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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Inspection

A Fo	r the :	2008 са	lendar yea	r, or tax year beginr		and ending 06-30-20	09		
B Ch	eck ıf a	pplicable	Please	C Name of organization West Penn Allegheny				D Employer i	dentification number
☐ Ad	dress ch	ange	use IRS label or	, ,				25-09694	
Г№	me cha	nge	print or	Doing Business As				E Telephone	number
┌ Inr	ial retu	rn	type. See Specific	Number and street (c	or P O box if mail is	not delivered to street addi	ress) Room/s	(412) 330	
Гте	mınatıo	n	Instruc- tions.	C/O Tax Dept Two Al				G Gross rece	ipts \$ 1,323,723,308
┌ Am	ended	return		City or town, state or	r country, and ZIP +	4			
☐ Ap	olication	pending		Pittsburgh, PA 15212	2				
			F Nan	L ne and address of Pi	rincipal Officer		11/2/ 7	<u></u>	
				ntarella	merpar o meer			this a group retu filiates?	rn for
				bella Street					
— Та	x-exem	npt status		rgh, PA 15212) (3) ◀ (insert no) 「				e all affiliates inclu	
					4547(4)(1) 01)	327	٦ ٠	f "No," attach a li: roup Exemption N	st See instructions)
) W	eb sit	e: 📭 wwv	v wpahs org	9			H(c) G	roup Exemption is	diliber F
К Тур	e of org	janization	✓ Corporat	ion trust association	on		L Year o	f Formation 1848	M State of legal domicile PA
Pa	rt I								
	1	•		e organization's mis	sion or most sig	nificant activities			
ತ		See For	m 990, Pa	ge 2, Part III					
图									
Ē.	2	Check t	his box 🗀	ıf the organization d	iscontinued its o	operations or disposed	of more tha	n 25% of its asse	ets
Governance	3		,			t VI, line 1a)			32
	4		_	_		ng body (Part VI, line 1			22
Activities &	5			nployees (Part V, lır			·	5	13,657
\$	6	Total nu	ımber of vo	lunteers (estimate i	fnecessary) .			6	902
¥	7a	Total gr	oss unrela	ted business revenu	ie from Part VIII	(, line 12, column (C)		7a	5,805,164
	ь	Net unre	elated busi	ness taxable incom	e from Form 990	-T, line 34		7b	-510,748
								Prior Year	Current Year
_	8	Contrib	butions and	d grants (Part VIII,	lıne 1h)			1,609,783	4,068,644
Revenue	9	Progra	m service	revenue (Part VIII,	line 2g)		728,320,373	1,102,029,445	
e, de	10	Invest	ment incor	ne (Part VIII, colum	nn (A), lines 3, 4		36,054,090	13,549,972	
ш	11		-	art VIII, column (A				28,013,638	32,479,692
	12	Total r 12)	evenue—a	dd lines 8 through 1	1 (must equal P	art VIII, column (A), lı	ne	793,997,884	1,152,127,753
	13		and simila	ar amounts paid (Pai	rt IX, column (A)), lines 1–3)		210,629	372,776
	14	Benefit	ts paid to o	r for members (Part	IX, column (A),	line 4)		0	0
	15	Salarıe	s, other co	ompensation, employ	yee benefits (Pa	rt IX, column (A), lines	5 –		
\$		10)						349,672,285	548,043,128
Expenses	16a			raising fees (Part IX		•		0	0
ठ	b	•		penses, Part IX, column		<u> </u>			
	17			(Part IX, column (A)	•			483,393,340	614,171,162
	18					X, line 25, column (A))		833,276,254	1,162,587,066
- 07 3m A	19	Revent	ue less exp	oenses Subtract line	e 18 from line 12	2		-39,278,370	-10,459,313
Net Assets or Fund Balances							Beg	inning of Year	End of Year
38.4	20			t X, line 16)				1,106,574,257	1,063,197,068
절	21		,	Part X, line 26)				1,120,506,577	1,183,639,862
	22			d balances Subtrac	t line 21 from lir	ne 20		-13,932,320	-120,442,794
Pa	rt II		ature Blo						
						eturn, including accompanyir er (other than officer) is bas			o the best of my knowledge Parer has any knowledge
Plea		lk .					2	010-05-07	
Sign		Signa	ature of office	er			D	ate	
Her	е			Assistant Treasurer					
		Type	or print nam	e and title					
		Preparer'		IIC		Date	Check If self-	Preparer's PTI	N (See Gen Inst)
Paid		signature	WIAS				empolyed •		
	arer's		ame (or yours	WTAS LLC				EIN Þ	
Use	Only	ıf self-em address,	nployed), and ZIP + 4	335 COMMERCE DE	RIVE STE 201			— <u> </u>	
				FORT WASHINGTON	N, PA 19034			Phone no 🕨	(215) 654-1600
May	the IR	S discus	s this retu		•	See instructions) .			✓ Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table			
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		ng the year which were not listed on	┌ Yes ┌ No
_	If "Yes," describe these new services			
3	Did the organization cease conductin services?		n how it conducts any program	┌ Yes ┌ No
_	If "Yes," describe these changes on S			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1) trusts are re	equired to report the amount of grants	
4a	(Code) (Expenses \$ See Schedule O - West Penn Allegheny Heal			637,327,515)
4Ь	(Code) (Expenses \$ See Schedule O - West Penn Allegheny Heal	· · · · · · · · · · · · · · · · · · ·	, , ,	298,190,880)
4c	(Code) (Expenses \$ See Schedule O - West Penn Allegheny Heal	· · · · · · · · · · · · · · · · · · ·	ants of \$ 7,225) (Revenue s vania Hospital - Forbes Regional Campus Div	
4d	Other program services (Describe i	 In Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	1,044,503,161 Must eq	ual Part IX, Line 25, column (B).	

art IV	Chec	klist of	Required	Schedules
		NIISL UI	IXC quii Cu	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	10	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	861			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?		· · · · · · ·	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	13,657			
h	If at least one is reported in 2a, did the organization file all required federal employs					
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acacount)?	count	, or other financial	4a	Yes	
ь	,					
	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Ro	eport o	f Foreian Bank and			
	Financial Accounts.	,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore $^{\circ}$	itributi	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?			7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to par	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization to	ile a F	orm 1098-C as			
	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the	эропэ	orning organization, nave	8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related persor	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter	_				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	,		1		l	

Yes

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management	
Tay and "Was" represents lines 2.7 heles, and fave "No" represents lines 2.5 or 0h heles.	d

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	32					
Ь	Enter the number of voting members that are independent	1b	22					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	2		Νο		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		. 3		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the org	ıon's assets?	5		Νo			
6	Does the organization have members or stockholders?	6		Νo				
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		No		
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during the					
а	the governing body?			8a	Yes			
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		. ,	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		No		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, NC, PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THOMAS ALBANESI
TWO ALLEGHENY CENTER 11TH FLOOR
Pittsburgh, PA 15212

(412) 330-6083

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(e ition that a			ıll			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Отпо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related organizations
			1	\vdash	\vdash					
1b Total			' .				>	13,630,951	3,486,044	2,185,460

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶290

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Huron Consulting-DBA Wellspring Par 4795 Paysphere Circle CHICAGO, IL 60674	Consulting	14,616,154
ERA Med LLC Lockbox 30884 NEW YORK, NY 30884	Helicopter Mgmt	5,519,303
Allegheny Construction 456 Washington Avenue BRIDGEVILLE, PA 15017	Construction	2,175,400
Tedco Construction Tedco Place CARNEGIE, PA 15106	Construction	2,004,469
Allegheny Radiology Associates 320 East North Avenue PITTSBURGH, PA 15212	Radiology Services	1,345,842
Total number of independent contractors (including those in 1) who rec from the organization	. ,	86

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
- 41	1a	Federated campaig	ns 1a					, , ,
ants Ints	b	Membership dues						
gra	с	Fundraising events		80,879				
ifts, If al	d	Related organizatio	1c ons					
s, g mila	e	Government grants (co						
ion: r sin	f	All other contributions,		3,687,765		1		
Contributions, gifts, grants and other similar amounts	-	sımılar amounts not inc	luded above					
ntr ndo	g	Noncash contributi						
Co ar	h	lines 1a-1f \$ Total (Add lines 1a			4,068,644			
				Business Code				
em	2a	PATIENT SERVICE REVE	ENUE	621,110	1,102,029,445	1,098,077,009	3,952,436	
ven	ь				_,,	_,,	_,	
2 <u>4</u>	с							
rws	d							
જુ	e							
Program Service Revenue	f	All other program s	ervice revenue					
Ā	g	Total. Add lines 2a	-2f					
	3	► \$ 1,102,029,445 Investment income	e (including divi	dends.interest				
		other similar amou	-	·	22,310,568			22,310,568
	4	Income from investmen	nt of tax-exempt be	ond proceeds	4,100,714	4,100,714		
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	6,447,228					
	ь	Less rental expenses						
	C	Rental income or (loss)	6,447,228					
	d	Net rental income o	or(loss)		6,447,228		1,771,005	4,676,223
			Securities	(II) O ther				
	7a	Gross amount from sales of assets other	157,774,833	789,929				
		than inventory	171 126 072					
	b	Less cost or other basis and	171,426,072					
	с	sales expenses Gain or (loss)	-13,651,239	789,929				
	d	Net gain or (loss)			-12,861,310			-12,861,310
	8a	Gross Income from		<u> </u>				
		events (not includii \$ 229,336						
ıne		of contributions rep	oorted on line					
ven		1c) See Part IV, li Attach Schedule G if						
æ		\$15,000	а	80,879				
Other Revenue	Ь	Less direct expens		169,483	59,853			59,853
δ	С	Net income or (loss		ing events	39,033			39,033
	9a	Gross income from activities See part						
		Complete Schedule (exceeds \$15,000	G if total					
			а					
	ь	Less direct expens						
	С	Net income or (loss	s) Irom gaming a	activities •	0			
	10a	Gross sales of inve						
			a					
	b	Less cost of goods						
	С	Net income or (loss Miscellaneous Re	•	Business Code	0			
	11a	PARKING REVENU		621,110	5,922,088	5,922,088		
	b	CAFETERIA SALE		621,110		5,359,431		
	С	VENDING MACHI		621,110	216,796	216,796		
	d	All other revenue _			14,474,296	14,392,573	81,723	
	e	Total. Add lines 11						
	12	Total Revenue. A do	d lines 1h. 2a. 3	\$ 25,972,611 3, 4, 5, 6d, 7d,	1,152,127,753	1,128,068,611	5,805,164	14,185,334
		8c, 9c, 10c, and 11e			, , , , , , , , ,	. , , = -	, -,	, , '
	J	ec, ioc, and ile			<u> </u>			Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
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 governments and organizations in the U S See Part IV, line 21	344,315	344,315					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	28,461	28,461					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	11,379,038	9,672,182	1,706,856				
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	452,632,515	384,737,638		275,875			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,087,433	23,874,318	4,213,115				
9	Other employee benefits	25,520,829	21,692,704	3,828,125				
10	Payroll taxes	30,423,313	25,859,816	4,544,969	18,528			
11	Fees for services (non-employees)							
а	Management	4,625,164	4,162,648	462,516				
b	Legal	3,614,135	3,252,722	361,413				
c	Accounting	367,141		367,141				
d	Lobbying	341,708		341,708				
е	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	1,463,538	1,317,184	146,354				
g	Other	64,624,679	59,271,726	5,352,953				
12	Advertising and promotion	3,130,174	2,817,157	313,017				
13	Office expenses	4,926,601	4,433,941	492,660				
14	Information technology	3,665,630	2,932,504	733,126				
15	Royalties	0						
16	Occupancy	24,852,067	22,366,860	2,485,207				
17	Travel	1,964,484	1,768,036	196,448				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0						
19	Conferences, conventions and meetings	1,323,862	1,191,474	132,388				
20	Interest	40,323,960	36,291,564	4,032,396				
21	Payments to affiliates	35,991,766	30,857,381	5,134,385				
22	Depreciation, depletion, and amortization	62,829,294	56,546,365	6,282,929				
23 24	Insurance	10,763,742	10,763,742					
-	total expenses shown on line 25 below) PATIENT CARE SUPPLIES	218,521,668	218 521 669					
	BAD DEBT EXPENSE	38,862,596	218,521,668 38,862,596					
C		64,448,218	58,003,396	6,444,822				
_	DIETARY	7,295,587	6,566,028	729,559				
	DUES & SUBSCRIPTIONS	3,930,968	3,537,871	393,097				
	All other expenses	16,304,180	14,828,864	1,461,831	13,485			
25	Total functional expenses. Add lines 1 through 24f	1,162,587,066	1,044,503,161	117,776,017	307,888			
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,102,307,000	1,044,303,101	117,770,017	307,000			

Part X	Balance	Shoot
	Balance	Sneer

					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing	46,542,172	1	73,347,660		
	2	Savings and temporary cash investments		97,081,928	2	117,557,292	
	3	Pledges and grants receivable, net			775,884	3	457,624
	4	Accounts receivable, net			130,698,467	4	133,006,864
	5	Receivables from current and former officers, directors, truste other related parties <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			21,196,522	8	22,183,539
20	9	Prepaid expenses and deferred charges			10,734,828	9	10,736,552
ssets	10a						
AS	_	Land, buildings, and equipment cost basis	10a	1,360,391,375	5		
	b	Less accumulated depreciation Complete Part VI of Schedule D	10ь	1,002,869,528	377,007,893	10c	357,521,847
	11	Investments—publicly traded securities			264,187,324	11	221,200,909
	12	Investments—other securities See Part IV, line 11 Complete Schedule D	Part VI	I of	22,146,612		13,910,038
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	II		13		
	14	Intangible assets			20,770,700		19,368,088
	15	Other assets See Part IV, line 11 Complete Part IX of Schedul	'د		115,431,927		93,906,655
		D	,,	15	55,555,555		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,106,574,257	16	1,063,197,068
	17	Accounts payable and accrued expenses .	127,787,253	17	116,604,619		
	18	Grants payable				18	
	19	Deferred revenue			43,069,720	19	43,623,237
	20	Tax-exempt bond liabilities			758,323,408	20	757,936,660
<u>ē</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third partie	es .	-	71,195,840	23	67,489,436
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D	•		120,130,356	25	197,985,910
	26	Total liabilities. Add lines 17 through 25			1,120,506,577	26	1,183,639,862
		Organizations that follow SFAS 117, check here ▶ ✓ and conthrough 29, and lines 33 and 34.	nplete l	lines 27			
3nc	27	Unrestricted net assets			-228,261,500	27	-277,523,869
Balance	28	Temporarily restricted net assets			17,828,478		10,299,721
<u></u>	29	Permanently restricted net assets			196,500,702		146,781,354
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ a lines 30 through 34.					
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
200	32	Retained earnings, endowment, accumulated income, or other		32			
Net 4	33	Total net assets or fund balances			-13,932,320		-120,442,794
ž	34	Total liabilities and net assets/fund balances	•		1,106,574,257	_	1,063,197,068
			-		.,,		.,,
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a				
b	b Were the organization's financial statements audited by an independent accountant?				
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes		

DLN: 93493137017120

OMB No 1545-0047

Employer identification number

25-0969492

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization West Penn Allegheny Health System Inc

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	rt I			harity Status (to be con					Instruct	ions)	
Γhe	organız	zation is not	a private found	lation because it is (Please	check onl	ly one org	anızatıon 🤅)			
1	\sqcap	A church, c	onvention of c	hurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)(A)(i).		
2	Γ	A school d	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	✓	A hospital	or a cooperatıv	e hospital service organizati	on descril	bed in Sec	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)
4	Γ	A medical	research organ	ızatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	Γ	An organiza	atıon operated	for the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desc	rıbed ın
		Section 170	Section 170(b)(1)(A)(iv). (Complete Part II)								
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).									
7	Γ	An organiz	atıon that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Sect ion 170(b)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ity trust descri	bed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Γ	An organiz	atıon that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	om activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	less sectio	n 511 tax	() from bu	sınesses
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509(a)(4). (Se	ee instruc	tions)
11	Γ	_	=	and operated exclusively fo					•	•	
				orted organizations describe						Section 5	09(a)(3). Check
		a T		type of supporting organiza [.] Type II c			nally Integ	_	n d	Type	III - Other
е	Г		• •	rtify that the organization is				-			
_	,			agers and other than one or							•
_		section 50									
f				ed a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g		check this		as the organization accepted	d any gift	or contrib	ution from	any of the			l
9		following pe			, 5			,			
		(i) a perso	n who directly o	or indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes No
		and (III) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i) No
		(ii) a famıly	y member of a p	person described in (i) above	?					11g(ii) No
		(iii) a 35%	controlled ent	ity of a person described in (ı) or (11) al	bove?				11g(iii) No
h		Provide the	following infor	mation about the organizatio	ns the org	ganızatıon	supports				
			T								
		ame of	(ii) EIN	(iii) Type of organization		sthe		ou notify		s the	(vii) A mount of
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in listed in	_	nızatıon i) of your	_	ation in rganized	support?
	Organ	iizatioii		(See Instructions))		verning	supp		in the	-	
				,,		ment?					
					Yes	No	Yes	No	Yes	No]

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					<u> </u>		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

West Penn Allegheny Health System, Inc. is an organization defined by our talented people. An organization committed to excellence; an organization with one purpose and one mission. Our one purpose is to improve the health of the people in the Western Pennsylvania region. Our one mission is to practice medicine, educate and conduct research as an integrated team of physicians, nurses and support professionals who are committed to improving the health of our patients.

Software ID: Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
	(C) Position (check that apply))				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
David McClenahan , Chairman of the Board	5 0	X						0	0	0	
Gerd Mueller , Director	5 0	Х						0	0	0	
Gregory Dell'Omo 7-1-08 - 9-18-08 , Director	5 0	Х						0	0	0	
John Finnegan 7-1-08 - 9-18-08 , Director	5 0	Х						0	0	0	
John Isherwood , Director	5 0	Х						0	0	0	
Gerald McGinnis 7-1-08 - 9-18-08 , Director	5 0	Х						0	0	0	
Melinda Meighen 7-1-08 - 9-18-08 , Director	5 0	Х						0	0	0	
Keith Schappert 7-1-08 - 9-18-08 , Director	5 0	Х						0	0	0	
Roger Wright 7-1-08 - 9-18-08 , Director	5 0	Х						0	0	0	
Paul Dimmick , Director	5 0	Х						0	0	0	
Emanuel DıNatale , Dırector	5 0	Х						0	0	0	
Evan Frazier , Director	5 0	Х						0	0	0	
Robert Kampmeinert , Director	5 0	Х						0	0	0	
Basil Cox , Director	5 0	Х						0	0	0	
George Eichleay , Director	5 0	Х						0	0	0	
Mark Kamlet 7-1-2008 - 11-30-2008 , Director	5 0	Х						0	0	0	
Theodore Neighbors , Director	5 0	Х						0	0	0	
Joseph Platt , Directors	5 0	Х						0	0	0	
Sandra Usher , Director	5 0	Х						0	0	0	
David Burstin , Director	5 0	Х						0	0	0	
Alejandro Gonzalez MD , Director	5 0	Х						0	0	0	
Russell Evans , Ex-Officio Director	5 0	Х						0	0	0	
Joseph Macarelli , Ex-Officio Director	5 0	X						0	0	0	
Daniel Benckart MD7-1-08- 9-18-08 , Director	5 0	Х						0	541,852	42,701	
George Magovern MD , Director	5 0	Χ						0	601,386	61,456	
Tony Farah MD , Director	5 0	Χ						0	588,960	· · · · · · · · · · · · · · · · · · ·	
Thomas McClure MD , Director	5 0	Χ						0	311,940	·	
John Raves MD , Ex-Officio Director	5 0	Χ						0	417,311	42,079	
Paul Lebovitz MD 7-1-08 - 9-18-08 , Director	5 0	Х						0	497,231		
Alan Lantzy MD , Ex-Officio Director	40 0	Χ						475,624	0	41,577	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Elliot Goldberg MD7-1-08- 9-18-08 , Director	40 0	Х						445,248	0	46,849
Christopher Olivia MD , Health System President & CEO	40 0	Х		х				1,050,956	0	47,349
Roy Santarella , Treasurer	40 0			Х				610,479	0	26,215
Thomas Albanesı , Assıstant Treasurer	40 0			Х				217,625	0	29,079
Judy Hlafcsak , Secretary	40 0			Х				347,984	0	25,516
Sharon Loftus , Assistant Secretary	40 0			Х				216,766	0	22,037
David Kiehn 1-5-09 - 6-30-09 , WPAHS Chief Financial Officer	40 0				х			0	0	0
Edward Roeber 7-1-08 - 1-4-09 , WPAHS Chief Financial Officer	40 0				×			293,375	0	0
Dawn Gideon , EVP & Chief Hospital Operator	40 0				х			286,949	0	0
Michael DeVita MD4-1-09 - 6-30-09 , EVP of Medical Affairs	40 0				х			0	0	0
William Edmondson , EVP of Strategic Planning	40 0				х			212,239	0	22,256
Jim Woods 5-19-09 - 6-30-09 , VP of Real Estate & Facilities	40 0				х			0	0	0
Connie Cibrone 7-1-08 - 12-1-08 , AGH President & CEO	40 0				х			1,514,201	0	19,326
Janice James 1-1-09 - 06-30-09 , AGH President & CEO	40 0				х			489,000	0	0
Gary Strong , WPH-FRH President & CEO	40 0				х			0	0	0
Augustine Lopez , AGH-WPH Chief Financial Office	40 0				х			290,930	0	27,989
James Kanuch , WPH-FRH Chief Financial Office	40 0				х			132,010	0	19,364
Denzil Rupert , AGH Chief Operating Officer	40 0				х			193,537	0	30,062
Sherry Zisk , WPH Chief Operating Officer	40 0				х			297,004	0	48,738
Thomas Moser , WPH-FRH Chief Operating Office	40 0				х			258,183	0	30,480
David Lerberg MD , WPH Chief Medical Officer	40 0				х			0	108,109	30,529
Mark Rubino MD , WPH-FRH Chief Medical Officer	40 0				х			0	419,255	37,941
Judy Zedreck , VP & Chief Nursing Executive	40 0				х			212,198	0	29,102
John Lister MD , Physician	40 0				<u> </u>	X		866,475	0	35,343
Venkatraman Srinivasan MD , Physician	40 0				<u> </u>	X		784,349	0	38,966
Robert Mendicino MD , Physician	40 0				<u> </u>	X		762,595	0	37,822
Syed Husaini MD , Physician	40 0		_	_	<u> </u>	X	-	749,670	0	45,244
Mark Vanderbilt MD , Physician Jerry Fedele , Health System President	40 0					X	Х	746,862 597,861	0	41,072 258,851
& CEO				_	\vdash	-	ļ	·		
Dawn Javersack , Treasurer							X	355,337	0	119,374

Form 990, Part VII - Section Aaa

		1	(C tion (hat a	ched		II			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
James Rosenberg , WPAHS Chief Operating Officer							х	705,434	0	792,070
Mark Palmer , WPH President & CEO							Х	265,635	0	6,225
Edward Klaman . WPH President & CEO							Х	252,425	0	15,579

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

	le organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (F zations_complete Part III	roxy Tax)						
Na	ame of the organization	tification number							
Par		y all organizations exempt e the instructions for Schedule		25-0969492 n 501(c) and section	527				
1	Provide a description of the org	ganızatıon's dırect and ındırect polıt	ical campaign act	ivities in Part IV					
2	Political expenditures				\$				
3	V olunteer hours								
Pai	To be completed b for Schedule C for de	y all organizations exempt etails.)	under section	501(c)(3). (See the	instructions				
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 4955	;	\$				
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectioi	n 4955	\$				
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	?	┌ Yes ┌ No				
4a	Was a correction made?				┌ Yes ┌ No				
ь	If "Yes," describe in Part IV								
Par		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	ion 501(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities	\$				
2	Enter the amount of the filing o 527 exempt funtion activities	\$							
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$				
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes				
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
		see the instructions for Form 000	Cat No E		Form 000 or 000 E7\ 2009				

If the amount on line 1e, column (a)

🔽 if the filing organization belongs to an affiliated group

Check

or (b) is:

Part II-A	To be completed by organizations exempt under section 501(c)(3) that filed Form 5768
	(election under section 501(h)). (See the instructions for Schedule C for details.)

<u>3 </u>	Check If the filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	413,908	585,102
c	Total lobbying expenditures (add lines 1a and 1b)	413,908	585,102
d	Other exempt purpose expenditures	1,162,173,158	1,651,405,898
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,162,587,066	1,651,991,000
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	1,000,000

Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,00	

h Subtract line 1g from line 1a Enter -0 - if line g is more than line a

i Subtract line 1 ffrom line 1 c Enter - 0 - if line f is more than line c

The lobbying nontaxable amount is:

j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	┌ Yes ┌ No
	section 4911 tax for this year?	Yes > No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
c	Total lobbying expenditures	15,745	568,458	613,479	585,102	1,782,784			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
е 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000			
f	Grassroots lobbying expenditures	0	0	0	0	0			

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)	

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Return Reference	Explanation
Form 990, Schedule C, Page 2, Part II-A, Line 1b, Column (a) and (b)	West Penn Allegheny Health System, Inc (WPAHS, Inc) has made the IRC Section 501(h) election WPAHS, Inc is a member of the West Penn Allegheny Health System (System) The System employs a Vice President of Legislative Affairs to lobby issues of importance to the System and all of its members. The System also elected to engage the services of outside consultants to assist us in lobbying issues of importance. West Penn Allegheny Health System, Inc. directly paid all lobbing expenditures of \$585,102 as reflected on Schedule C, Page 2, Part II-A, column (b). The lobbying expenditures of \$413,908 attributed to WPAHS, Inc. on Schedule C, Page 2, Part II-A, column (a) reflect expenditures allocated to WPAHS, Inc. by the System. The difference between total lobbying expenditures of \$585,102 and the WPAHS, Inc. allocated expenditures of \$413,908 are reflected on the Form 990, Schedule C, Page 2, Part II-A, column (a) of the affiliated organizations filing Form 990 Schedule C.
	Form 990, Schedule C, Page 2, Part

1 \$

Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization West Penn Allegheny Health System Inc 25-0969492

Par	tΙ	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		er Similar Fun	ds or Accounts	. Complet	te if the
		organization answered res to rorm 33	(a) Donor advised	funds	(b) Funds and o	ther accou	nts
1	Total	number at end of year					
2	Aggre	gate Contributions to (during year)					
3	Aggre	gate Grants from (during year)					
4	Aggre	gate value at end of year					
5		ne organization inform all donors and donor advi are the organization's property, subject to the o	3		advısed	☐ Yes	┌ No
6	used	ne organization inform all grantees, donors, and only for charitable purposes and not for the benumersible private benefit?	_	-	ay be	☐ Yes	┌ No
Par	t II	Conservation Easements. Complete	ıf the organızatıon ansv	vered "Yes" to F	orm 990, Part I\	/, line 7.	
1		ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat	on or pleasure) Γ Pre	servation of an his	storically important ied historic structu		a
	P	Preservation of open space					
2		olete lines 2a–2d if the organization held a quali e last day of the tax year	fied conservation contribu	tion in the form of			
а	Toto	Il number of conservation easements			2a Held at	the End of	the Year
b		il acreage restricted by conservation easement:	•		2b		
c		n acreage restricted by conservation easements ober of conservation easements on a certified hi		· (a)	2c		
d		iber of conservation easements included in (c) a		i (a)	2d		
3		per of conservation easements modified, transfe		d or tarminated h		during	
		axable year 🕨	rreu, rereaseu, extiliguisire	u, or terminated t	y the organization	during	
4	Numb	per of states where property subject to conserva	ition easement is located l	•			
5		the organization have a written policy regarding cement of the conservation easements it holds?		nspection, violatio	ons, and	☐ Yes	Г No
6	Staff	or volunteer hours devoted to monitoring, inspe	cting and enforcing easem	ents during the ye	ar ►		
7	A mou	ınt of expenses ıncurred ın monitoring, inspectir	ng, and enforcing easemen	ts during the year	► \$		
8		each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requi	rements of sectio	n	☐ Yes	┌ No
	balan the o	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t rganization's accounting for conservation easem	he footnote to the organıza nents	ition's financial st	atements that desc	ribes	
	1111	Complete if the organization answered "	Yes" to Form 990, Part	IV, line 8.			
1a	art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, educa	ation or research i	ın furtherance of pu		€,
b	histo	organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	oublic exhibition, education			•	
	(i) _{Re}	evenues included in Form 990, Part VIII, line 1			► \$		
	(ii) _A	ssets included in Form 990, Part X			> \$		
2		organization received or held works of art, historing amounts required to be reported under SFAS			ınancıal gaın, provi	de the	
а	Reve	nues included in Form 990, Part VIII, line 1			► \$		
b	Asse	ts included in Form 990, Part X			> \$		

Cat No 52283D

Part	••• Organizations Maintaining Co	llections of Art,	His	tori	<u>cal Trea</u>	sures, or C	the	r Simila	r Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	lowing that	are a significa	ant u	use of its co	ollection	n	
а	Public exhibition		d	Γ	Loan or e	xchange progi	rams	3			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	v the	v further th	ne organization	1'S A1	xemnt nurn	nse in		
•	Part XIV	meetions and explai	11 110	v tile;	y faither ti	ic organization	, , ,	xempt parp	050 111		
5	During the year, did the organization solicit			,				nılar	_	Yes	□ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements.	Com	plete	e if the or			vered "Yes			,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ns or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е			Г		T	_	_	
						-			A mou	ınt	
с	Beginning balance						1 c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete									\ F \\	
	D	(a)Current Year 214,329,180	(b)Prior	Year (c	c)Two Years Back	(d)	Three Years	Back (e)Four Y	ears Back
1a	Beginning of year balance	3,967,020									
b	Contributions										
с	Investment earnings or losses	-28,171,702									
d	Grants or scholarships	22.420.000									
е	Other expenditures for facilities and programs	32,430,060									
f	Administrative expenses	613,362									
g	End of year balance	157,081,076									
2	Provide the estimated percentage of the year	r end balance held a	s								
а	Board designated or quasi-endowment										
b	Permanent endowment • 93 %										
	7.04										
c 3a	Term endowment	ssion of the organiza	tion :	thata	are held an	ıd admınıstere	d for	the			
-	organization by	ssion of the organiza			are nera an	ia aammiseere	u 101	tiic		Yes	No
	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations								3a(ii)	Yes	
Ь	If "Yes" to 3a(II), are the related organization	•					•		3b		
4	Describe in Part XIV the intended uses of th	<u> </u>									
Pari	t VI Investments—Land, Buildings	s, and Equipmer	ıt. S	ee F	orm 990,	, Part X, line	10.				
							1				
	Description of investment				Cost or other (Investment			(c) Deprec	ation	(d) Bo	ok value
						basis (other	r)	(c) Deprec	ation		
1a L	Description of investment				(ınvestment	basis (other	r) ,770	<u> </u>	20,451	1	3,326,974
1a L b B	Description of investment				(ınvestment	basis (other 10,805	,770 ,404	509,12		1	3,326,974 8,368,953
1a L b B c L	Description of investment				(ınvestment	basis (other 4 10,805 567,489	,770 ,404 ,026	509,12	20,451	1 5	3,326,974 8,368,953 1,348,627
1a L b B c L d E	Description of investment and				(ınvestment	basis (other 4 10,805 567,489 30,810	,770 ,404 ,026 ,625	509,12 19,46 462,84	20,451	1 5 1 26	ok value 3,326,974 8,368,953 1,348,627 0,710,334 3,766,959

THREE RIVERS ONCOLOGY LIABILITY

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶

ECLIPSYS PURCHASE LIABILITY

Part VIII Investments—Other Securities. Se	ee Form 990, Part X, line 12.		
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of Cost or end-of-year	
Financial derivatives and other financial products			
Closely-held equity interests			
Other INVEST - RRG	4,153,086		F
Other INVEST - WHITNEY HOLDINGS	78,318		F
Other INVEST - VHA	457,741		<u> </u>
Other INVEST - AMERINET	76,185		F
Other INVEST - LIBERTY PHYSICIANS	3,246,675		<u> </u>
Other INVEST - WP NEURO SURGERY	1,043,205		<u> </u>
Other INVEST - WP MEDICAL ASSOC	2,413,058		F_
Other INVEST - FRIENDSHIP INSURANCE	721,000		F_
Other INVEST - WPCMSI	1,720,770		F_
Other See Additional Data			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Dest VIII Investments Description (Saa Farra 000 Bart V June 12		
Part VIII Investments—Program Related. S		(c) Method o	of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-ye	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc	cription		(b) Book value
DUE FROM AFFILIATES			88,394,940
INVEST - SWST SURG CENTER LLC			87,000
INVEST - PREMIER GPO			1,712,447
RECEIVABLES - OTHER			1,609,088
LETTER OF CREDIT			335,000
INVEST - ROSS DEVELOPMENT			850,405
INVEST - NORTH SHORE ENDOSCOPY			423,488
THE PHYSICIAN CONTRACT			494,287
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	e 15.)		93,906,655
Part X Other Liabilities. See Form 990, Par	t X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED PENSION LIABILITY	151,659,308		
MEMBER CAPITAL DEFICIT - MCCANDLESS			
ENDOSCOPY CENTER LLC	121,217		
INSURANCE LIABILITIES	24,327,175		
3RD PARTY SETTLEMENTS	3,087,716		
ASBESTOS RETIREMENT OBLIGATION	3,657,116		
GENERAL RESERVE	9,589,020		

In Part XIV, 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

3,394,358

2,150,000

197,985,910

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
C -	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	3.	
2	Add lines 2a through 2d	2e 3	
3 4	Subtract line 2e from line 1	-	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information	<u> </u>	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt XIV	lines 1b and 2b
	t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	,	ab and ab,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
VPAHS, Inc Inclusion In The consolidated Audit of WPAHS	Form 990, Schedule D	West Penn Allegheny Health System, Inc. does not receive its own independent audit. It is a member of a regional healthcare system named West Penn Allegheny Health System. West Penn Allegheny Health System receives a consolidated audit that includes the operations of West Penn Allegheny Health System. Inc. The following analysis represents the reconciliation between the financial statement net income and the net income as reported on Form 990, Page 1. Net income per financial statements \$ (2,441,197) Less. Income and expense reclassified from restricted income and expense on Form 990 (7,435,792) Less. Unrealized Gain on the Sale of Marketable. Securities recorded in unrestricted revenue on the financial statements reclassified to net assets for Form 990 (582,324)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137017120

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization					Employer ide	entification number			
Wes	st Penn Allegheny Health :	System Inc				25-096949	2			
P				de the United States	s. Complete	e if the organ	nization answered			
1	"Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance									
2	For grant makers. Descr United States	ribe in Part IV the	organization's pr	ocedures for monitoring th	ne use of gra	nt funds outsıd	e the			
3	Activites per Region (L	Jse Schedule F-1	(Form 990) If add	ditional space is needed)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) ram service, pecific type of s) in region	(f) Total expenditures in region			
	ntral America and the	1	0	Program Services	Captive Ins	urance	66,213			
_										
		1 1	1 0	Ī	1		l 66.213			

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

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information					
Identifier	ReturnReference	Explanation				
						

Software ID:

Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493137017120

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Total

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Open to Public Inspection

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service **Employer identification number** Name of the organization West Penn Allegheny Health System Inc 25-0969492 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Email solicitations f Solicitation of government grants g Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) fundraiser listed in or entity (fundraiser) control of from activity organization contributions? col (i) Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

٠

Par	t II	Fundraising Events. Components than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,	e 18, or 000.	report	ed
			(a) Event #1 (b) Event #2 Ken Burns (event type) Big Blue Quest (event type)		(c) O ther Events 2 (total number)	(d) Total Events		
₽	1		158,675	, , , ,	, ,		31	0,157
Revenue	2	Gross receipts	80,821				81	0,821
	3	Gross revenue (line 1 minus line 2)	77,854	80,518	70,964		22	9,336
	4	Cash Prizes			704			704
see.	5	Non-cash Prizes			17,600		1	7,600
Expenses	6	Rent/Facility costs	3,500	162	15,677		1 9	9,339
ă	7	Other direct expenses	107,345	12,963	11,532		13	1,840
Direct	0	Direct expense summary Add line	as 4 through 7 in column	(4)	b		16	9,483
Δ	8 9	Net income summary Combine lir	_				5 :	9,853
Par	: 111		ganızatıon answered '		art IV, line 19, or repo	rted mor	e thar	1
Revenue		\$13,000 OH FORM \$550 EZ, IIII	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total Events (Add col (a) through col (c)) ,964 310,157 80,821 ,964 229,336 704 704 ,600 17,600 ,677 19,339 ,532 131,840 169,483 59,853 reported more than (d) Total gaming (Add col (a) through col (c))		
~	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ற ந	4	Rent/facility costs						
Ē	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain			 .	. 9a	Yes	No
10a b						10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar	y or trustee of a trust or			11		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	l5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ▶			
	Address ►			
16	Gaming manager information			
	N ame ▶			
	Gaming manager compensation ► \$			
	Description of services provided •			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

DLN: 93493137017120

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization West Penn Allegheny Health System Inc

Employer identification number

Pa	ITE Charity Care and	l Certain O	ther Com	munity Benefits a		-0969492 r 2008)				
	•			•		,		Yes	No	
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6a	a		1a			
b	If "Yes," is it a written policy	?					1b			
2	If the organization has multip care policy to the various hos		ındıcate whi	ch of the following best	describes application	of the charity				
	Applied uniformly to all he Generally tailored to indiv	ospitals /idual hospita	ls	Applied uniforml	y to most hospitals					
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the				
а	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care									
	Γ _{100%} Γ _{150%}	Г	200%	Г О ther	%_					
b	Does the organization use FP "Yes," indicate which of the f						3ь			
	Г 200% Г 250%	Г 300	о% Г	350% — 400	0%	%				
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ıde ın the description v	vhether the organizatio					
4	Does the organization's polic	y provide free	or discount	ed care to the "medica	ally indigent"?		4			
5a	Does the organization budget	t amounts for	free or disco	unted care provided ui	nder its charity care po	olicy?	5a			
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b			
c	If "Yes" to line 5b, as a resul care to a patient who was elig	-			•		5c			
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a			
6b	If "Yes," does the organization	on make it ava	aılable to the	public?			6b			
	Complete the following table worksheets with the Schedule		ksheets prov	vided in the Schedule F	l instructions Do not	submit these				
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost						
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Percent of total expense		
а	Charity care at cost (from worksheets 1 and 2)									
b	Unreimbursed Medicaid (from worksheet 3, column a)									
С	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)									
d	Total Charity Care and Means-Tested Programs .		_							
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)									
	Health professions education (from worksheet 5)									
g	Subsidized health services (from worksheet 6)									
h	Research (from worksheet 7)									
	Cash and in-kind contributions to community groups (from worksheet 8)									
-	Total Other Benefits									
K	Total (line 7d and 7j)									

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							\top				
							+				
4											
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11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

Software ID: Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

Marie Mari	Form 990 Schedule H, Part V - Facility Informai	ton								
Manufacture			medical &	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	
Mathematical	320 East North Avenue	x			х	х	х	х		
Commonweal Content	The Western Pennsylvania Hospital 4800 Friendship Avenue	×	х		х	х	х	х		
Martin M	Forbes Regional Hospital 2570 Haymaker Road	x	х		х			х		
Cambridge Camb	100 South Jackson Avenue	×	х					х		
ACC Section of Process	2566 Haymaker Road Monroeville, PA 15146		х							
Common	115 S Neville Street Pittsburgh, PA 15213		Х							
Management Man	Pittsburgh, PA 15212 Department of Psychiatry									
Section Sect	Pittsburgh, PA 15212 Institute for Advanced Pain Medicine									
Security Control of Co	Inner Community Cancer Center 2600 Haymaker Road		X							
Marie Marie Carrier (Artery 1)	Somerset Oncology Center 314 South Kimberly Avenue		х							
### Common Schools Seed 1	Thorn Run Dialysis Center 1136 Thorn Run Road		х							
200 100	2027 Lebanon Church Road		х							
March Marc	3204 Johnson Road Steubenville, OH 43952		х							
The Control Acres Control	1620 Pacific Avenue Natrona Heights, PA 15065		Х							
120 120	1301 Carlisle Street Natrona Heights, PA 15065 St Marys Dialysis Center									
Security	763 Johnsonburg Road St Mary,PA 15857 Somerset Dialysis Center									
Cambridge Camb	Somerset, PA 15501 Human Motion Center 2580 Haymaker Road									
	Monroeville, PA 15146 Human Motion Center 15303 State Route 170									
Security Processing	Human Motion Center 200 Luray Drive		х							
International behalded behal	Human Motion Rehabilitation 1307 Federal Street		х							
See Blazar David See Fact Control No. 3	Human Motion Rehabilitation 2027 Lebanon Church Road		х							
SEPART CONTINUES	500 Blazier Drive		х							
20 20 20 20 20 20 20 20	59 Fort Couch Road Pittsburgh, PA 15241		х							
13 California Televisia California	400 Southpointe Boulevard Canonsburg, PA 15317		×							
Particle	133 Church Hill Road Robinson Township, PA 15136 Human Motion Rehabilitation		×							
Contacts	Pittsburgh, PA 15224 Human Motion Rehabilitation									
Marriagne Medical Assessments Marriagne Marria	Cranberry Township, PA 16066 Human Motion Rehabilititation									
Description Mark Association Printing A 19 19 19 19 19 19 19	Monroeville Medical Associates 2550 Mosside Boulevard		х							
27.50 Mem Figure Richards	Greentree Medical Associates 651 Holiday Drive		×							
30 1	5375 Wm Flynn Highway		х							
13.3 Charlow Hill Read Associates 2	500 Blazier Drive Wexford, PA 15090		х							
2027 Internal Charles Board	133 Church Hill Road McKees Rocks, PA 15136		x							
Metices Rocks, 2A, 15136 ACH Lisberstory Patent Service Center 1307 Federal Street Pribailingh, PA, 15212 ACH Liberstory Patent Service Center 1307 Federal Street Pribailingh, PA, 15212 ACH Liberstory Patent Service Center 1307 Federal Street Pribailingh, PA, 15212 ACH Liberstory Patent Service Center 1308 Federal Street Pribailingh, PA, 15212 ACH Liberstory Patent Service Center 1308 Federal Street 1309 Federal Stree	2027 Lebanon Church Road West Mifflin, PA 15122		Х							
Mathematics	133 Church Hill Road McKees Rocks, PA 15136 AGH Laboratory Patient Service Center									
Mit Laboration Patient Service Center 9318 Renail Drive 9328 Renail Service Centers 9328 Renail Service 9328 Renail Drive 9328 Renail Service 9328 Renail Drive 9328 Renail Service 9328	Pittsburgh, PA 15212 AGH Laboratory Patient Service Center									
Second Surpers of WPA Second Surpers	Pittsburgh, PA 15212 AGH Laboratory Patient Sevice Center 5318 Ranalli Drive									
April	AGH Laboratory Patient Service Centers 9335 McKnight Road		х							
### ### ### ### ### ### ### ### ### ##	AGH OBGYN 1307 Federal Street		х							
### ### ### ### ### ### ### ### ### ##	4815 Liberty Avenue Suite 331		х							
2566 Haymaker Road Surte 304	4815 Liberty Avenue Suite 425 Pittsburgh, PA 15224		X							
2566 Haymaker Road Suite 311	2566 Haymaker Road Suite 304 Monroeville, PA 15146		Х							
Pittsburgh, PA 15224	2566 Haymaker Road Suite 311 Pittsburgh, PA 15146 Associated Surgeons of WPA									
Natrona Heights, PA 15065	4815 Liberty Avenue Suite GR 59 Pittsburgh, PA 15224 Associated Surgeons of WPA									
Pittsburgh, PA 15224	Natrona Heights, PA 15065 Associated Surgeons of WPA 4727 Friendship Avenue Suite 140									
Foot and Ankle Institute 3059 Leechburg Road Suite 3 Lower Burrell, PA 15068 Foot and Ankle Institute 2566 Haymaker Road Suite 211 Monroeville, PA 15146 Foot and Ankle Institute 1624 Pacific Avenue Suite B Natrona Heights, PA 15065 Institute For Pain Management 5124 Liberty Avenue Pittsburgh, PA 15224 Sleep Disorders - Sleep Lab S140 Liberty Avenue Pittsburgh, PA 15221 Tri-County Cardiology 4727 Friendship Avenue Suite 200 Pittsburgh, PA 15224 X X X X X X X X X X X X X X X X X X X	Pittsburgh, PA 15224 Foot and Ankle Institute 4955 Steubenville Pike Suite 180									
Foot and Ankle Institute 2566 Haymaker Road Suite 211 Monroeville, PA 15146 Foot and Ankle Institute 1624 Pacific Avenue Suite B Natrona Heights, PA 15065 Institute For Pain Management 5124 Liberty Avenue Pittsburgh, PA 15224 Sleep Disorders - Sleep Lab 5140 Liberty Avenue Pittsburgh, PA 15221 Tri-County Cardiology 4727 Friendship A venue Suite 200 Pittsburgh, PA 15224 Tri-County Cardiology 2550 Mosside Boulevard Suite 208 Monroeville, PA 15146 Tri-County Cardiology 1386 Old Freeport Road Suite 1AR Pittsburgh, PA 152065 Tri-County Cardiology 1374 Charles A 15065 Tri-County Cardiology 1375 Charles A 15065 Tri-County Cardiology 1375 Charles A 15065 Tri-County Cardiology 1375 Charles A 15065 Tri-County Cardiology 1575 Leechberg Road Lower Burrell, PA 15068 West Penn Breast Surgery 100 Medical Boulevard	Foot and Ankle Institute 3059 Leechburg Road Suite 3		х							
1624 Pacific Avenue Suite B Natrona Heights, PA 15065 Institute For Pain Management 5124 Liberty Avenue Pittsburgh, PA 15224 Sleep Disorders - Sleep Lab 5140 Liberty Avenue Pittsburgh, PA 15221 Tri-County Cardiology 4727 Friendship Avenue Suite 200 Pittsburgh, PA 15224 Tri-County Cardiology 2550 Mosside Boulevard Suite 208 Monroeville, PA 15146 Tri-County Cardiology 1386 Old Freeport Road Suite 1AR Pittsburgh, PA 15209 Tri-County Cardiology 1624 Pacific Avenue Natrona Heights, PA 15065 Tri-County Cardiology 1624 Pacific Avenue Natrona Heights, PA 15068 West Penn Breast Surgery 100 Medical Boulevard X X V V V V V V V V V V V V V V V V V	Foot and Ankle Institute 2566 Haymaker Road Suite 211		х							
5124 Liberty Avenue X Sleep Disorders - Sleep Lab 5140 Liberty Avenue X Sleep Disorders - Sleep Lab 5140 Liberty Avenue X Sleep Disorders - Sleep Lab 5140 Liberty Avenue X Sleep Disorders - Sleep Lab 5140 Liberty Avenue X Sleep Disorders - Sleep Lab 5140 Liberty Avenue X Sleep Disorders - Sleep Lab 5140 Liberty Avenue X Sleep Disorders - Sleep Lab 711-County Cardiology X X 1386 Old Freeport Road Suite 1AR X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 711-County Cardiology X X Sleep Disorders - Sleep Lab 712-County Cardiology X Sleep Disorders - Sleep Lab 713-County Cardiology X Sleep Disorders - Sleep Lab 713-County Cardiology X Sleep Disorders - Sleep Lab 713-County Cardiology X Sleep Lab 713	1624 Pacific Avenue Suite B Natrona Heights, PA 15065		x							
S140 Liberty Avenue Pittsburgh, PA 15221 Tri-County Cardiology 4727 Friendship Avenue Suite 200 Pittsburgh, PA 15224 Tri-County Cardiology 2550 Mosside Boulevard Suite 208 Monroeville, PA 15146 Tri-County Cardiology 1386 Old Freeport Road Suite 1AR Pittsburgh, PA 15209 Tri-County Cardiology 1624 Pacific Avenue Natrona Heights, PA 15065 Tri-County Cardiology 2781 Leechberg Road Lower Burrell, PA 15068 West Penn Breast Surgery 100 Medical Boulevard	5124 Liberty Avenue Pittsburgh, PA 15224		x							
4727 Friendship A venue Suite 200 Pittsburgh, PA 15224 Tri-County Cardiology 2550 Mosside Boulevard Suite 208 Monroeville, PA 15146 Tri-County Cardiology 1386 Old Freeport Road Suite 1AR Pittsburgh, PA 15209 Tri-County Cardiology 1624 Pacific A venue Natrona Heights, PA 15065 Tri-County Cardiology 2781 Leechberg Road Lower Burrell, PA 15068 West Penn Breast Surgery 100 Medical Boulevard X X	5140 Liberty Avenue Pittsburgh, PA 15221 Tri-County Cardiology		X							
Monroeville, PA 15146 Tri-County Cardiology 1386 Old Freeport Road Suite 1AR Pittsburgh, PA 15209 Tri-County Cardiology 1624 Pacific Avenue Natrona Heights, PA 15065 Tri-County Cardiology 2781 Leechberg Road Lower Burrell, PA 15068 West Penn Breast Surgery 100 Medical Boulevard	4727 Friendship Avenue Suite 200 Pittsburgh, PA 15224 Tri-County Cardiology									
Pittsburgh, PA 15209 Tri-County Cardiology 1624 Pacific Avenue Natrona Heights, PA 15065 Tri-County Cardiology 2781 Leechberg Road Lower Burrell, PA 15068 West Penn Breast Surgery 100 Medical Boulevard	Monroeville, PA 15146 Tri-County Cardiology									
Tri-County Cardiology 2781 Leechberg Road Lower Burrell, PA 15068 West Penn Breast Surgery 100 Medical Boulevard X	Pittsburgh, PA 15209 Tri-County Cardiology 1624 Pacific Avenue									
West Penn Breast Surgery 100 Medical Boulevard X	Trı-County Cardiology 2781 Leechberg Road		x							
Canonsburg, PA 15317	West Penn Breast Surgery 100 Medical Boulevard		х							

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493137017120

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion Employer identification number

Name of the organization	_					Employer i	dentification number
West Penn Allegheny Health Sy	stem Inc					25-09694	192
Part I General Inform	nation on Gra	nts and Assistance	e			•	
Does the organization ma the selection criteria used Describe in Part IV the or	d to award the gra rganızatıon's proc	nts or assistance? edures for monitoring th		he United States			
Form 990, Part I Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the office of the conference of the confer	ceived more than	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description non-cash assista	` ' '
See Additional Data Table							
Enter total number of sectorganizationsEnter total number of other							11
5 Enter total number of other			<u> </u>	Cat No 50055			Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	11	28,461			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedures for Monitoring the use of Grant Funds In the US	Form 990, Schedule I, Page 1	West Penn Allegheny Health System, Inc upper management analyzes requests for charitable disbursements on an ongoing basis. Disbursements are rewarded to organizations that demonstrate a charitable purpose, a community benefit and who will put the use of the funds towards the charitable mission on which West Penn Allegheny Health System, Inc. was founded
Equity Transfers Between Related Organizations	Form 990, Schedule I, Page 1, Part II	During the year ended June 30, 2009 transfers of money were made from West Penn Allegheny Health System, Inc to Alle-Kiski Medical Center, West Penn Physician Practice Network, Allegheny Singer Research Institute and Allegheny Medical Practice Network Management has made the decision to treat this activity as a capital contribution recorded through net assets and not an item of current year profit and loss. As a result, the transaction is recorded on Form 990, Schedule R, Page 3, Part V, Line 1b. The activity represents the funding of various aspects of operations. Due to the recording of this activity as a capital contribution, Schedule I disclosure is not generated on page 1 because these transactions are not part of the profit and loss recorded for the year.
Contribution To Allegheny Specialty Practice Network	Form 990, Schedule I, Page 1, Part II	West Penn Allegheny Health System, Inc provides substantial support to Allegheny Specialty Practice Network, EIN 25-1838458, to fund operations Allegheny Specialty Practice Network reflects contribution revenue received from West Penn Allegheny Health System, Inc in the amount of \$48,105,393 on Schedule B West Penn Allegheny Health System, Inc does not reflect a corresponding entry on Schedule I The amount of support provided to Allegheny Specialty Practice Network is correspondingly recorded as a purchased service on the West Penn Allegheny Health System, Inc Form 990, Page 10
	+	+
_		
	+	-

Software ID: Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

· • · · · · · · · · · · · · · · · · · ·	, 3. 4.1145			Jannea			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Allegheny General Hospital Auxiliary 320 East North Avenue Pittsburgh, PA 15212	23-2993372	501(c)(3)	19,450				To further the charitable mission of the organization
American Diabetes Association300 Penn Center Boulevard Pittsburgh,PA 15235	13-1623888	501(c)(3)	5,600				To further the charitable mission of the organization
American Heart Association 5455 North High Street Columbus, OH 43214	13-5613797	501(c)(3)	65,300				To further the charitable mission of the organization
A merican Liver Foundation 100 Washington Square Drive Pittsburgh, PA 15219	36-2883000	501(c)(3)	17,000				To further the charitable mission of the organization
American Respiratory Alliance of Western PA201 Smith Drive Cranberry Township, PA 16066	25-0965587	501(c)(3)	7,500				To further the charitable mission of the organization
Bloomfield Business AssociationPO Box 90194 Pittsburgh,PA 15224	25-1694865	501(c)(6)	7,500				To support the Western Pennsylvania Hospital community
Crohns and Colitis Foundation of America300 Penn Center Boulevard Pittsburgh, PA 15235	13-6193105	501(c)(3)	6,000				To support the charitable mission of the organization
Epilepsy Foundation1501 Reedsdale Street Pittsburgh,PA 15233	52-0856660	501(c)(3)	8,000				To support the charitable mission of the organization
International Women's Forum 2120 L Street NW Suite 460 Washington, DC 20037	84-0919612	501(c)(6)	16,666				Sponsorship of the world leadership conference for women
Juvenile Diabetes Research Foundation Intntl960 Penn Avenue Pittsburgh,PA 15222	23-1907729	501(c)(3)	12,000				To support the charitable mission of the organization

Form 990,Schedule I,	Part II, Gran	<u>its and Other As</u>	sistance to Gov	<u>ernments and O</u>	rganizations in	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Breast Cancer Foundation1133 South Braddock Avenue Pittsburgh, PA 15218	75-1835298	501(c)(3)	10,100				To support the charitable mission of the organization
National Kidney Foundation700 5th Avenue Pittsburgh, PA 15219	13-1673104	501(c)(3)	10,750				To support the charitable mission of the organization
The Western Pennsylvania Hospital Foundation4800 Friendship Avenue Pittsburgh, PA 15224	25-1470766	501(c)(3)	27,000				To support The Healing Journey - a charitable undertaking of the Foundation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137017120

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

Compensated Employees ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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

Open to Public . Inspection

Name of the organization

West Penn Allegheny Health System Inc

Employer identification number

25-0969492

Pa	rt I Questions Regarding Compensation	1	•			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		ly			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	V	Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, F	art V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	aymen	it?	4a	Yes	
b	Participate in, or receive payment from, a supplement	ntal nor	nqualified retirement plan?	4b		Νc
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νc
	If "Yes" to any of lines 4a-c, list the persons and pro-	ovide t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
•	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		, , , , , , , , , , , , , , , , , , , ,	7		No
3	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III				Vas	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Additional Compensation Disclosure	Form 990, Schedule J	The following represents additional disclosure for Schedule J, line 1a pertaining to officers and key employees listed in Form 990, Part VII, Section A, Line 1a During the June 30, 2009 fiscal year, an executive received a temporary housing allowance for the time of transition associated with relocating to Western Pennsylvania, an executive was provided a tax gross-up payment and an additional executive received country club dues and country club initiation fees. In all cases, these amounts were included in each individual's IRS Form W-2 and are reflected in the compensation amounts listed on Form 990, Part VII and Schedule J. The following represents additional disclosure for Schedule J, line 4a pertaining to officers and key employees listed in Form 990, Part VII, Section A, Line 1a receiving severance pay during the June 30, 2009 fiscal year end. Jerry Fedele \$580,295 Dawn Javersack \$152,274 Connie Cibrone \$987,918 Mark Palmer \$265,635 Edward Klaman \$100,037 James Rosenberg \$410,376 The following represents additional disclosure for Schedule J, line 8 pertaining to amounts reported in Form 990, Part VII subject to the initial contract exception. During the June 30, 2009 fiscal year, multiple executives received compensation based upon their initial contract signed with West Penn Allegheny Health System. The amounts reported in Form 990, Part VII for these executives represent compensation paid subject to the initial contract exception described in Regs. Section 53.1625-4(a)(3)
-		

Mark Vanderbilt MD

(I) (II)

521,240

Software ID: **Software Version:**

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

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

Form 990, Schedule J, Part		<u>I - Officers, Direc</u>	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees		
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Daniel Benckart MD7- 1-08- 9-18-0	(I) (II)	0 525,836	0	0 16,016	0 24,150	0 18,551	0 584,553	0 283,945
George Magovern MD	(I) (II)	0 580,886	0	0 20,500	0 42,994	0 18,462	0 662,842	0 319,739
Tony Farah MD	(I) (II)	0 568,184	0	0 20,776	0 18,975	0 19,847	0 627,782	0 313,819
Thomas McClure MD	(I) (II)	0 253,250	0 37,674	0 21,016	0 25,300	0 19,194	0 356,434	0 178,025
John Raves MD	(I) (II)	0 396,295	0	0 21,016	0 24,150	0 17,929	0 459,390	0 229,082
Paul Lebovitz MD 7-1- 08 - 9-18-0	(I) (II)	0 456,551	0 25,000	0 15,680	0 20,700	0 10,253	0 528,184	0 0
Alan Lantzy MD	(1) (11)	309,753 0	129,365 0	36,506 0	25,300 0	16,277 0	517,201 0	238,298 0
Elliot Goldberg MD7-1- 08- 9-18-0	(1) (11)	366,302 0	57,654 0	21,292 0	29,325 0	17,524 0	492,097 0	234,532 0
Christopher Olivia MD	(ı) (ıı)	784,547 0	200,000	66,409 0	18,975 0	28,374 0	1,098,305	498,085 0
Roy Santarella	(ı) (ıı)	315,227 0	0	295,252 0	18,975 0	7,240 0	636,694 0	0
Thomas Albanesı	(I) (II)	208,612 0	0	9,013	19,924 0	9,155 0	246,704 0	114,320 0
Judy Hlafcsak	(ı) (ıı)	332,484 0	0	15,500 0	18,975 0	6,541 0	373,500 0	174,613 0
Sharon Loftus	(ı) (ıı)	195,833 0	0	20,933	19,57 4 0	2,463 0	238,803	119,542 0
Jerry Fedele	(I) (II)	0	0	597,861 0	252,175 0	6,676 0	856,712 0	601,360 0
Dawn Javersack	(I) (II)	174,010 0	0	181,327 0	106,494 0	12,880 0	474,711 0	167,008 0
James Rosenberg	(ı) (ıı)		0	508,111 0	783,002 0	9,068	1,497,504 0	1,478,624 0
Mark Palmer	(ı) (ıı)	0 0	0	265,635 0	0 0	6,225 0	271,860 0	217,202 0
Edward Klaman	(ı) (ıı)	116,340 0	0	136,085 0	1,686 0	13,893 0	268,004 0	223,627 0
Edward Roeber 7-1-08 - 1-4-09	(I) (II)	293,375 0	0	0	0 0	0 0	293,375 0	0 0
Dawn Gideon	(I) (II)	286,949 0	0	0	0 0	0 0	286,949 0	79,088 0
William Edmondson	(ı) (ıı)	189,806 0	0	22,433 0	15,426 0	6,830 0	234,495 0	0 0
Connie Cibrone 7-1-08 - 12-1-08	(ı) (ıı)	447,880 0	0	1,066,321 0	8,625 0	10,701 0	1,533,527 0	239,445 0
Janice James 1-1-09 - 06-30-09	(I) (II)	434,000 0	55,000 0	0	0	0	489,000 0	0
Augustine Lopez	(I) (II)	248,078 0	0	42,852 0	18,975 0	9,014 0	318,919 0	122,960 0
James Kanuch	(I) (II)	122,209 0	0	9,801 0	10,425 0	8,939 0	151,374 0	0
Denzil Rupert	(I) (II)	177,939 0	0	15,598 0	13,943	16,119 0	223,599 0	0
Sherry Zisk	(I) (II)	276,504 0	0	20,500 0	31,625 0	17,113 0	345,742 0	156,527 0
Thomas Moser	(I) (II)	234,933 0	0	23,250 0	18,975 0	11,505 0	288,663 0	133,258
Mark Rubino MD	(ı) (ıı)	0 338,100	0 60,379	0 20,776	0 20,700	0 17,241	0 457,196	0 228,772
Judy Zedreck	(ı) (ıı)	196,466 0	0	15,732 0	18,496 0	10,606 0	241,300 0	0
John Lister MD	(ı) (ıı)	592,587 0	253,112 0	20,776 0	20,700 0	14,643 0	901,818	578,70 4 0
Venkatraman Srinivasan MD	(I) (II)	679,798 0	88,535 0	16,016 0	26,568 0	12,398 0	823,315 0	388,811
Robert Mendicino MD	(I) (II)	696,962 0	49,953	15,680 0	18,975 0	18,847	800,417	0
Syed Husaini MD	(ı) (ıı)	634,996 0	1	21,016 0	26,597 0	18,647 0	794,914 0	344,671 0
	W	521 240	204 846	20.776	22.425	19647	797 024	201 227

204,846

20,776

22,425 0

18,647

787,934

391,237

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

DLN: 93493137017120

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

West Penn Allegheny Health System Inc

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization

Employer identification number 25-0969492

P	art I Bond Issues (Required	<u>d for 2008)</u>												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issue Price		(f) Description of Purpose			(g) Defeased		Beh)On nalf of suer
											Yes	No	Yes	No
A	Allegheny County Hospital Development Authority	25-1327925	01728AG83	06-19-	2007	758,	726,273	See Schedu	le O			x		x
Pa	art II Proceeds (Optional for	- 2008)												
1	Total Proceeds of Issue	,			1	E	3	(ı)		E	
2	Gross Proceeds in Reserve Funds	s												
3	Proceeds in Refunding or Defeasa	ance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro	m Proceeds												
7	Capital Expenditures from Proces	eds												
8	Year of Substantial Completion							·						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of procee	ds been made?												
12	Does the organization maintain a final allocation of proceeds?	dequate books and rec	cords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	2)	1						1				
				<u></u>		E	1)		E	
1	Was the organization a partner in which owned property financed by		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2	Are there any lease arrangement which may result in private busin		inanced property											
For	Panerwork Reduction Act Notice see th	he Instructions for Form	990			Cat No. 501	93F			S	chedule K	(Form 99	01 2008	2

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A		В		C		D		Е	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493137017120

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization **Employer identification number** West Penn Allegheny Health System Inc Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (g)Written (e) In Approved from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? No Τо From Yes Yes No Yes No Total **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
	organization			Yes	No
Mark Kamlet	Director of Organization	3,116,952	See Schedule O		No

SCHEDULE O

_ _

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493137017120

Open to Public Inspection

Name of the organization West Penn Allegheny Health System Inc Employer identification number

25-0969492

ldentifier	Return Reference	Explanation
Comparison of Prior Year and Current Year Income and Expense	Form 990, Page 1, Part I, Lines 8 - 19	The items of prior year revenue and expense span the fiscal year beginning July 1, 2007 and ending June 30, 2008. On January 1, 2008, Allegheny General Hospital, EIN 25-1322626 and West Penn Allegheny Health System, Inc., EIN 25-1848306 merged with and into The Western Pennsylvania Hospital, EIN 25-0969492. Immediatly following this merger, The Western Pennsylvania Hospital changed its name to West Penn Allegheny Health System, Inc. Accordingly, the prior year analysis on Part I, lines 8 to 22 reflect West Penn Allegheny Health System, Inc. financial statements as of June 30, 2008 which includes only six months of activity for Allegheny General Hospital and the organization formerly known as West Penn Allegheny Health System, Inc. Due to the Western Pennsylvania Hospital being the surviving member of the merger, a full year of activity for the Western Pennsylvania Hospital is reflected in the prior year analysis on Part I, lines 8 to 22.

		merger, a full year of activity for the Western Pennsylvania Hospital is reflected in the prior year analysis on Part I, lines 8 to 22
ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Form 990, Page 2, Part	NITRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC. West Penn Allegheny Health System, Inc. (WPAHS, inc.) is part of the West Penn Allegheny Health Systems (WPAHS). Organized in 2000, WPAHS (www.w

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part	Neurologists and neurosurgeons at WPAHS, Inc. – AGC are advancing groundbreaking, effective treatments for stroke, epilepsy, movement disorders and disorders of the peripheral nerves and muscles. The Mospfalfs neuroscience Center of Excellence Designated as a Primary Stroke Center by the Joint Commission, WPAHS, Inc. – AGC offers a dedicated Stroke Unit that serves as the primary destination for stroke patients admitted to the hospfalf providing highly specialized acute care for scheme and hemorrhagic stroke, including the post-operative care of patients who undergo interventional stroke procedures. The WPAHS, Inc. – AGC cancer Center is one of the nation's most advanced facilities, offering patients access to state-of-the-eart programs for the complete spectrum of malignant disease, including centers for lung, a sophagiagl prostate, breast, colon and rectal, liver, brain, pancreate, gynecologic, head and neck, and blood-borne cancers. WPAHS, Inc. – AGC is the gateway to some of the most promient research into breast and colorectal cencer treatment and prevention through studies conducted by the National Cancer Institute, is based on the WPAHS, Inc. – AGC and coordinates the efforts of more than 6,000 medical professionals in the study of breast and bow el cancer. WPAHS, Inc. – AGC was the first in the region to receive designation as as Level IShook Trauma Center, which is the highest designation available, and its Life Fight are medical service was the first to fly in the northeastern United States WPAHS, Inc. – AGC Barratric Surgery. — designation that recognizes surgual programs with a demonstrated track record of favorable outcomes in barriatic surgery. Pleath care industry experts consider the hospital aming the country's best in orthopedic technology. The Hispatal's highly regarded sports medicine programs serves as the official industry and place and programs. The stroke programs will a demonstrated track record of favorable outcomes in barriatic surgery in the spatial barriation and introduction of new

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part	view for the control to descript hese become a service problem in recent years and doctors everywhere are well envisored of they in the flowing the White To the White program area to promote physical activity in children and teach them about the dangers of children deseato. ACIT ensirement hipped coordinate the 2008 program through 4 focal schools Health Eding Habes. A WHAPS, Inc ACIC registered deletion presented a class to pre-school indicent focusing on health food chaces, healthy snacks and the importance of eating fruits and vegetables. Elementary School After School Program. A WHAPS, to ACIC registered deletion reviewed the concepts of good nutrition and healthy snacks including a discussion involving the food pryramid during this after school program for 1st 8 food grade students. The 5 Second Rule "noviving the food pryramid during this after school program for 1st 8 food grade students." The 5 Second Rule "noviving the ACIC staff assested 7th grade students complete a science project name." The 5 Second Rule "noviving the ACIC staff assested 7th grade students complete a science project name." The 5 Second Rule "noviving the ACIC staff assested 7th grade students complete a science project name." The 5 Second Rule "noviving the ACIC staff assested 7th grade students on the science of the staff assested 7th grade students of the science of the scienc

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part	OMMUNITY HEALTH EDUCATION - ELDERLY "Keeping Your Balance Young" - WPAHS, no - AGC staff provided a Provider provided a Provider of the Information on compensatory strategies and simple balance as we say 6 shorts were provided with information on compensatory strategies and simple balance exercises were demonstrated Attendees were given the opportunity to aparticipate in an information and answer period following the electric The Healthy Living Cases Lections Sense also provides an opportunity for provider and the provider of the provid

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 3, Part	Depression and Anxety - AGH provided members of the community with information regarding stress management and the displaces of depression "Dying to be Timi" - AGH staff taught internities to accommunity about and careva and busina. The presentation covered degrees are community about an experiment of the read of the design of the desig

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part	AARP Diver Safety - WPATS. In - ACC in conjunction with AARP conducts this two part class open to all adult drivers in the community ago 3 and ever Students band defenses with my bethingues, now traffic all with a significant community of the c

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part	The Western Pennsylvania Cancer Institute provides the most advanced diagnostic and treatment services for all types of cancer, including lung, esophageal, breast, gynecologic, prostate, colorectal and blood-borne cancers. The Institute has earned national recognition for its bone marrow transplant program, one of the largest in Pennsylvania. It also boasts leading-edge radiation oncology services and was the second cancer center in the world to offer Intensity Modulated Radiation Therapy. In 2006, WPAHS, Inc WPC became the first cancer program in the region to offer TomoTherapy, the most advanced radiation delivery system available Patients have access to the latest treatment protocols through the institute's participation in national research groups such as the Cancer and Leukema Group B, American College of Surgeons Oncology. Group, and Radiation Therapy Oncology Group A long-standing commitment to education and research remains a cornerstone of WPAHS, Inc WPC's mission The Hospital sponsors 15 medical residency and fellow ship programs and provides clinical training to third- and fourth-year medical students of the Philadelphia-based Temple University. School of Medicine. The Hospital sho offers a School of Nursing diploma program as well as educational opportunities in respiratory therapy, radiology technology and nursing through affiliations with Indiana University of Pennsylvania. State 118(e)000 outpatient cases, logs over 28,000 emergency visits, and performs 11,000 surgical procedures each year. Approximately 800 physicians and 2,300 employees share the Hospital's commitment to excellence in patient care, education and research. COMMUNITY ASSESSMENT Community Health Improvement Services and Community Benefit Operations. Community health improvement services and community benefit operations include activities carried out to improve community health. They extend beyond patient care to include activities carried out to improve community health. They extend beyond patient care to burn victims in its

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part Ⅲ	Back-to-School Program for Burn Victims - Returning to school can be difficult for a child with has been burned. Faschers and classmates may not understand what child has been through, why his or her appearance is alread or why he or she needs to weer pressure garments. The result can be fear, over protection, teasing or avoidance in the Back-to-School Program, the staft from the Burn Center visits the child's school. Drong the free program age-appropriate materials and actives are reused to share the child's story, expore feelings and concerns, and build support for the child among his or her peers Fire safety and burn prevention is also an important part of the program COMM-INTY HEALTH EDUCATION Lecture on Getting to the Heart of a Plaque Attack - A WPAHS, no - WPC physician provided a free lecture about the system and symptoms of coronary aretry disease, angine, and the immediate treatments available. Fifteen people attended the event Lecture on Myocardial Infarction - A WPAHS, his - WPC physician provided a feet becture a bound the size in Dakets Center at WPAHS, his - WPC physician provided a feet becture a bound of the size in Dakets Center at WPAHS, his - WPC participated in the Diabetes Expo sponsored by the American Diabetes Association Approximately 495 community members benefited from this event. Other the State of the Placet and the service of the Bloomfald Business Association in Center and the service of the Bloomfald Business Association for the public Memberal Child Women's Health at The Nursing Caf - This activity was started in an effort to provide support to new nursing mothers delivering the service at the public staff of the surface of the provided with a warm, supportive atmosphere where they come to learn how to nurse their babbes and get provided with a warm, supportive atmosphere where they come to learn how to nurse their babbes and get provided with a warm, supportive atmosphere where they come to learn how to nurse growise and a high growing and an advanced and social staff programs

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued		HOMELESS, ELDERLY AND SPECIAL NEEDS homeless health Services - WPAHS, Inc - WPC Health Care for the Homeless Program seeks to remove barriers to accessing care by bringing preventive comprehensive care into community facilities that serve the homeless One such facility is the Jubliee Kitchen located on Fifth Avenue in the city's uptown district. The homeless population is especially at risk for trauma, drug and acohal abuse, diseases related to exposure, and infectious diseases such as tuberculosis and sexually transmitted diseases. This population is also at risk for chronic disease, including hypertension, heart disease and exposure to HIV Primary care services are provided to the homeless on-site at the Jubliee Kitchen two-days each week. Services include medical evaluation and screening, podiatry exams, lab testing and all medical supplies. A registered nurse conducts tuberculin screenings and administers free influenza vaccine. A physician and a resident evaluate walk-in pleants. Patients are admitted to the hospital as needed for acute episodic care and have no payment obligations for the services we render. Homebound Health Care Program— HAHS, inc - WPC sponsors a homebound health care program— the Home Visit Program Primary care services are provided free of charge to homebound patients who reside within Alleigheny County. The residents currently enrolled in the program are predominantly femels and chronically ill, with an average age of 79 years. Home visits are made to each patient approximately every 3 months depending on need by internal Medicine resident physicians, attending physicians or Nurse Practitioner injections and immunizations are provided as needed in F2 2009, 585 horie visits were made. Volunteer Services For Special Needs - The Hospital inchination and allow them to legality and programs and allow them to legality and programs and administration and propers. The Hospital inchination and allow them to legality and programs and programs and allow them to legality and programs and program

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part	Health Professions Education WPAHS, Inc WPC provides aspring health professionals with many subcatorial apportunities to further their career in healthcare in addition to the additishous support via provide to health professions. Features, residents, fellows, nurses and other alled health professionals. WPAHS, Inc WPC provided these services in addition to the additishous layous provided these services in addition to the additishous layous provided these services in addition to the additishous layous provided these services and some services and some services in additional to the additishous layous provided these services and some services. As a service services are serviced and services and services and services and services and services and services. As a service and services are serviced and services

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part	Crime Prevention Day - The Security department sponsored Crime Prevention Day for patents, visitors, and community personnel Town three hundred and fifty individuals were educated on how not to become a votim of crime Escord Service - Security personnel transported 800 patents, visitors, and community personnel transported 800 patents are solved for personnel to personne

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part Ⅲ	HEALTH FARRA AND COMMUNITY SCREENINGS Turtle Creek Sentor Center Health Fair – This twic-hour event featured a WRAHS, Inc. – FRC registered detection who provided healthy eating top Approximately 30 people were in attendance Calebrate Monroevile. The Hospital vas a sporsor of the Suptember 2008 Colebrate was not accommendative of the Colebrate Monroevile, which took place in the local community. At no cost to the participant, the Hospital provided health to the health and coled information. The sevent beerstides the community by height of provide resources and sho helped the community by height of provide resources and sho helped the community by height of provide each the kind of the Monroevile Public Library. Approximately four screening and lectures eners took place of the kind was dealed as the Monroevile Public Library. Approximately four screening and lectures eners took place of the kind was provided to the participant Screenings included blood pressure and pempheral vascular diseases accreening. Physicians were on hand to administer the screenings, hand cut information and answer questions. Placam Boys and Gris Camp. Staff from WRAHS. Inc. – FRC provided free physical exame for 25 bys and gris in Camp so and gris in Calebrate (SA AD). Event in Greeniburg - Rips 8 A D Ride - Bakers Against Diabeties (SA AD). Event in Greeniburg - Rips 8 A D Ride - Bakers Against Diabeties (SA AD). Event in Greeniburg - Rips 8 AD Ride - Bakers Against Diabeties (SA AD). Event in Greeniburg - Rips 8 AD Ride - Bakers Against Diabeties (SA AD) between the community center. Psychiatria and screenings and Lectures - WRAHS, in c FRC physicians presented a Candrovacular Care 10 Health and very leave and screening and Lectures - WRAHS, in c FRC physicians presented and candrovacular Care 10 Health and very leave and care access. Screenings and Lectures - WRAHS, in c FRC physicians presented and candrovacular Care 10 Health and very leave and care access. Screenings and Lectures - WRAHS, in c FRC physicians presented a

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part III	Educator in the Workplace - A learning support teacher and 4 students from a local school came to WPAHS, Inc FRC to learn about various health careers and the preparation required. This helps to prepare the teachers and their students to become better equipped for their post graduate careers. The students and their teachers attended for 8 hours a week for approximately. 38 weeks and worked with various Hospital staff CACA Boyec Campus Middle College Schernship WPAHS, Inc FRC provided an externish for 6 students who were labeled as "at risk" by their home high schools, and also have indicated an interest in a health related career. The Hospital provides an opportunity to rotate through many departments, shadowing and observing health care professionals. The Hospital staff takes time to work with each of the students to understand various aspects of each profession and help teach good work ethics, professionals mand appropriate behavior in the workplace. Me Incorporated at Auberie. More than 60 strikes, young adults attended a career development fair in which WPAHS, Inc FRC participated in This fair is geared to educate young adults about a variety of career possibilities, allowing them to make an educated choice as they advance toward their career aspirations. Allegheny County Office on Aging Fourth-Annual Community Resources Symposium. WPAHS, Inc Forbes Hospice or as asked to have an educational table and provide a speaker for this event. The Hospice medical director spoke about pallative care and hospice care. Approximately 200 people attended the symposium Mesonic Village Nursing Horne WPAHS, Inc Forbes Hospice medical director on the topic of clinical, ethical, and spiritual issues involved with withdraw inglife support. Liberty Dalysiss WPAHS, Inc Forbes Hospice provided an educational issues on the little data of the community during hospital work hours, overhead expenses of meetinglicher space donated to individuals and/or the community at large in-hand services include hours do

ldentifier	Return Reference	Explanation
Changes to Organizational Bylaws	Form 990, Page 6, Part VI, Section A, Line 4	The following changes were made to the bylaws of West Penn Allegheny Health System, inc. during the year ended June 30, 2009. Be it resolved, that the Board hereby approves the following amendments to the bylaws of West Penn Allegheny Health System, Inc., with such amendments to be effective immediately. Article IV. The Board of Directors, Section 2. Qualifications, is hereby amended by deleting the third sentence in its entirety, substituting the following therefore and adding a new fourth sentence, all to read as follows. With the exception of Physician Directors and the President and Chief Executive Officer of the Corporation, no Director shall be a full time employee of the Corporation or any Constituent Corporation A "Physician Director" shall include only those employed physicians who are employed by the Corporation or an entity controlled by the Corporation (a) in a full-time clinical capacity, (b) as a Chair, Vice Chair or Division Chief of a clinical department, or (c) who hold an administrative role within the Corporation or any Constituent Corporation that requires less the fifty percent (50%) of his or her compensated time. Employing the criteria set forth in the prior sentence, the President and Chief Executive Officer, in consultation with the Chair, shall determine whether a physician qualifies as a Physician Director. Article IV. The Board of Directors, Section 3. Number, Election, Ex. Officio Directors, and Terms of Office, is hereby amended by revising the first sentence to eliminate clause (iii) reading "(ii) the President of the Medical Staff of each Corporation Hospital," and renumbering clause (iii) as clause(iii). A new third sentence is added to Article VI, Section 3. Chair, to read in its entirety as follows. "The Chair shall be a voting, ex officio member of each committee of the Board, subject to fulfilling any applicable independent director requirements." The second sentence of Article VI, Section 4. President and Chief Executive Officer, is hereby amended to read in its entirety as

ldentifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Page 6, Part VI, Section A, Question 10	Form 990 is prepared internally by an employee of the West Penn Allegheny Health System, Inc. (Health System) Tax Department who is a certified public accountant. The document is then reviewed internally by top management officials including the Chief Financial Officer and Chief Administrative Officer of the Health System A detailed external review is conducted by Health System external tax advisors, who sign the return as preparer. The Chair of the organization's Board of Directors along with members of the Audit and Compliance committee of the Health System Board review the Form 990 and recommend changes or accept the document as presented. A copy of the Form 990 is made available to every board member for review prior to filing the document with the Internal Revenue Service.

ldentifier	Return Reference	Explanation
Monitoring and Enforcement of the Conflict of Interest Policy	Form 990, Page 6, Part IV, Line 12c	West Penn Allegheny Health System, Inc. is a member of the West Penn Allegheny Health System (WPAHS) WPAHS has a corporate compliance department that monitors and oversees compliance with the conflict of interest policy of all organizations in the health system. The following describes the manner in which the corporate compliance department monitors and oversees compliance with the conflict of interest policy for West Penn Allegheny Health System, Inc. as well as the other WPAHS affiliates. Conflict of Interest disclosures forms are completed on an annual basis by all board members, officers, employees who have a title of Manager and above, physicians in leadership roles, Pharmacy Committee members, Therapeutic Committee members, all employees of the System's Internal Audit Department as well as the employees involved with contracting in the Corporate Purchasing Department. Upon completion of the above disclosure statements by all applicable individuals, a report is generated listing all individuals that have reported a conflict. The System Compliance Officer and General Counsel review the conflicts disclosed. Those that require additional information or clarification receive a letter from the Compliance Officer requesting such. Once received, all additional information is added to the report and again reviewed by the Compliance Officer and General Counsel. Those conflicts that require a mitigation plan are sent to the respective CEO or organization management for development of the mitigation plan. The CEO and organization management are responsible to discuss the mitigation plan with the individual as needed and monitor compliance with the mitigation plan. Once mitigation is received, a final report is reviewed with the System Compliance Executive Committee and finally the Audit & Compliance Committee of the Board. In addition, all WPAHS board members, officers and key employees complete an annual independence disclosure statement which assists the System's Compliance Officer and Internal Audit Department to

ldentifier	Return Reference	Explanation
Process Used To Determine Executive Compensation	Form 990, Part VI, Section B, Line 15b	West Penn Allegheny Health Systems (WPAHS) process for determining compensation for executive positions (including officers, key employees and other management positions) within West Penn Allegheny Health System, Inc. and its affiliates is covered by the WPAHS Executive Compensation Policy. This policy was approved by the West Penn Allegheny Health System, Inc. Board of Directors. It is the policy of WPAHS and its Board of Directors to compensate its executives in accordance with the market and in relation to the experience, service and accomplishments of the individual both prior to and during their service with WPAHS. The Compensation Committee of the West Penn Allegheny Health System, Inc. Board of Directors approves the compensation for WPAHS senior executives. The Compensation Committee approves the initial compensation for NPAHS senior executives. The Compensation components, including without limitation, base compensation, incentive compensation, deferred compensation, fringe and other benefits, as well as the total compensation. It shall also approve all base compensation adjustments and all incentive compensation awards, as well as material changes to deferred compensation, fringe, or other benefits. The Compensation Committee uses comparability data provided by the System Human Resources Department, which may include industry surveys, expert compensation studies, documented compensation of persons holding similar positions, or other comparable data in approving any executive compensation consultant to provide an expert opinion report as to the reasonableness of total compensation of West Penn Allegheny Health System, Inc. and its affiliates officers and key employees. Each Compensation Committee member voting on a senior executive's compensation arrangement ensures that he or she has no conflict of interest, including that he or she (a) does not economically benefit from the proposed employment, (b) does not receive compensation subject to the approval of the proposed employee, and (c) has no material

ldentifier	Return Reference	Explanation
Business Transactions Involving Interested Persons		

ldentifier	Return Reference	Explanation
Public Availability of Organizational Documents	Form 990, Page 6, Part VI, Section C, Question 19	West Penn Allegheny Health System, Inc (WPAHS, Inc) does not make its governing documents available to the public WPAHS, Inc is a member of the West Penn Allegheny Health System (WPAHS). The WPAHS makes available their annual and quarterly financial statements through the use of a dissemination agent. These financial statements are on a consolidated basis with WPAHS, Inc. being one of the consolidated entities. WPAHS has adopted a conflict of interest policy that is uniformly applied to all organizations of the health system, including WPAHS, Inc. A condensed version of this conflict of interest policy is available on the WPAHS wiebsite. The condensed policy is contained in the code of ethics disclosure.

ldentifier	Return Reference	Explanation
Purpose of Tax Exempt Bond Issuance	Form 990, Page 11, Line 20	The purpose of the Issue of the Allegheny County Hospital Development Authority (ACHDA) Hospital Revenue Bonds, Series 2007 A is to refund the outstanding ACHDA Series 2000A and B Bond Issues, refund the Dauphin County General Authority (DCGA) Series 1992A and B Hospital Bonds, the Pennsylvania Higher Education Facility Authority (PHEFA) Series 1991A Revenue Bonds, the Monroeville Hospital Authority (MHA) Series 1992 and 1995 Revenue Bonds, the funding of a project fund for certain prior and future capital expenditures and to pay the cost of Issuing Series 2007A Debt

ldentifier	Return Reference	Explanation					
Business Transactions Involving Interested Persons		Mark Kamlet, a director of West Penn Allegheny Health System, Inc. from 7-1-2008 to 11-30-2008 was also a director of Highmark, Inc. Highmark, Inc. provides insurance related administrative services to West Penn Allegheny Health System, Inc. All business transacted between Highmark, Inc. and West Penn Allegheny Health System, Inc. is done at fair market value and on an arms-length basis					

DLN: 93493137017120

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

west Penn Allegneny Health System Inc				25-0969492	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN 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
West Penn Allegheny Foundation LLC 4800 Friendship Avenue Pittsburgh, PA 15224 20-1107650	Capital Acq	PA	5,245,206	37,513,489	WPAHS Inc
Part II Identification of Related Tax-Exempt Org	janizations	•	<u>'</u>		
(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
See Additional Data Table					
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	 Cat No 5013	5Y	<u> </u>	Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total incom-	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate :ions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana parti	ral or aging
								Yes	No		Yes	No
												<u> </u>
												<u> </u>
Part IV Identification of F	Related	l Organizations	Taxable as	a Corporation	or Trust							
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile	(D)	olling (E) (C corp, S co	(F) Share of total		(G) hare of	(H) Percentage		
				(state or foreign country)	entity	(C corp, S co or trust)	p, income		l-of-yea assets	r ownership		
Soo Additional Data Table				foreign		(C corp, S co or trust)	p, income					
See Additional Data Table				foreign		(C corp, S co or trust)	p, lincome					
See Additional Data Table				foreign		(C corp, S co or trust)	p, lincome					
See Addıtıonal Data Table				foreign		(C corp, S co or trust)	p, lincome					
See Addıtıonal Data Table				foreign		(C corp, S co or trust)	p, lincome					
See Additional Data Table				foreign		(C corp, S co or trust)	p, income					
See Additional Data Table				foreign		(C corp, S co or trust)	p, lincome					

(6)

Part V	Transactions w	ith Related	Organizations

Ρē	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity	1	.a		No
b	Gift, grant, or capital contribution to other organization(s)		1	ь	Yes	
c	Gift, grant, or capital contribution from other organization(s)		1	.c	Yes	
d	Loans or loan guarantees to or for other organization(s)		1	.d		No
e	Loans or loan guarantees by other organization(s)		1	.e		No
f	Sale of assets to other organization(s)		1	f		No
g	Purchase of assets from other organization(s)		1	.g		No
h	Exchange of assets		1	.h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1	Li		No
j	Lease of facilities, equipment, or other assets from other organization(s)		1	Lj		No
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)	1	.k		No
ı	Performance of services or membership or fundraising solicitations by other org	anızatıon(s)	1	LI		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1	.m		No
n	Sharing of paid employees		1	.n		No
0	Reimbursement paid to other organization for expenses		1	.0	Yes	
р	Reimbursement paid by other organization for expenses		1	p	Yes	
q	O ther transfer of cash or property to other organization(s)		1	.q		No
r	O ther transfer of cash or property from other organization(s)		1	Lr		No
			_			
2	If the answer to any of the above is "Yes," see the instructions for information o	on who must complete this line, including covered relationsh	ups and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
See						
Add Dat	litional a					
Tab						
(2)						
(3)						
(4)						
/=\						
(5)						

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•			•	•	Sabadula	D / Form	000) 2000		

Software ID: Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

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

ax-Exempt Organiza	ations	ı	I	ı
(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Healthcare	PA	501(c)(3)	509(a)(1)	WPAHS Inc
Healthcare	РА	501(c)(3)	509(a)(1)	WPAHS Inc
Sci Research	PA	501(c)(3)	509(a)(2)	WPAHS Inc
Healthcare	PA	501(c)(3)	509(a)(1)	WPAHS Inc
Fundraising	PA	501(c)(3)	509(a)(3)	AKMC
Healthcare	PA	501(c)(3)	509(a)(1)	WPAHS Inc
Emer Response	PA	501(c)(3)	509(a)(2)	WPAHS Inc
Fundraising	PA	501(c)(3)	509(a)(2)	WPAHS Inc
Fundraising	PA	501(c)(3)	509(a)(3)	WPAHS Inc
Healthcare	PA	501(c)(3)	509(a)(3)	WPAHS Inc
Fundraising	PA	501(c)(3)	509(a)(3)	WPAHS Inc
Healthcare	PA	501(c)(3)	509(a)(2)	WPAHS Inc
Inactive	PA	501(c)(3)	509(a)(1)	NA
Inactive	РА	501(c)(3)	509(a)(3)	NA
Inactive	PA	501(c)(3)	509(a)(3)	N A
	(B) Primary Activity Healthcare Sci Research Healthcare Fundraising Healthcare Fundraising Fundraising Healthcare Fundraising Healthcare Inactive Inactive	(B) (C) Legal Domicile (State or Foreign Country) Healthcare PA Healthcare PA Sci Research PA Healthcare PA Fundraising PA Emer Response PA Fundraising PA Fundraising PA Healthcare PA Healthcare PA Healthcare PA Inactive PA	(B) Primary Activity (C) Legal Domicile (State or Foreign Country) (D) Exempt Code section Healthcare PA 501(c)(3) Healthcare PA 501(c)(3) Sci Research PA 501(c)(3) Healthcare PA 501(c)(3) Fundraising PA 501(c)(3) Healthcare PA 501(c)(3) Fundraising PA 501(c)(3) Fundraising PA 501(c)(3) Fundraising PA 501(c)(3) Fundraising PA 501(c)(3) Healthcare PA 501(c)(3) Fundraising PA 501(c)(3) Inactive PA 501(c)(3)	(e) Primary Activity (c) Legal Domicile (State or Foreign Country) (e) Exempt Code section (e) Public chantly status (if SO1(c)(3)) Healthcare PA 501(c)(3) 509(a)(1) Healthcare PA 501(c)(3) 509(a)(1) Sci Research PA 501(c)(3) 509(a)(2) Healthcare PA 501(c)(3) 509(a)(2) Fundraising PA 501(c)(3) 509(a)(3) Fundraising PA 501(c)(3) 509(a)(2) Fundraising PA 501(c)(3) 509(a)(2) Fundraising PA 501(c)(3) 509(a)(3) Healthcare PA 501(c)(3) 509(a)(3) Fundraising PA 501(c)(3) 509(a)(3) Healthcare PA 501(c)(3) 509(a)(2) Inactive PA 501(c)(3) 509(a)(1) Inactive PA 501(c)(3) 509(a)(3)

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
Burn Care Associates 4800 Friendship Avenue Pittsburgh, PA15224 23-2899534	Healthcare	РА	WPAHS Inc	C Corporation	2,622	15,542	100 %
Liberty Physicians 4800 Friendship Avenue Pittsburgh, PA15224 25-1637318	Healthcare	PA	WPAHS Inc	C Corporation	2,450,603	119,907	100 %
Medical Center Clinic 4800 Friendship Avenue Pittsburgh, PA15224 23-2894939	Healthcare	PA	WPAHS Inc	C Corporation	199,171	33,281	100 %
West Penn Corporate Medical Services 4800 Friendship Avenue Pittsburgh, PA15224 25-1437405	Healthcare	PA	WPAHS Inc	C Corporation	55,697	504,336	100 %
West Penn Medical Associates 4800 Friendship Avenue Pittsburgh, PA15224 25-1666783	Healthcare	PA	WPAHS Inc	C Corporation	3,645,515	310,106	100 %
West Penn Neurosurgery 4800 Friendship Avenue Pittsburgh, PA15224 25-1630719	Inactive	PA	WPAHS Inc	C Corporation	0	0	100 %
West Penn Specialty MSO Inc 4800 Friendship Avenue Pittsburgh, PA15224 23-2894932	Healthcare	PA	WPAHS Inc	C Corporation	73,861	298,006	100 %
West Penn OBGYN Multispecialty 4800 Friendship Avenue Pittsburgh, PA15224 25-1619226	Healthcare	PA	WPAHS Inc	C Corporation	5,072,940	634,899	100 %
Friendship Insurance Company Barclay House Shedden Road Grand Cayman, Cayman Islands CJ 98-0116952	Captive Insurance	CJ	WPAHS Inc	C Corporation	0	2,064,351	100 %

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Forbes Health Foundation	10	378,290
(2)	Forbes Health Foundation	1c	892,457
(3)	Alle-Kıskı Medical Center	1p	1,222,637
(4)	Alle-Kıskı Medical Center	1b	352,090
(5)	Canonsburg General Hospital	1p	717,160
(6)	Canonsburg General Hospital	1c	620,123
(7)	Canonsburg General Hospital Ambulance Service	1c	158,125
(8)	West Penn Hospital Foundation	1 p	31,959
(9)	West Penn Hospital Foundation	1c	2,087,296
(10)	West Penn Physician Practice Network	1p	145,377
(11)	West Penn Physician Practice Network	1 b	9,233,770
(12)	Allegheny Singer Research Institute	1 p	229,528
(13)	Allegheny Singer Research Institute	1 b	8,540,132
(14)	Allegheny Medical Practice Network	1 p	1,404,207
(15)	Allegheny Medical Practice Network	1 b	9,872,944
(16)	Allegheny Specialty Practice Network	1 p	1,662,066
(17)	Allegheny Specialty Practice Network	1c	406,439
(18)	Friendship Insurance Company	1 p	33,067
(19)	Alle-Kıskı Medical Center Trust	10	5,013
(20)	West Penn Specialty MSO Inc	10	13,624
(21)	West Penn Corporate Medical Services Inc	1p	4,847
(22)	Suburban Health Foundation	1 p	1,502
(23)	West Penn Allegheny Oncology Network	1 p	607,117
(24)	Liberty Physicians	1 p	2,311
(25)	West Penn Medical Associates	1 p	3,792