. MEDICAL ASSOCIATES, INC - 25-1609398 1211 WILMINGTON AVE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C CORP					X
SUSQUEHANNA HEALTH SYSTEM INSURANCE NETWORK, LTD - 98-0458722, P.O. Box 1159, , CAYMAN ISLANDS, CAYMAN ISLANDS	INSURANCE	Cayman Islands	UPMC SUSQUEHANNA	C CORP					X
SUSQUEHANNA VENTURES, INC - 23-2470263 1201 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	PHARMACY	PA	UPMC SUSQUEHANNA	C CORP					X
TYOGA CARENET - 25-1810967 114 EAST AVE WELLSBORO, PA 16901	INACTIVE	PA	UPMC SUSQUEHANNA	C CORP					X
*W.C.A. SERVICE CORPORATION, INC. - 16-1151438, 207 FOOTE AVE, JAMESTOWN, NY 14701	SUPPORT	NY	N/A	C CORP					X
*ITTCCO I INC. - 82-2590699 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
*ITTCCO II INC. - 82-2597388 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP					X
*PINNACLE HEALTH CARDIOVASCULAR INSTITUTE - 32-0321362, 409 S SECOND ST, HARRISBURG, PA 17104	PHYSICIAN SRV	PA	N/A	C CORP					X
*HANOVER HEALTH CORPORATION - 90-0498067 300 HIGHLAND AVE HANOVER, PA 17331	HOLDING CO	PA	N/A	C CORP					X
*HANOVER APOTHECARY INC. - 03-0594526 310 STOCK ST HANOVER, PA 17331	PHARMACY	PA	N/A	C CORP					X
*UNITED CENTRAL PA RECIPROCAL RISK RETENT - 13-4224033, 76 SAINT PAUL ST, BURLINGTON, VT 05401	INSURANCE	VT	N/A	C CORP					X
*PINNACLE HEALTH VENTURES INC. - 61-1677624 409 S SECOND ST HARRISBURG, PA 17104	HOLDING CO	PA	N/A	C CORP					X
*PINNACLE HEALTH IMAGING INC. - 23-1718571 409 S SECOND ST HARRISBURG, PA 17104	IMAGING SVC	PA	N/A	C CORP					X
*COLE CARE INC. - 25-1497347 1001 E SECOND ST COUDERSPORT, PA 16915	DME	PA	N/A	C CORP					X
*UPMC ITALY HEALTH SERVICES S.R.L. VIA DISCESA DEI GIUDICI , PALERMO, ITALY	HEALTH SVC	Italy	N/A	C CORP					X
*UPMC INVESTMENTS LTD C/O UPMC WHITFIELD CORK RD BUTLER, WATERFORD, IRELAND	HOLDING CO	Ireland	N/A	C CORP					X
*UPMC PROPERTY LTD C/O UPMC WHITFIELD CORK RD BUTLER, WATERFORD, IRELAND	PROPERTY	Ireland	N/A	C CORP					X
*UPMC PROPERTY II LTD C/O UPMC WHITFIELD CORK RD BUTLER, WATERFORD, IRELAND	PROPERTY	Ireland	N/A	C CORP					X



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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o	X	
1p		X
1q		X
1r		X
1s		X

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

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



**Part VII** Supplemental Information.

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

**Part IV, Identification of Related Organizations Taxable as Corp or Trust:**

Name, Address, and EIN of Related Organization:

\*UPMC UNITED KINGDOM, LTD

EIN: 98-0571026

C/O NAIR&CO 11TH FLOOR

WHITEFRIARS LEWINS MEAD, BRISTOL, UNITED KINGDOM

Form 990, Schedule R, Part II, III, & IV

All entities marked with an asterisk \* are not related parties of the filing organization. However, they are listed on Schedule R to reflect that they are part of the UPMC system of entities, as they all share UPMC as their ultimate parent corporation.