

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
UPMC Susquehanna Lock Haven
% CHRISTOPHER STOCKHAUSEN
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
600 GRANT ST 58TH FL C/O CORP TAX
City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15219

D Employer identification number
82-1600494
E Telephone number
(412) 647-2345
G Gross receipts \$ 34,495,370

F Name and address of principal officer
CHRISTOPHER STOCKHAUSEN
600 GRANT ST 58TH FL C/O CORP TAX
PITTSBURGH, PA 15219

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) () (insert no)
4947(a)(1) or
527

J Website: www.upmcsusquehannahealth.org

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 2017

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if discontinued operations, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: CHRISTOPHER STOCKHAUSEN CFO
Date: 2020-06-26

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 30,603,230 including grants of \$) (Revenue \$ 34,494,879)
See Additional Data

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

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

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

4e Total program service expenses ▶ 30,603,230

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	No

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	260			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request (checked), 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 700 HIGH STREET WILLIAMSPORT, PA 17701 (570) 321-3175

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

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

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

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

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bharat Adroja MD Director	1 0 40 0	X						0 77,073	351	
(2) Mike Flanagan Director	1 0 0 0	X						0 0	0	
(3) Daniel Glunk MD Director	1 0 40 0	X						0 328,003	33,111	
(4) Patti Jackson-Gehris Director	1 0 40 0	X						0 210,667	23,726	
(5) Steven P Johnson Board Secretary & President	1 0 50 0	X		X				0 867,586	119,709	
(6) David Lopatofsky MD Director	1 0 40 0	X						0 543,373	88,194	
(7) Ann Pepperman Board Chair	1 0 6 0	X		X				0 0	0	
(8) Rajesh Patel MD Director	1 0 0 0	X						0 0	0	
(9) Debra Reese Director	1 0 0 0	X						0 0	0	
(10) Christopher Stockhausen Treasurer/Int CFO (J 11/1/19)	1 0 40 0	X		X				0 0	0	
(11) Dawn Wright Director	1 0 0 0	X						0 0	0	
(12) Ronald Reynolds President of Lock Haven Hosp	1 0 40 0			X				0 211,446	32,595	
(13) Jan Fisher VP/COO (R 9/14/2018)	1 0 50 0			X				0 343,614	54,650	
(14) Eric Pohjala CFO (R 10/31/2018)	1 0 50 0			X				0 442,643	46,688	
(15) Steven P Johnson President	1 0 50 0			X				0 0	0	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f ▶		0			

Program Service Revenue			Business Code			
	2a NET PATIENT SERVICE REVENUE		621990	33,321,809	33,321,809	
b OTHER PATIENT SERVICE REVENUE		621990	93,124	93,124		
c OTHER PROGRAM SERVICE REVENUE		621990	1,079,946	1,079,946		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▶			34,494,879			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		491			491	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		0				
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a			0			
	b Less direct expenses b			0			
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities See Part IV, line 19 a			0			
b Less direct expenses b			0				
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances a			0				
b Less cost of goods sold b			0				
c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0				
12 Total revenue. See Instructions ▶			34,495,370	34,494,879		491	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	10,867,931	10,001,347	866,584	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	72,858	67,029	5,829	
9 Other employee benefits.	2,080,233	1,913,814	166,419	
10 Payroll taxes.	727,597	669,389	58,208	
11 Fees for services (non-employees)				
a Management.	65,029		65,029	
b Legal.	17,611	195	17,416	
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,745,778	1,533,722	212,056	
12 Advertising and promotion.	0			
13 Office expenses.	366,346	286,697	79,649	
14 Information technology.	557,559	557,173	386	
15 Royalties.	0			
16 Occupancy.	3,014,419	2,708,167	306,252	
17 Travel.	32,237	18,107	14,130	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	6,887	2,807	4,080	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	709,645	709,645		
23 Insurance.	230,731	99,783	130,948	
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 BAD DEBT	4,166,439	4,166,439		0
b MEDICAL/PATIENT SUPPLIES	1,795,682	1,795,682		0
c MEDICAL IMPLANTS	433,654	433,654		0
d PURCHASED SERVICES	4,898,533	3,037,895	1,860,638	0
e All other expenses	3,694,391	2,601,685	1,092,706	
25 Total functional expenses. Add lines 1 through 24e.	35,483,560	30,603,230	4,880,330	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	162,708
	2 Savings and temporary cash investments	112,968	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	5,377,891	4	4,873,989
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	229,273	8	0
	9 Prepaid expenses and deferred charges	69,857	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	9,201,978		
	b Less accumulated depreciation	1,036,579		
		5,039,832	10c	8,165,399
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	533,226	15	450	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,363,047	16	13,202,546	
Liabilities	17 Accounts payable and accrued expenses	693,229	17	522,038
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	54,982
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	12,857,209	25	536,265
	26 Total liabilities. Add lines 17 through 25	13,550,438	26	1,113,285
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 Unrestricted net assets	-2,187,391	27	12,089,261
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-2,187,391	33	12,089,261	
34 Total liabilities and net assets/fund balances	11,363,047	34	13,202,546	

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	34,495,370
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,483,560
3	Revenue less expenses Subtract line 2 from line 1	3	-988,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,187,391
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	15,264,842
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,089,261

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 82-1600494

Name: UPMC Susquehanna Lock Haven

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC Susquehanna Lock Haven

Employer identification number

82-1600494

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 82-1600494

Name: UPMC Susquehanna Lock Haven

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UPMC 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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 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		175,567		175,567
b Buildings		4,493,426	771,164	3,722,262
c Leasehold improvements				
d Equipment		2,447,539	249,863	2,197,676
e Other		2,085,446	15,552	2,069,894
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				8,165,399

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO THIRD PARTY PAYORS	486,734
CREDIT BALANCES ACCOUNTS REC	27,531
MALPRACTICE LOSS RSRV IBNR	22,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	536,265

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 82-1600494

Name: UPMC Susquehanna Lock Haven

Supplemental Information

Return Reference	Explanation
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, 2019, 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" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
Central America and the Caribbean	0	1	Program Services	Captive Insurance Comp	177,251
3a Sub-total	0	1			177,251
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	1			177,251

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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 H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

OMB No 1545-0047
2018
Open to Public Inspection

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

1b If "Yes," was it a written policy?

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities

Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

100% 150% 200% Other 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?

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

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

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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			144,888		144,888	0 460 %
b Medicaid (from Worksheet 3, column a)			11,784,115	5,813,488	5,970,627	19 070 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			11,929,003	5,813,488	6,115,515	19 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			19,269		19,269	0 060 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,801		2,801	0 010 %
j Total. Other Benefits			22,070		22,070	0 070 %
k Total. Add lines 7d and 7j			11,951,073	5,813,488	6,137,585	19 600 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	570,802
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	74,204
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	9,884,735
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	14,114,318
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-4,229,583
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V SUPPLEMENTAL INFORMATION</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V SUPPLEMENTAL INFORMATION</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

UPMC Susquehanna Lock Haven

Name of hospital facility or letter of facility reporting group _____

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

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

UPMC Susquehanna Lock Haven

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c <input type="checkbox"/> Processed incomplete and complete FAP applications			
	d <input type="checkbox"/> Made presumptive eligibility determinations			
	e <input type="checkbox"/> Other (describe in Section C)			
	f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

UPMC Susquehanna Lock Haven

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 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 250% 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 88% REDUCTION IN THE PATIENT BILL. THE DISCOUNTED CHARITY CARE SCALE IS LISTED BELOW: F/S= FAMILY SIZE 2019 2019 Family Size Category 1-100% Category 2-88% 1 \$31,225 \$49,960 2 \$42,278 \$67,640 3 \$53,325 \$85,320 4 \$64,375 \$103,000 5 \$75,425 \$120,680 6 \$86,475 \$138,360 7 \$97,525 \$156,040 8 \$108,575 \$173,720 Each Additional \$11,050 \$17,680 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 4	"MEDICALLY INDIGENT" MEANS PERSONS WHO THE ORGANIZATION HAS DETERMINED UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS BECAUSE THEIR MEDICAL BILLS EXCEED A CERTAIN PERCENTAGE OF THEIR FAMILY HOUSEHOLD'S INCOME

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A AND B	UPMC PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT THE REPORT ENCOMPASSES INFORMATION FOR THE ENTIRE INTEGRATED DELIVERY AND FINANCING SYSTEM THAT MAKES UP THE UPMC HEALTH SYSTEM IT IS POSTED AND AVAILABLE TO THE PUBLIC VIA THE UPMC WEBSITE, WWW UPMC COM COPIES ARE ALSO AVAILABLE IN WAITING ROOMS AT UPMC PHYSICIAN OFFICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 7	THE COSTING METHODOLOGY USED TO CALCULATE THE AMTS REPORTED IN PART I LINE 7 The costing methodology used to calculate the amounts reported in Part I Line 7 is a ratio of costs to charges method The method employed for determining the ratio of cost to charges is in line with those described in Schedule H, Worksheet 2, "Ratio of Patient Costs to Charges"

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 7, Column F	The total expenses reported on Form 990 Part IX Line 25 Column A are inclusive of bad debt expense. The total expenses used for this calculation, net bad debt expense, is \$4,166,439.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III LINES 2 & 3	COSTING METHODOLOGY USED TO DETERMINE THE AMTS REPORTED IN PT III LINE 2 & 3 The costing method used to calculate the amounts in Schedule H Part III lines 2 and 3 is a ratio of cost to charges method Discounts and payments in patients' accounts are deducted before the cost of bad debt expense is determined The method employed is in line with those described in Schedule H, Worksheet 2, "Ratio of Patient Costs to Charges"

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III LINE 3	<p>RATIONALE FOR INCLUDING BAD DEBT AMOUNTS IN COMMUNITY BENEFIT The organization's bad debt expense consists solely of self-pay patients accounts deemed uncollectable It is UPMC Lock Haven contention that the cost of bad debt should be stated in Part I Line 7 of Schedule H as they represent the costs for provision of services to patients for which the entity has exhausted all recourse for reimbursement The services provided to patients who present themselves are provided regardless of a patient's ability to pay AND IS IN line with the organization's charitable mission and service to our community These expenses are incurred regardless of the efficiency of the provision of the related medical care and are deemed to have been medically necessary for the patient</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III LINE 3	<p>PROCESS FOR REALLOCATION FROM BAD DEBT TO CHARITY CARE 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 BE 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 " PREDICTIVE MODEL THAT ENCOMPASSES HEALTHCARE ECONOMICS AND CREDIT POLICIES," UNIFORM ASSESSMENT MEASURE FOR EVERY PATIENT REGARDLESS OF 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, " IDENTIFY AND SUPPORT THOSE COMMUNITY NEEDS EFFORTS TO PROVIDE ASSISTANCE TO THOSE CONSUMERS IN NEED " THERE ARE TWO DATA POINTS RETURNED TO UPMC IN ORDER TO MAKE THE DECISION WHETHER THE PATIENT WOULD 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 WERE COMBINED TO CREATE TWO PRIMARY INDICATORS OF NEED, THE PARO SCORE AND THE FEDERAL POVERTY LEVEL PARO ANALYZED OUR HISTORICAL CHARITY CARE APPROVALS TO DETERMINE OUR PARO THRESHOLD AND THE FPL THRESHOLD FOR THE HISTORICAL APPROVALS THE APPROVED CHARITY CARE ACCOUNTS WERE COMPARED AGAINST ACCOUNTS THAT WERE IN ACTIVE ACCOUNTS RECEIVABLE THIS WAS DONE TO DETERMINE IF THE DISTRIBUTIONS WERE SIMILAR OR IF ANY PATTERN EXISTED 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</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III LINE 8 COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE	ALLOWABLE COSTS OF CARE AND AS REPORTED IN THE ORGS MEDICARE COST REPORT The costing methodology used to determine the Medicare allowable costs of care is a ratio of costs to charges method The method is in line with those described in Schedule H, Worksheet 2, "Ratio of Patient Costs to Charges" It is UPMC Lock Haven contention that all amounts calculated to be shortfalls in reimbursement for services provided to Medicare patients are truly uncompensated care that should be stated in Part I Line 7 of Schedule H of Form 990 as they represent costs for provision of services to patients for which the entity is unable to collect, regardless of the efficiency of provision of the related care costs

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III LINE 9A AND B	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 ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI LINE 3 COMMUNICATION OF FINANCIAL ASSISTANCE	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) 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 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

Form and Line Reference	Explanation
PART VI Lines 2, 4, 5, and 6	<p>COMMUNITY INFORMATION TO CONDUCT THE 2019 CHNA, UPMC LOCK HAVEN COLLABORATED WITH FIVE OTHER UPMC HOSPITAL FACILITIES IN THE FIVE-COUNTY REGION WITH 87 PERCENT OF PATIENTS TREATED AT UPMC LOCK HAVEN, UPMC MUNCY, UPMC WILLIAMSPORT, UPMC SUNBURY, UPMC COLE, OR UPMC WELLSBORO (PREVIOUSLY UPMC SUSQUEHANNA SOLDIERS & SAILORS) RESIDING IN CLINTON, LYCOMING, NORTHUMBERLAND, POTTER, OR TIOGA COUNTIES, THESE SIX HOSPITALS PRIMARILY SERVE RESIDENTS OF THIS GEOGRAPHIC REGION BY CONCENTRATING ON CLINTON, LYCOMING, NORTHUMBERLAND, POTTER, AND TIOGA COUNTIES, UPMC CONSIDERED THE NEEDS OF THE GREAT MAJORITY OF ITS PATIENTS AND DOES SO IN A WAY THAT ALLOWS ACCURATE MEASUREMENT USING AVAILABLE SECONDARY DATA SOURCES WHILE THE FIVE-COUNTY REGION REPRESENTS THE BASIC GEOGRAPHIC DEFINITION OF EACH OF THESE HOSPITALS, THE CHNA ALSO CONSIDERED CHARACTERISTICS OF THE BROADER AREA, SUCH AS STATE DATA, AS WELL AS SPECIFIC POPULATIONS WITHIN THE DEFINED COMMUNITY - SUCH AS MINORITIES, LOW-INCOME INDIVIDUALS, AND THOSE WITH DISTINCT HEALTH NEEDS BY COMBINING EFFORTS AND RESOURCES, THE UPMC HOSPITALS IN THE FIVE-COUNTY REGION ARE FOCUSING ON IMPORTANT LOCAL HEALTH ISSUES, WHILE SUPPORTING A COORDINATED COMMUNITY HEALTH STRATEGY ACROSS THE REGION AND SYSTEM-WIDE NEEDS ASSESSMENT AND PROMOTION OF COMMUNITY HEALTH THE FISCAL YEAR 2019 CHNA PROVIDED AN OPPORTUNITY FOR UPMC TO ENGAGE WITH COMMUNITY STAKEHOLDERS IN A RIGOROUS, STRUCTURED PROCESS GUIDED BY PUBLIC HEALTH EXPERTS AN ONGOING OBJECTIVE OF THE CHNA EFFORT IS TO HELP ALIGN COMMUNITY BENEFIT PROGRAMS AND RESOURCES WITH COMMUNITY HEALTH NEEDS UPMC ACTIVELY ENGAGED ITS HOSPITAL BOARDS, COMMUNITY STAKEHOLDERS, AND PUBLIC HEALTH EXPERTS TO IDENTIFY COMMUNITY HEALTH NEEDS AND DETERMINE HOW TO COLLABORATE MOST EFFECTIVELY TO ADDRESS THOSE NEEDS THE ORGANIZATION SOLICITED AND TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN MAY THROUGH JUNE 2018, PITT PUBLIC HEALTH SURVEYED COMMUNITY LEADERS AND STAKEHOLDERS SPECIFIC TO EACH HOSPITAL'S LOCAL COMMUNITY, AS WELL AS A SYSTEM-WIDE PANEL OF REGIONAL STAKEHOLDERS A TOTAL OF 2,074 COMMUNITY PARTICIPANTS FROM 22 UPMC HOSPITAL COMMUNITIES WERE SURVEYED PARTICIPANTS INCLUDED LEADERS OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE, REPRESENTATIVES FROM PUBLIC HEALTH DEPARTMENTS OR GOVERNMENTAL AGENCIES SERVING COMMUNITY HEALTH, MEDICAL STAFF LEADERS WHO HAVE A UNIQUE PERSPECTIVE AND VIEW OF THE COMMUNITY, AND OTHER STAKEHOLDERS IN COMMUNITY HEALTH, SUCH AS CONSUMER ADVOCATES, NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS, LOCAL SCHOOL DISTRICTS, GOVERNMENT ORGANIZATIONS, AND HEALTH CARE PROVIDERS MORE THAN 800 INDIVIDUALS COMPLETED THE SURVEY, AND GREATER THAN 70 PERCENT OF THOSE PARTICIPANTS SELF-IDENTIFIED AS BEING A REPRESENTATIVE OR MEMBER OF A MEDICALLY UNDERSERVED, MINORITY, OR LOW-INCOME POPULATION UPMC USED THE COMMUNITY INPUT TO DEVELOP STRATEGIC PLANS FOR EACH OF ITS LICENSED HOSPITALS TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS IMPORTANTLY, THESE PLANS ADDRESS LOCAL COMMUNITY NEEDS NOT ONLY AT THE HOSPITAL LEVEL, BUT ALSO INCLUDE EFFORTS UNDERTAKEN IN PARTNERSHIP WITH OTHER UPMC HOSPITALS, EXTERNAL ORGANIZATIONS, AND THE LARGER UPMC SYSTEM KEY THEMES THAT EMERGED AT UPMC HOSPITALS THROUGHOUT PENNSYLVANIA CAN BE GROUPED INTO FOUR BROAD CATEGORIES - CHRONIC DISEASE MANAGEMENT, BEHAVIORAL HEALTH, ACCESS TO CARE AND NAVIGATING RESOURCES, AND PREVENTION AND COMMUNITY-WIDE HEALTHY LIVING THE 2019 CHNA REPORTS AND 2019-2022 STRATEGIC PLANS FOR EACH UPMC HOSPITAL CAN BE FOUND ON UPMC'S WEBSITE HTTPS://WWW.UPMC.COM/ABOUT/COMMUNITY-COMMITMENT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT UPMC LOCK HAVEN IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS 2019 CHNA THROUGH A RANGE OF PROGRAMS AND INITIATIVES IN COLLABORATION WITH THE OTHER UPMC HOSPITALS IN THE REGION, UPMC LOCK HAVEN IS HELPING TO ADDRESS BEHAVIORAL HEALTH NEEDS BY IMPLEMENTING AN ADDICTION MEDICINE PROGRAM TO MONITOR OPIOID ADDICTION AND SUBSTANCE ABUSE AND TO TAILOR SERVICES AS NEEDED THROUGH A PARTNERSHIP WITH THE LOCAL SINGLE COUNTY AUTHORITY, THE HOSPITAL IS HELPING TO PROVIDE ACCESS TO COMMUNITY TREATMENT THROUGH WARM HAND-OFFS THE HOSPITAL IS ALSO EDUCATING PROVIDERS ABOUT THE RISKS OF ADDICTION AND PRESCRIBING METHODS AND THE HOSPITAL IS WORKING TO PROVIDE FREE NALOXONE KITS AND TRAINING TO PATIENTS AT RISK OF OVERDOSING TO HELP ADDRESS ACCESS TO CARE AND NAVIGATING RESOURCES, UPMC LOCK HAVEN EXTENDED OFFICE HOURS AND CREATED WALK-IN SERVICE AT ITS MCELHAT TON LOCATION FOR PRIMARY CARE AND PEDIATRICS THE HOSPITAL IS ALSO MOVING FORWARD ON ITS PLAN TO RECRUIT ROTATING SPECIALISTS WHO WILL PROVIDE OUTREACH TO THE CLINTON COUNTY COMMUNITY TO HELP ADDRESS PREVENTION AND COMMUNITY-WIDE HEALTHY LIVING, THE HOSPITAL IS STRENGTHENING ITS RELATIONSHIP WITH LOCK HAVEN UNIVERSITY, IN OCTOBER 2019, THE HOSPITAL HOSTED A WELLNESS EXPO FOR THE UNIVERSITY IN COLLABORATION</p>

Form and Line Reference	Explanation
PART VI Lines 2, 4, 5, and 6	<p>N WITH THE OTHER UPMC HOSPITALS IN THE REGION, UPMC LOCK HAVEN LAUNCHED AGE WELL, A PROGRAM FOR SENIORS 55+ THAT AIMS TO EDUCATE COMMUNITY MEMBERS ABOUT VARIOUS HEALTH TOPICS, PROMOTE SCREENINGS, AND ENGAGE SENIORS IN WELLNESS ACTIVITIES. LASTLY, IN PARTNERSHIP WITH THE OTHER UPMC HOSPITALS IN THE REGION, UPMC LOCK HAVEN IS ADDRESSING INTERPERSONAL SAFETY THROUGH THE STOP THE BLEED PROGRAM. SINCE JULY 1, 2019, THE PROGRAM HAS OFFERED 45 STOP THE BLEED CLASSES, TRAINING A TOTAL OF 1,200 COMMUNITY MEMBERS, INCLUDING EMPLOYEES OF UPMC, TWO SCHOOL DISTRICTS, AND LOCAL BUSINESSES AFFILIATED HEALTH CARE SYSTEM. UPMC LOCK HAVEN IS PART OF THE UPMC INTEGRATED DELIVERY AND FINANCING SYSTEM (IDFS), WHICH COMBINES A MAJOR HEALTH SERVICES DIVISION WITH 40 HOSPITALS AND MORE THAN 700 CLINICAL LOCATIONS, WITH A 3.8 MILLION-MEMBER INSURANCE SERVICES DIVISION. ONE OF THE LARGEST NONPROFIT HEALTH SYSTEMS IN THE UNITED STATES, UPMC SERVES PATIENTS SEEKING HIGHLY SPECIALIZED MEDICAL CARE PRIMARILY FROM COMMUNITIES ACROSS PENNSYLVANIA, AS WELL AS THROUGHOUT THE NATION AND AROUND THE WORLD. UPMC IS ALSO ONE OF THE LARGEST MEDICAL INSURERS IN THE STATE - PROVIDING MEDICAL ASSISTANCE, MEDICARE ADVANTAGE, CHILDREN'S HEALTH INSURANCE, AND BEHAVIORAL HEALTH PRODUCTS. UPMC CONTINUES TO APPLY THE EXPERTISE THAT EXISTS WITHIN ITS ORGANIZATION TO IMPROVE THE DELIVERY OF HEALTH CARE - TO ALIGN INCENTIVES AND IMPROVE MEDICAL PRACTICE THROUGHOUT THE REGION. THE RESULT IS AN EXCEPTIONAL SYNERGY BETWEEN INSURANCE, HEALTH CARE PROVIDERS, PATIENTS, AND LOCAL COMMUNITIES. OVER THE PAST DECADE, UPMC HAS PROVIDED A WIDE VARIETY OF BENEFITS TO THE COMMUNITIES IT SERVES. WORKING IN WAYS BOTH LARGE AND SMALL, UPMC HAS IMPLEMENTED INITIATIVES THAT CONTINUE TO ENHANCE THE HEALTH OF COMMUNITIES THROUGHOUT PENNSYLVANIA AND BEYOND. COMMITTED TO ITS MISSION OF SERVICE, UPMC PROVIDES APPROXIMATELY \$1 BILLION A YEAR IN COMMUNITY BENEFITS - SUCH AS MEDICAL EDUCATION, RESEARCH, AND FREE COMMUNITY HEALTH PROGRAMS, AND UPMC DELIVERS MORE CARE TO THE REGION'S POOR AND UNDERSERVED THAN ANY OTHER HEALTH SYSTEM IN THE STATE. UPMC'S SYSTEMWIDE OPERATIONS GENERATED A TOTAL ECONOMIC IMPACT OF MORE THAN \$36 BILLION. UPMC STIMULATES THE ECONOMY THROUGH DIRECT HIRING AND BY BRINGING OUTSIDE DOLLARS INTO THE REGION, THE ORGANIZATION'S CAPITAL SPENDING CREATES CONSTRUCTION JOBS DOWNSTREAM. IN ADDITION, UPMC HAS A NUMBER OF PROGRAMS AND INITIATIVES DESIGNED TO FOSTER A PRODUCTIVE AND EQUITABLE ECONOMY. A KEY COMPONENT IN THE ORGANIZATION'S ECONOMIC DEVELOPMENT STRATEGY IS SUPPLIER DIVERSITY, WHICH IS AN INTEGRAL PART OF UPMC'S OVERALL SUPPLY CHAIN MANAGEMENT STRATEGY. DESIGNED TO ENSURE THAT CERTIFIED MINORITY, WOMEN-OWNED, OR DISADVANTAGED BUSINESS ENTERPRISES ARE PROVIDED WITH MAXIMUM OPPORTUNITIES TO PARTICIPATE AS PARTNERS AND SUPPLIERS OF GOODS AND SERVICES, UPMC'S SUPPLIER DIVERSITY PROGRAM ENCOURAGES DEVELOPMENT OF THESE FIRMS TO MAKE THEM COMPETITIVE IN THE OUTSIDE MARKET. UPMC'S SPEND ON SUPPORTING MINORITY AND WOMEN-OWNED BUSINESSES WAS \$212 MILLION IN 2019.</p>

Additional Data

Software ID:

Software Version:

EIN: 82-1600494

Name: UPMC Susquehanna Lock Haven

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	UPMC Susquehanna Lock Haven 24 Cree Drive Lock Haven, PA 17745 www.upmcsusquehannahealth.org 122201	X						X			

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 5	UPMC'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS INCLUDED A PARTNERSHIP WITH EXPERTS AT THE UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH TO CONDUCT THE CHNA USING A BEST-PRACTICE METHODOLOGY THE ASSESSMENT BLENDED ANALYSIS OF DOCUMENTED HEALTH AND SOCIOECONOMIC FACTORS WITH A STRUCTURED, COMMUNITY INPUT SURVEY PROCESS EFFECTIVELY ENGAGING THE COMMUNITY IN A BROAD, SYSTEMATIC WAY, THE SURVEY SOLICITED FEEDBACK FROM COMMUNITY ADVISORY PANELS COMPOSED OF LEADERS OF ORGANIZATIONS THAT REPRESENT PATIENT CONSTITUENCIES, INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY, AND CHRONICALLY ILL POPULATIONS WITHIN THE HOSPITAL'S COMMUNITY APPENDIX C OF EACH HOSPITAL CHNA REPORT INCLUDES A LIST OF COMMUNITY PARTICIPANTS WWW UPMC COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT ASPX
PART V SECTION B LINE 6A	THE FOLLOWING UPMC HOSPITALS CONDUCTED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019 UPMC LOCK HAVEN, UPMC MUNCY (FKA MUNCY VALLEY HOSPITAL), UPMC WILLIAMSPORT (THE WILLIAMSPORT HOSPITAL), UPMC WELLSBORO (FKA SOLDIERS AND SAILORS MEMORIAL HOSPITAL), UPMC COLE, AND UPMC SUNBURY

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 7A AND 10A	WEBSITE FOR CHNA HTTP //WWW UPMC COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEED S-ASSESSMENT ASPX
PART V SECTION B LINE 11	THROUGH A RIGOROUS CHNA METHODOLOGY, UPMC HOSPITALS IDENTIFIED FOUR MAJOR THEMES REPRESENTING THE SIGNIFICANT HEALTH NEEDS IN THEIR COMMUNITIES CHRONIC DISEASE MANAGEMENT, BEHAVIORAL HEALTH, ACCESS TO CARE AND NAVIGATING RESOURCES, AND PREVENTION AND COMMUNITY-WIDE HEALTHY LIVING THE HOSPITALS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE ISSUES AS OUTLINED IN THEIR CHNA DOCUMENT AND COMMUNITY HEALTH STRATEGIC PLAN - SEE SECTION IV OF EACH HOSPITAL CHNA REPORT WWW UPMC COM/ABOUT/COMMUNITY-COMMITMENT/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT ASPX

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 16	https://www.susquehannahealth.org/patients-visitors/for-patients/billing-insurance/financial-assistance-program
PART V SECTION B LINES 19 & 20	UPMC's policies do not permit hospital facilities or any other authorized parties to engage in extraordinary collections actions in any circumstances. Therefore, line 20 has been left blank since it is not applicable and UPMC believes it would be misleading to check any of the boxes.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UPMC Susquehanna Lock Haven

Employer identification number
82-1600494

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
QUESTION 7	UPMC PROVIDES INCENTIVE COMPENSATION AS PART OF ITS TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES. THIS COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA IN THE CONTEXT OF APPROPRIATE RISK TAKING. THESE CRITERIA DIRECTLY SUPPORT UPMC'S MISSION AND INCLUDE PATIENT QUALITY AND SATISFACTION, COMMUNITY BENEFITS, OPERATIONAL AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND STRATEGIC BUSINESS INITIATIVES AMONG OTHERS.



SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

UPMC Susquehanna Lock Haven

Employer identification number

82-1600494

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	UPMC Lock Haven Hospital (LHH) is a 47-bed facility with complete inpatient and outpatient care, including emergency, medical, and surgical care. A Joint Commission-accredited facility, it also includes a 90-bed skilled nursing facility with a 34-bed dementia unit.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	Lock Haven Hospital is a subsidiary of UPMC Susquehanna. The mission of UPMC Susquehanna and its subsidiaries is to serve the community by providing outstanding patient care and shaping tomorrow's health care through clinical and technological innovation, research, and education.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>UPMC Lock Haven Hospital is a 47-bed facility with complete inpatient and outpatient care, including emergency, medical, and surgical care. A Joint Commission-accredited facility, it also includes a 90-bed skilled nursing facility with a 34-bed dementia unit. UPMC Lock Haven Hospital treats all patients without regard to their ability to pay. For fiscal year ended June 30, 2019, the hospital admitted 972 patients rendering 17,461 patient days. Lock Haven Hospital had 11,097 emergency room visits and performed 2,136 surgeries. During the Fiscal Year ended June 30, 2019, Lock Haven Hospital provided charity care and other uncompensated care, including Medicaid and Medicare shortfalls, at a cost of over \$10,000,000. Lock Haven Hospital provided community outreach and support programs as well as contributions in fiscal year 2019. The value of these programs funds to the community was approximately \$82,000.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION A GOVERNING BODY AND MANAGEMENT QUESTION 6 UPMC SUSQUEHANNA LOCK HAVEN HAS ONE SOLE MEMBER, THE EXEMPT ENTITY UPMC SUSQUEHANNA

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION B POLICIES QUESTION 11 B - THE BOARD OF DIRECTORS MEMBERS OF THE FILING ENTITY HAVE BEEN PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
QUESTION 12 C	<p>UPMC REQUIRES KEY EMPLOYED AND NON-EMPLOYED PERSONNEL TO COMPLY WITH ITS CONFLICT OF INTEREST POLICIES WHEN THEY ENGAGE IN UPMC RELATED BUSINESS PERSONS COVERED BY THE POLICIES INCLUDED UPMC BOARD MEMBERS, BOARD COMMITTEE MEMBERS, CORPORATE OFFICERS, KEY EMPLOYEES, UPMC PHYSICIANS AND NON PHYSICIANS EMPLOYEES WHO HOLD A POSITION OF INFLUENCE, NON EMPLOYED MEMBERS OF THE UPMC MEDICAL STAFF WHO HOLD A POSITION OF INFLUENCE OR TRUST, INDIVIDUALS CONDUCTING CLINICAL RESEARCH AT UPMC WHETHER OR NOT THEY ARE EMPLOYED BY UPMC THESE PEOPLE 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 MEMBERS, 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 BOARD MEMBERS AND ENTITIES WITH WHICH THEY ARE AFFILIATED ARE MONITORED AND SUBJECT TO PRE-APPROVAL BY THE GOVERNANCE AND NOMINATING COMMITTEE OF THE UPMC BOARD OF DIRECTORS IN ADDITION TO THE GENERAL CORPORATE AND BOARD POLICIES DESCRIBED ABOVE, UPMC HAS ALSO DEVELOPED AND IMPLEMENTED A SEPARATE TAX QUESTIONNAIRE DISTRIBUTED TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ANNUALLY THAT SPECIFICALLY ADDRESSES DISCLOSURE REQUIREMENTS OF FORM 990</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	<p>SECTION B POLICIES QUESTION 15 - TO SUPPORT UPMC'S MISSION AS SET FORTH IN THE UPMC BYLAWS, THE BOARD OF DIRECTORS HAS FORMED AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") AND DELEGATED TO IT THE RESPONSIBILITY FOR ESTABLISHMENT AND IMPLEMENTATION OF OFFICER AND KEY EMPLOYEE TOTAL COMPENSATION PROGRAMS AS PART OF THIS RESPONSIBILITY THE COMMITTEE REPORTS REGULARLY TO THE BOARD OF DIRECTORS WITH BOARD OF DIRECTORS APPROVAL, THE COMMITTEE HAS ADOPTED A FORMAL CHARTER, WHICH INCLUDES THE ESTABLISHMENT OF A COMPENSATION PHILOSOPHY AND RELATED POLICIES WITH RESPECT TO THE TOTAL COMPENSATION PAID BY UPMC TO ITS OFFICERS AND KEY EMPLOYEES THE UPMC TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES IS PREDICATED UPON AN INCENTIVE COMPENSATION COMPONENT THIS COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA IN THE CONTEXT OF APPROPRIATE RISK TAKING THESE CRITERIA DIRECTLY SUPPORT UPMC'S MISSION AND INCLUDE PATIENT QUALITY AND SATISFACTION, COMMUNITY BENEFITS, OPERATIONAL AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND STRATEGIC BUSINESS INITIATIVES AMONG OTHERS THE TOTAL COMPENSATION PROGRAM IS INTEGRATED WITH AND REINFORCES THE UPMC BUSINESS PLANNING CYCLE AS WELL AS MANAGEMENT DEVELOPMENT AND SUCCESSION PLANNING PROCESSES IT IS THE COMMITTEE'S JUDGMENT THAT THE STRUCTURE OF THE TOTAL COMPENSATION PROGRAM IS VITAL TO, AND STRONGLY SUPPORTIVE OF, THE HIGH LEVEL OF ONGOING SUCCESS OF UPMC AND FOSTERS THE RETENTION OF CRITICAL OFFICER AND KEY EMPLOYMENT TALENT THE TOTAL COMPENSATION DETERMINATION PROCESS UTILIZED BY THE COMMITTEE IS INTENDED TO SATISFY THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" AS SET FORTH IN THE REGULATIONS TO SECTION 4958 OF THE INTERNAL REVENUE CODE ("CODE") THIS MEANS THAT COMPENSATION PROGRAMS AND LEVELS ARE APPROVED IN ADVANCE BY THE COMMITTEE WHICH IS COMPOSED ENTIRELY OF OUTSIDE DIRECTORS WHO DO NOT HAVE A CONFLICT OF INTEREST, AS DEFINED BY THE RELEVANT REGULATIONS, WITH RESPECT TO THE COMPENSATION PROGRAM AND LEVELS THE COMMITTEE OBTAINS AND RELIES UPON A BROAD RANGE OF APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATIONS THE COMMITTEE THEN CONTEMPORANEOUSLY DOCUMENTS, IN FORMAL MINUTES, THE BASIS AND REASONS FOR ITS DETERMINATIONS THE TOTAL COMPENSATION PROGRAM IS DESIGNED AND ADMINISTERED IN ACCORDANCE WITH THE UPMC BYLAWS, SOUND BUSINESS PRACTICES, THE TENETS OF COMMON LAW BUSINESS JUDGMENT AND FIDUCIARY RESPONSIBILITY AS WELL AS ADHERENCE TO ALL RELEVANT FEDERAL, STATE AND LOCAL LAWS IN ADDITION TO CODE SECTION 4958, IS SET FORTH ABOVE, THIS INCLUDES BUT IS NOT LIMITED TO CODE SECTION 501(C)(3) AND THE APPLICABLE REGULATIONS THEREUNDER AS WELL AS ALL LAWS AND REGULATIONS PROHIBITING PRIVATE INUREMENT, PRIVATE BENEFIT TRANSACTIONS AND DISCRIMINATION FURTHER, THE COMMITTEE HAS IDENTIFIED AND ADOPTED AS APPROPRIATELY MODIFIED FOR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	UPMC, COMPENSATION PROGRAM "BEST PRACTICES" FROM THE BUSINESS WORLD (E G SARBANES OXLEY, SEC, ETC) THE COMMITTEE BELIEVES THAT WHILE THESE PRACTICES ARE NOT REQUIRED IN THE TAX EXEMPT SECTOR, THEY ARE IN THE BEST INTERESTS OF THE ORGANIZATION AND FURTHER SUPPORT UPMC 'S NONPROFIT MISSION IN ACCORDANCE WITH THE ABOVE, DETERMINATION OF TOTAL COMPENSATION FOR THE CEO IS MADE EXCLUSIVELY BY THE COMMITTEE DETERMINATION OF TOTAL COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS RECOMMENDED BY THE CEO AND SUBJECT TO REVIEW AND APPROVAL BY THE COMMITTEE THE COMMITTEE, WHICH MEETS AT LEAST FOUR TIMES A YEAR, OBTAINS PROFESSIONAL ADVICE FROM ITS OWN EXPERTS, INCLUDING ACCOUNTANTS, EXECUTIVE COMPENSATION CONSULTANTS AND LEGAL COUNSEL

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION C DISCLOSURE QUESTION 19 FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST OTHER GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS MAY BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI RECONCILIATION OF NET ASSETS	Transfer From Exempt Parent 15,264,841

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII FINANCIAL STATEMENTS AND REPORTING	QUESTION 2B THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PART OF A CONSOLIDATED FINANCIAL STATEMENT AUDIT PERFORMED BY EY FOR UPMC AND ALL SUBSIDIARIES THE ENTIRE SYSTEM'S FINANCIAL STATEMENTS, OF WHICH THIS ORGANIZATIONS IS PART OF, ARE POSTED ON THE UPMC WEBSITE (WWW UPMC COM) THE FINANCIAL STATEMENT AUDIT DURING THE 990 FILING PERIOD IS FOR THE CALENDAR YEAR ENDED DECEMBER 31,2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION DRUGS TOTAL EXPENSES 411919 PROGRAM SERVICES 411919 FUNDRAISING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION LAUNDRY AND LINEN SERVICES TOTAL EXPENSES 206186 PROGRAM SERVICES 206186 FUNDRAISING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION OTHER EXPENSES TOTAL EXPENSES 3076286 PROGRAM SERVICES 1983580 MANAGEMENT AND GENERAL 1092706 FUNDRAISING

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UPMC Susquehanna Lock Haven

Employer identification number

82-1600494

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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) Susquehanna Physician Services	j	104,224	Cost
(2) UPMC	r	24,836,000	Cost

Part VII **Supplemental Information**

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

Return Reference	Explanation
Form 990, Schedule R, Part II, III, & IV	The entities marked with an asterisk are not technically "related parties", as defined by the IRS Form 990 instructions, 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 the ultimate parent

Return Reference	Explanation
SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS	THERE ARE ORGANIZATIONS INCLUDED IN THE UPMC GROUP FORM 990 TAX RETURN FOR FISCAL YEAR 2019 WHICH ARE "RELATED" TO UPMC SUSUQUEHANNA LOCK HAVEN (SEE PRIOR NOTE) THESE ORGANIZATIONS ARE NOT REQUIRED TO BE LISTED IN SCHEDULE R

Additional Data

Software ID:
Software Version:
EIN: 82-1600494
Name: UPMC Susquehanna Lock Haven

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
600 GRANT STREET PITTSBURGH, PA 15219 25-1574736	SR LIVING	PA	501(C)(3)	10	UPMC	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1335247	CCRC	PA	501(C)(3)	10	UPMC SR COMM	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-0965334	SR LIVING	PA	501(C)(3)	10	UPMC SR COMM	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 72-1562844	SR LIVING	PA	501(C)(3)	10	UPMC SR COMM	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 26-0303394	FOUNDATION	PA	501(C)(3)	12(A) I	UPMC	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-0613830	INACTIVE	PA	501(C)(3)	3	UPMC	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1753852	SR CARE MGMT	PA	501(C)(3)	10	UPMC	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 45-2178782	RESEARCH	PA	501(C)(3)	7	UPMC	Yes	
532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232 25-1290546	FOUNDATION	PA	501(C)(3)	12(C)III	UPMC PRESBY	Yes	
9100 BABCOCK BLVD PITTSBURGH, PA 15237 25-1407815	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC PASS	Yes	
100 FARFIELD DRIVE SENECA, PA 16346 25-1483624	FOUNDATION	PA	501(C)(3)	12(D)III	UPMC NORTHWE	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1520340	FOUNDATION	PA	501(C)(3)	7	UPMC ST MARG	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1865744	FOUNDATION	PA	501(C)(3)	7	UPMC CHP	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1462312	FOUNDATION	PA	501(C)(3)	7	NA		No
600 Grant Street 58th Floor PITTSBURGH, PA 15219 46-4186362	PHYSICIAN SRV	NY	501(C)(3)	3	Regnl Health	Yes	
302 FRENCH STREET ERIE, PA 16507 25-1400999	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC HAMOT	Yes	
600 GRANT STREET 58TH FL PITTSBURGH, PA 15219 20-1459415	ONCOLOGY SVC	PA	501(C)(3)	10	UPMC Jameson	Yes	
1211 WILMINGTON AVE NEW CASTLE, PA 16105 23-2871396	SR SERVICES	PA	501(C)(3)	10	UPMC SR COMM	Yes	
700 HIGH STREET WILLIAMSPORT, PA 17701 23-2751183	MGMT SUPPORT	PA	501(C)(3)	3	UPMC	Yes	
215 EAST WATER STREET MUNCY, PA 17756 24-0806023	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 24-0799343	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	Yes	
1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2449454	PHYSICIAN SRV	PA	501(C)(3)	3	UPMC SUSQUEH	Yes	
700 HIGH STREET WILLIAMSPORT, PA 17701 47-1600873	SUPPORT SRV	PA	501(C)(3)	12(a)(I)	UPMC SUSQUEH	Yes	
1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2743470	FOUNDATION	PA	501(C)(3)	12(A)(I)	UPMC SUSQUEH	Yes	
700 HIGH STREET WILLIAMSPORT, PA 17701 24-0795508	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	Yes	
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 23-1403678	REAL ESTATE	PA	501(C)(2)	N/A	UPMC SUSQUEH	Yes	
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 25-1644910	MANAGEMENT SV	PA	501(C)(3)	12(B)(II)	UPMC SUSQUEH	Yes	
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 24-0795488	SUPPORT SRV	PA	501(C)(3)	12(B)(II)	UPMC SUSQUEH	Yes	
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 23-2176963	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	Yes	
37 CENTRAL AVENUE WELLSBORO, PA 16901 24-0804365	SKILLED NURSI	PA	501(C)(3)	10	UPMC SUSQUEH	Yes	
1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 25-1765538	HEALTHCARE	PA	501(C)(3)	12(B)(II)	UPMC SUSQUEH	Yes	
700 HIGH STREET WILLIAMSPORT, PA 17701 23-2416166	AMBULANCE SVC	PA	501(C)(3)	10	WILLIAM HOSP	Yes	
700 HIGH STREET WILLIAMSPORT, PA 17701 82-1592230	HOSPITAL	PA	501(C)(3)	3	UPMC SUSQUEH	Yes	
207 FOOTE AVENUE JAMESTOWN, NY 14701 16-0743226	HOSPITAL	NY	501(C)(3)	3	UPMC CHAUTAU	Yes	
207 FOOTE AVENUE JAMESTOWN, NY 14701 22-2392582	HOLDING CO	NY	501(C)(3)	12 (B)(II)	CHAUT AT WCA	Yes	
135 ALLEN STREET JAMESTOWN, NY 14701 16-1557878	AIR AMBULANCE	NY	501(C)(3)	7	CHAUT AT WCA	Yes	
3410 W PITTSBURG ROAD NEW CASTLE, PA 16101 25-1701701	SNF & AL	PA	501(C)(3)	10	UPMC SR COMM	Yes	
745 GREENVILLE ROAD MERCER, PA 16137 25-1701700	SNF & IL	PA	501(C)(3)	10	UPMC SR COMM	Yes	
4372 ROUTE 6 KANE, PA 16735 26-3906925	FOUNDATION	PA	501(C)(3)	12 (B)(II)	NA		No
1211 WILMINGTON AVENUE NEW CASTLE, PA 16105 25-6005313	SUPPORT	PA	501(C)(3)	12(D)III	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
32-36 CENTRAL AVENUE WELLSBORO, PA 16901 25-1810488	FOUNDATION	PA	501(C)(3)	12(B)II	NA		No
300 FOOTE AVENUE PO BOX 840 JAMESTOWN, NY 14702 22-2393584	FOUNDATION	PA	501(C)(3)	12(C)III	NA		No
491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323 25-1472179	FOUNDATION	PA	501(C)(3)	12(D) III	NA		No
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1778658	SUPPORTING OR	PA	501(C)(3)	12(B)II	UPMC	Yes	
361 ALEXANDER SPRING ROAD CARLISLE, PA 17105 82-0880337	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL	Yes	
250 COLLEGE AVENUE LANCASTER, PA 17603 82-0896436	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL	Yes	
1500 HIGHLANDS AVENUE LITITZ, PA 17543 82-0844453	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL	Yes	
325 SOUTH BELMONT STREET YORK, PA 17405 82-0912090	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL	Yes	
409 SOUTH SECOND STREET HARRISBURG, PA 17104 82-0947698	PHYSICIAN SRV	PA	501(C)(3)	3	UPMC PINNACL	Yes	
409 SOUTH SECOND STREET HARRISBURG, PA 17104 22-2691718	FOUNDATION	PA	501(C)(3)	12(B)II	UPMC PINNACL	Yes	
409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1890444	MED TRANSPORT	PA	501(C)(3)	7	UPMC PINNACL	Yes	
300 HIGHLAND AVENUE HANOVER, PA 17331 22-2658574	SUPPORTING OR	PA	501(C)(3)	12(A)(I)	UPMC PINNACL	Yes	
300 HIGHLAND AVENUE HANOVER, PA 17331 23-1360851	HOSPITAL	PA	501(C)(3)	3	HANNOVER HEA	Yes	
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1778644	HOSPITAL	PA	501(C)(3)	3	UPMC PINNACL	Yes	
409 SOUTH SECOND STREET HARRISBURG, PA 17104 25-1709054	PHYSICIAN SRV	PA	501(C)(3)	3	UPMC PINNACL	Yes	
1001 EAST SECOND STREET COUDERSPORT, PA 16915 24-0802108	HOSPITAL	PA	501(C)(3)	3	UPMC	Yes	
1001 EAST SECOND STREET COUDERSPORT, PA 16915 45-5417308	FOUNDATION	PA	501(C)(3)	12(A)(I)	C COLE MEM H	Yes	
1001 EAST SECOND STREET COUDERSPORT, PA 16915 27-3172100	CLINIC SITES	PA	501(C)(3)	12(A)(I)	C COLE MEM H	Yes	
1001 EAST SECOND STREET COUDERSPORT, PA 16915 23-1972659	RES CARE	PA	501(C)(3)	12(A)(I)	C COLE MEM H	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1555687	SUPPORTING OR	PA	501(C)(3)	12(B)(II)	UPMC SR COMM	Yes	

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

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						Yes	No
600 GRANT STREET PITTSBURGH, PA 15219 25-0969472	CCRC	PA	501(C)3	10	ASBURY HEIGH	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1819952	PERSONAL CARE	PA	501(C)3	10	ASBURY HEIGH	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1729266	PERSONAL CARE	PA	501(C)3	10	ASBURY HEIGH	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1507472	INDEP LIVING	PA	501(C)3	N/A	ASBURY HEIGH	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1555688	FOUNDATION	PA	501(C)3	7	ASBURY HEIGH	Yes	
2500 WEST 12TH STREET ERIE, PA 16505 25-1631855	FOUNDATION	PA	501(c)3	12(A)(I)	REGIONAL CAN	Yes	
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-0965570	HOSPITAL	PA	501(C)3	3	UPMC	Yes	
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 23-2910318	DRUG TREATMEN	PA	501(C)3	3	UPMC SOMERSE	Yes	
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-1441863	FOUNDATION	PA	501(C)3	12(C)III	UPMC SOMERSE	Yes	
225 SOUTH CENTER AVENUE SOMERSET, PA 15501 25-1441920	PHYSICIAN SRV	PA	501(C)3	3	UPMC SOMERSE	Yes	
600 GRANT STREET PITTSBURGH, PA 15219 25-1423657	SUPPORTING OR	PA	501(c)3	12(C)III	NA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) UPMC BENEFIT MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1769564	WORKERS' COMP	PA	NA	C					
(1) UPMC DIVERSIFIED SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1778454	HOLDING CO	PA	NA	C					
(2) MONROEVILLE SPECIALTY CLINIC 600 GRANT STREET PITTSBURGH, PA 15219 25-1666087	AMB SURG	PA	NA	C					
(3) MEDICAL ARCHIVAL SYSTEMS INC 600 GRANT STREET PITTSBURGH, PA 15219 23-2912501	SOFTWARE DEVE	DE	NA	C					
(4) RX PARTNERS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1801966	PHARMACY	PA	NA	C					
(5) BIOTRONICS INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1843500	EQUIP MAINTEN	PA	NA	C					
(6) MEDICAL CENTER PROPERTIES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1796940	REAL ESTATE	PA	NA	C					
(7) ASKESIS DEVELOPMENT GROUP INC 600 GRANT STREET PITTSBURGH, PA 15219 54-1625585	SOFTWARE DEVE	DE	NA	C					
(8) BAYFRONT REGIONAL DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401388	RE HOLDING CO	PA	NA	C					
(9) BAYSIDE DEVELOPMENT CORP 300 STATE STREET ERIE, PA 16507 25-1401386	REAL ESTATE	PA	NA	C					
(10) UPMC WORK ALLIANCE INC 600 GRANT STREET PITTSBURGH, PA 15219 45-2825053	INSURANCE	PA	NA	C					
(11) UPMC HEALTH COVERAGE INC 600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219 46-2824537	INSURANCE	PA	NA	C					
(12) UPMC HEALTH OPTIONS INC 600 GRANT STREET PITTSBURGH, PA 15219 46-2824626	INSURANCE	PA	NA	C					
(13) UPMC COMPLETE CARE INC 5215 CENTRE AVENUE Pittsburgh, PA 15232 46-3605753	PHYSICIAN SRV	PA	NA	C					
(14) AMERICAN HOME HEALTH SERVICES 868 CORPORATE WAY WESTLAKE, OH 44145 31-1521422	HOME HEALTH C	OH	NA	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) HEALTH FIDELITY INC 210 S B STREET SAN MATEO, CA 94401 45-2538963	TECHNOLOGY SV	CA	NA	C					
(1) FLUENCE HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 47-2684174	software	DE	NA	C					
(2) CURAVI HEALTH INC 6425 PENN AVENUE PITTSBURGH, PA 15206 81-1217377	HEALTHCARE	DE	NA	C					
(3) PENSIAMO INC 600 GRANT STREET 59TH FL PITTSBURGH, PA 15219 81-2069236	SUPPLY CHAIN	DE	NA	C					
(4) ALTOONA FAMILY INC 620 HOWARD AVE ALTOONA, PA 16601 25-1444935	MGMT SVCS	PA	NA	C					
(5) LEXINGTON HOLDINGS INC 620 HOWARD AVE ALTOONA, PA 16601 25-1794386	HOLDING CO	PA	NA	C					
(6) LEXINGTON ONE INC 620 HOWARD AVE ALTOONA, PA 16601 25-1468889	RENTAL	PA	NA	C					
(7) LEXINGTON TWO INC HOWARD AVE 7TH ST ALTOONA, PA 16601 25-1555689	DME	PA	NA	C					
(8) LEXINGTON FOUR INC 620 HOWARD AVE ALTOONA, PA 16601 25-1793736	HOLDING CO	DE	NA	C					
(9) UPMC ALTOONA REGIONAL HEALTH SERVICES 1414 9TH AVENUE ALTOONA, PA 16602 25-1219302	PHYSICIAN SRV	PA	NA	C					
(10) LEXINGTON ANESTHESIA ASSOCIATES INC 620 HOWARD AVE ALTOONA, PA 16601 25-1897765	PHYSICIAN SRV	PA	NA	C					
(11) MEDCPU INC 100 WALL STREET SUITE 2202 NEW YORK, NY 10005 38-3805381	SOFTWARE DEVE	DE	NA	C					
(12) UPMC EXCESS PL TRUST 600 GRANT STREET PITTSBURGH, PA 15219 82-6254351	TRUST	PA	NA	TRUST					
(13) RXANTE INC 511 CONGRESS STREET 803 PORTLAND, ME 04101 45-4040219	MEDICATION MG	DE	NA	C					
(14) J HEALTH VENTURES INC 1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105 25-1607893	INACTIVE	PA	NA	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) SUSQUEHANNA VENTURES INC 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701 23-2470623	PHARMACY	PA	NA	C					
(1) TYOGA CARENET 114 EAST AVENUE WELLSBORO, PA 16901 25-1810967	INACTIVE	PA	NA	C					
(2) WCA SERVICE CORPORATION INC 207 FOOTE AVENUE JAMESTOWN, NY 14701 16-1151438	SUPPORT	NY	NA	C					
(3) ITTCCO I INC 600 GRANT STREET PITTSBURGH, PA 15219 82-2590699	INACTIVE	DE	NA	C					
(4) ITTCCO II INC 600 GRANT STREET PITTSBURGH, PA 15219 82-2597388	INACTIVE	DE	NA	C					
(5) PINNACLE HEALTH CARDIOVASCULAR INSTITUT 409 SOUTH SECOND STREET HARRISBURG, PA 17104 32-0321362	PHYSICIAN SRV	PA	NA	C					
(6) HANOVER HEALTH CORPORATION 300 HIGHLAND AVENUE HANOVER, PA 17331 90-0498067	HOLDING CO	PA	NA	C					
(7) HANOVER APOTHECARY INC 310 STOCK STREET SUITE 1 HANOVER, PA 17331 03-0594526	PHARMACY	PA	NA	C					
(8) UNITED CENTRAL PA RECIPROCAL RISK RETEN 76 SAINT PAUL STREET SUITE 500 BURLINGTON, VT 05401 13-4224033	INSURANCE	VT	NA	C					
(9) PINNACLE HEALTH VENTURES INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 61-1677624	HOLDING CO	PA	NA	C					
(10) PINNACLE HEALTH IMAGING INC 409 SOUTH SECOND STREET HARRISBURG, PA 17104 23-1718571	IMAGING SVC	PA	NA	C					
(11) COLE CARE INC 1001 EAST 2ND STREET COUDERSPORT, PA 16915 25-1497347	DME	PA	NA	C					
(12) UPMC ITALY HEALTH SERVICES SRL VIA DISCESA DEI GIUDICI 4 PALERMO 90133 IT	HEALTH SVC	IT	NA	C					
(13) UPMC INVESTMENTS LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	HOLDING CO	EI	NA	C					
(14) UPMC PROPERTY LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	PROPERTY	EI	NA	C					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(61) UPMC PROPERTY II LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	PROPERTY	EI	NA	C					
(1) EURO CARE INFRASTRUCTURE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	PROPERTY MGMT	EI	NA	C					
(2) EURO CARE PROPERTY MANAGEMENT LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	PROPERTY MGMT	EI	NA	C					
(3) EURO CARE HEALTHCARE LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	HOSPITAL	EI	NA	C					
(4) WATERFORD ONCOLOGY ASSOCIATES LTD C/O UPMC WHITFIELD CORK ROAD BUTLER WATERFORD EI	ONCOLOGY SVC	EI	NA	C					
(5) UPMC CANCER CENTERS IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	CANCER TREATM	EI	NA	C					
(6) PANTHER REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-1402742	INSURANCE	CJ	NA	C					
(7) FORBES REINSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-1400710	INSURANCE	CJ	NA	C					
(8) CATHEDRAL (RE) INSURANCE CO PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-1400837	INSURANCE	CJ	NA	C					
(9) UPMC IRELAND LIMITED 6TH FLOOR BEACON HOSPITAL SANDYFORD DUBLIN 18 EI	HEALTHCARE SU	EI	NA	C					
(10) UPMC CANADA TECHNOLOGIES LIMITED 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE	CA	NA	C					
(11) SUSQUEHANNA HEALTH SYSTEM INSURANCE NET PO BOX 1159 CAYMAN ISLANDS CJ	INSURANCE	CJ	NA	C					
(12) UNITED HEALTH RISK LTD PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	NA	C					
(13) UPMC UNITED KINGDOM LTD C/O NAIRCO 11TH FLOOR WHITEFRIARS LEWINS MEAD, BRISTOL BS1 2NT UK 98-0571026	SOFTWARE LICE	UK	NA	C					
(14) BLUESPHERE BIO 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 82-4979766	IMMUNOTHERAPY	DE	NA	C					

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(76) INFECTIOUS DISEASE CONNECT INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 83-3311071	TELEMEDICINE	DE	NA	C					
(1) HUMONIC INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 83-4005420	BIOPHARM	DE	NA	C					
(2) TTMS INC 6425 PENN AVENUE STE 200 PITTSBURGH, PA 15206 82-5443222	IMMUNOTHERAPY	DE	NA	C					
(3) UPMC HILLMAN CANCER CENTER - PINNACLE 101 ERFORD ROAD CAMP HILL, PA 17701 83-3640945	CANCER TREATM	PA	NA	C					
(4) SHANGHAI UPMC CO LTD 288 Shimen 1st Road Jingan Distric Shanghai 200041 CH	HEALTHCARE MGMT	CH	NA	C					
(5) SALVADOR MUNDI INTERNATIONAL HOSPITAL ROMA VIALE DELLE MURA GIANICOLENSI CAP 00152 IT	HOSPITAL	IT	NA	C					
(6) SOMERSET ANESTHESIA INC 600 GRANT STREET PITTSBURGH, PA 15219 45-5135437	PHYSICIAN SRV	PA	NA	C					
(7) SOMERSET MANAGEMENT SERVICES INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1512960	MOB OWNERSHIP	PA	NA	C					