

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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
 Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: UPMC GROUP
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____
600 GRANT STREET, 58TH FLOOR
 City or town, state or province, country, and ZIP or foreign postal code: _____
PITTSBURGH, PA 15219

D Employer identification number: 20-8295721

E Telephone number: (412) 647-2345

F Name and address of principal officer: ROBERT DEMICHIEI
600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219

G Gross receipts \$ 10387273983.
 H(a) Is this a group return for subsidiaries? Yes No
 H(b) Are all subsidiaries included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 627

J Website: WWW.UPMC.COM H(e) Group exemption number 9707

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 2006 **M** State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: HEALTHCARE, EDUCATION, AND RESEARCH

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	64.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	59,159.
6	Total number of volunteers (estimate if necessary)	6	5,770.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,641,156.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	310,983.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	95,101,723.	75,521,421.
9 Program service revenue (Part VIII, line 2g)	8,843,802,535.	100,181,517,35.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,601,023.	13,601,142.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-213,971.	-9,111,290.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,959,291,310.	100,981,630,08.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,762,753.	18,181,251.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,144,916,777.	4,580,761,407.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶	4,766,361.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,582,187,729.	5,328,891,249.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,743,867,259.	9,927,833,907.
19 Revenue less expenses. Subtract line 18 from line 12	215,424,051.	170,329,101.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,661,763,150.	6,276,733,210.
21 Total liabilities (Part X, line 26)	916,877,841.	1,155,195,092.
22 Net assets or fund balances. Subtract line 21 from line 20	4,744,885,309.	5,121,538,118.

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: ROBERT A. DEMICHIEI Date: _____
 Type or print name and title: EXECUTIVE VP AND CFO

Paid Preparer Use Only
 Print/Type preparer's name: JAMES E STEEN Preparer's signature: _____ Date: _____
 Firm's name: ERNST & YOUNG US, LLP Firm's EIN: 34-6565596
 Firm's address: 2100 ONE PPG PLACE PITTSBURGH, PA 15222 Phone no.: 412-644-7800

Check if self-employed PTIN: _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

MISSIS

UPMC GROUP

20-8295721

Form 990 (2013)

Page 8

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

MISSIS

Table row for (501) CHARLES BOGOSTA, EVP AND PRES INTL AND COMM SRV, with compensation details.

MISSIS

Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4536

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

OMISSIS

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES BOGOSTA 1 EVP AND PRES INTL AND COMM SRV	451,643	723,650	63,939	348,581	20,774	1,608,587	58,849
	0	0	0	0	0	0	0

OMISSIS