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DLN: 93493137022290

OMB No 1545-0047

Department of the Treasury

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 Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number Name of organization ALLEGHENY SINGER RESEARCH INSTITUTE B Check if applicable Please use IRS Address change 5-1320493 label or Doing Business As E Telephone number Name change print or type. See Specific (412) 330-6022 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 31,960,449 C/O TAX DEPT TWO ALLEGHENY CENTER . Termination tions. City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15212 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for Roy Santarella ΓYes **Γ**Nο affiliates? 30 Isabella Street PITTSBURGH, PA 15212 H(b) Are all affiliates included? ┌ Yes ┌ No Tax-exempt status (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW WPAHS ORG **K** Type of organization
✓ Corporation

trust

association L Year of Formation 1977 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities See Statement 1 Activities & Governance Check this box 🗂 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . 0 Total number of employees (Part V, line 2a) 250 Total number of volunteers (estimate if necessary) 0 120,000 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . Net unrelated business taxable income from Form 990-T, line 34 -33.810 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 8 5,463,037 3,925,738 Program service revenue (Part VIII, line 2g) . 14,512,706 17,449,357 870.658 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 486.982 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 146,420 315,615 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 20,992,821 22,177,692 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,000 5,700 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 12,779,814 12,491,559 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,364,056 11,444,451 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 18 22,147,870 23,941,710 19 Revenue less expenses Subtract line 18 from line 12 -1,155,049 -1,764,018 <u>ኞ</u>ኞ Beginning of Year **End of Year** Assets (1 Bafaec 20 Total assets (Part X, line 16) 22.813.650 22,845,970 21 Total liabilities (Part X, line 26) 16,048,757 9,881,485 22 Net assets or fund balances Subtract line 21 from line 20 6,764,893 12,964,485 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please 2010-05-07 Sign Here Thomas Albanesi Assistant Treasurer Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature WTAS LLC Paid empolyed 🕨 「 Preparer's WTAS LLC Firm's name (or yours EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 335 COMMERCE DRIVE

May the IRS discuss this return with the preparer shown above? (See instructions) $\,$.

FORT WASHINGTON, PA 19034

▼Yes 「No

Phone no (215) 664-0659

Cat No 11282Y

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

1	Briefly describe the organization's mission The mission of Allegheny Singer Research Institute is to sponsor superior programs in health, education and resbiomedical research in its clinical settings in order to continuously improve the patient care rendered by the heat System			
2	Did the organization undertake any significant program services during the year which we the prior Form 990 or 990-EZ?	re not listed on	┌ Yes ┌ No	
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting or make significant changes in how it conducts any services?	program	┌ Yes ┌ No	
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest pr Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ 67,068 including grants of \$ See Schedule O, Statement of Program Service Accomplishments - The Disadvantages Women's Program) (Revenue \$)	
4b	(Code) (Expenses \$ 18,816 including grants of \$ See Schedule O, Statement of Program Service Accomplishments - Sci-Tech Exhibit) (Revenue \$)	
4c	(Code) (Expenses \$ 6,790 including grants of \$ See Schedule O, Statement of Program Service Accomplishments - Open Heart Surgery Field Trips) (Revenue \$)	
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 17,300,477 including grants of \$ 5,700) (Re	venue \$	17,449,357)	
4e	Total program service expenses \$ 17,393,151 Must equal Part IX, Line 25, c	olumn (B).		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	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		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
Ь	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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
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		No
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		No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ 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		No
b	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		Νο
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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
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		Νo
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? <i>If</i> "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? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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		Νo
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		Νο
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, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				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	95			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
_		-			
С	Did the organization comply with backup withholding rules for reportable payments to vendor gaming (gambling) winnings to prize winners?	rs and reportable	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	250			
L	return				
ь	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	returns,	2ь	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar 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 Schedule O	<u> </u>	3Ь	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, or account)?		4a		No
ь	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Formancial Accounts.	oreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	x year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	ter transaction?	5ь		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity R	Regarding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?	_	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such a were not tax deductible?	contributions or gifts	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 contribution more?	of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	•	7.		NI o
4	file Form 8282?		7c		No
u	Thes, indicate the number of Forms 8282 med during the year				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	ms on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	efit contract?	7f		Νο
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 file a Forn	m 1098-C as			
	required?		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring excess business holdings at any time during the		8		
	year?	L	<u> </u>		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?	_	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

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

Section	Δ	Governing	Body	and	Management	
Jection	М.	GOVEL HILLIG	Doug	allu	Management	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 3							
Ь	Enter the number of voting members that are independent 1b 0							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο				
6	6 Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
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		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

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	
b	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		N o
		1 -00		1 110

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed 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.

 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

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

- * 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

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

			(C tion (hat a	chec		1			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prestor	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	
Dawn Gideon , Director	5 0	Х						0	286,949	0	
Roy Santarella , Director & Treasurer	5 0	Х		Х				0	610,479	26,215	
Connie Cibrone 7-1-08 - 12-31-08 , Ex Officio Director	5 0	Х						0	1,514,201	19,326	
Christopher Olivia MD , Health System President & CEO	5 0	Х		х				0	1,050,956	47,349	
Thomas Albanesi , Assistant Treasurer	5 0			Х				0	217,625	29,079	
Judy Hlafcsak , Secretary	5 0			Х				0	347,984	25,516	
Robert Templin 7-1-08 - 9-30-08 , Assistant Secretary	5 0			х				0	173,886	47,781	
Sharon Loftus 10-1-08 - 6-30-09 , Assistant Secretary	5 0			х				0	216,766	22,037	
James Post , Chief Scientific Officer	40 0				Х			0	503,302	31,811	
Garth Ehrlich , Dir Center Genomic Sciences	40 0					Х		287,900	0	27,582	
Chester Cornman , Vice President	40 0					Х		127,091	0	32,312	
Stephen Jones , Director - Anesthesia Research	40 0					Х		118,369	0	31,748	
Mark Doyle , Associate Professor	40 0					Х		119,971	0	26,046	
Kenneth Kochman , Investigation Drug Pharmacist	40 0					х		102,841	0	27,706	
Jerry Fedele , Health System President & CEO							Х	0	597,861	258,851	
Dawn Javersack , Treasurer							Х	0	355,337	119,374	

Part VIII Continued

		1	(ition that a	•		all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		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
1b Total							<u> </u>	756,172	5,875,346	772,733

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►5

			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> "Yes," 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		1 3 3	
	rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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
Ansel Schwartz 201 N Craig Street PITTSBURGH, PA 15213	Patent Attorney	385,228
- T-k-1	100 000	

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
	1a	Federated car	npaigns 1a			Revenue		312, 313, 61 314
Contributions, gifts, grants and other similar amounts	ь	Membership d	lues					
g Dou	с	1b Fundraising events						
#fs, ran	١.	1c						
2 <u>2</u>	d e		nts (contributions) 1e					
i Sir	f	All other contribu	tions, gifts, grants, and	131,312	-			
e Fe E	- 	sımılar amounts ı	not included above					
E o	g		rıbutıons ıncluded ın					
ှင် မြ	h		es 1a-1f)		3,925,738			
	<u> </u>	Total (Add IIII		Business Code				
e	2a	SCIENTIFIC RESE	EARCH	541,700	17,449,357	17,449,357		
ven	ь				21,112,221	21,7113,331		
ው ኤ	с							
7 2 2	d							
38	e							
Program Serwoe Revenue	f	All other prog	ram service revenue					
ج	g	Total. Add line	es 2a-2f					
	3	► \$ 17,449,35		dd				
	3		icome (including divi	· ·	472,559			472,559
	4		, estment of tax-exempt b	•	0			
				• In proceeds	0			
	5	Royalties .	(ı) Real	(II) Personal	0			
	6a	Gross Rents	10,686	(II) I ersonar				
	b	Less rental expenses						
	С	Rental income or (loss)	10,686					
	d		ome or (loss)		10,686			10,686
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	9,795,680	1,500				
		assets other than inventory						
	b	Less cost or other basis and	9,782,757					
	c	sales expenses Gain or (loss)	12,923	1,500				
	d	Net gaın or (lo	L pss)		14,423			14,423
	8a		from fundraising	. ▶				
Other Revenue	b	events (not in \$	cluding ns reported on line					
Ħ E	С	Net income or	(loss) from fundrais	ing events	0			
•	9a	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total					
	Ь		xpensesb	activities .	0			
	С			t ctivities				
	10a	returns and al	а					
	b c		goods sold b (loss) from sales of	ınventory►	0			
	<u> </u>	Miscellaneou		Business Code				
	11a	CARDIAC MR	RI CHASE	541,700	120,000		120,000	
	ь	RESEARCH MISCELLANE		541,700	90,569	90,569		
	c	REIMBURSEM		541,700	50,000			50,000
	[FEE	NE LICENSING	272,730				33,000
	d	All other reve	nue		44,360	44,360		
	e	Total. Add line	es 11a-11d	 \$ 304,929				
	12	\$ 304,929 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			22,177,692	17,584,286	120,000	547,668

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do ı	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	5,700	5,700						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
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	535,113	341,937	193,176					
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	9,878,585	6,305,835						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	290,329	185,336	104,993					
9	Other employee benefits	1,119,414	714,583	404,831					
10	Payroll taxes	668,118	426,497	241,621					
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	16,000		16,000					
c	Accounting	16,470		16,470					
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	93,041		93,041					
g	Other	761,089	419,214	341,875					
12	Advertising and promotion	8,794	8,794						
13	Office expenses	130,897	47,351	83,546					
14	Information technology	0							
15	Royalties	0							
16	Occupancy	161,028	40,000	121,028					
17	Travel	195,582	107,824	87,758					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			_				
19	Conferences, conventions and meetings	129,614	95,932	33,682					
20	Interest	0							
21	Payments to affiliates	222,535	94,146	128,389					
22	Depreciation, depletion, and amortization	1,682,285	946,854	735,431					
23 24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	20,850		20,850					
а	total expenses shown on line 25 below) REPAIRS AND MAINTENANCE	69,084	8,827	60,257					
b	TELEPHONE	21,321	7,110	14,211					
c	RECORD STORAGE	3,238	,,110	3,238	0				
d	FOOD	3,074	3,074	3,233	<u> </u>				
e	DUES AND SUBSCRIPTIONS	122,886	32,504	90,382	_				
f	All other expenses	7,786,663	7,601,633	185,030	0				
25	Total functional expenses. Add lines 1 through 24f	23,941,710	17,393,151	6,548,559	0				
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25,571,710	17,555,131	0,540,559	<u> </u>				

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			1,323,907	1		6,011,731
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net		1,603,851	3		1,840,142	
	4	Accounts receivable, net			26,161	4		122,811
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
90	9	Prepaid expenses and deferred charges			15,992	9		14,958
Assets	10a							
Š		Land, buildings, and equipment cost basis	10a	18,994,151				
_	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь	14,029,028	5,858,767	10c		4,965,123
	11	Investments—publicly traded securities	<u> </u>		13,342,210	11		8,751,939
	12	Investments—other securities See Part IV, line 11 Complete Pa	art VII	of	0	12		10,178
	13	Investments—program-related See Part IV, line 11 Complete P of Schedule D .	art VII	I		13		
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			642,762	15		1,129,088
	16	Total assets. Add lines 1 through 15 (must equal line 34)			22,813,650	16	2	2,845,970
	17	Accounts payable and accrued expenses .			1,130,862	17		1,318,963
	18	Grants payable	1,100,002	18				
	19	Deferred revenue	6,099,869	19		6,001,888		
	20	Tax-exempt bond liabilities		3,333,333	20			
<u>ن</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	•					
프		persons Complete Part II of Schedule L	•		22			
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			8,818,026	25		2,560,634
	26	Total liabilities. Add lines 17 through 25			16,048,757	26		9,881,485
.л		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27				
θ		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets			-3,021,995	27		2,935,367
Balance	28	Temporarily restricted net assets			1,975,810	28		2,490,405
돧	29	Permanently restricted net assets			7,811,078	29		7,538,713
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	plete					
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		
As	32	Retained earnings, endowment, accumulated income, or other fu				32		
Net	33	Total net assets or fund balances	6,764,893	33	1	2,964,485		
<u>z</u>	34	Total liabilities and net assets/fund balances			22,813,650	34	2	2,845,970
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

- 1 1/1	Einen eine Grand aus eine eine Banne Binne
varir di	Financial Statements and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	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	

Employer identification number

25-1320493

DLN: 93493137022290

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

ALLEGHENY SINGER RESEARCH INSTITUTE

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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 co					Instruct	ions)	
The	he organization is not a private foundation because it is (Please check only one organization)										
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	Γ	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	le E)					
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	oed in Sec	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)
4	굣	A medical i	research organi	zation operated in conjuncti	on with a l	nospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state <u>West Penn Alleghen</u>	y Health S	System In	ic , , Pitts	sburgh , PA	4		
5	Γ	Anorganiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unıt desci	ribed in
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ibed in Se	ection 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norma	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	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	less sectio	n 511 tax	k) from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509(a)(4). (Se	ee instruct	tions)
11	Г	_	=	and operated exclusively fo					•	•	•
				orted organizations describe type of supporting organiza						Section 5	09(a)(3). Check
		_					nally Integ		'' d	Гтуре	III - Other
e	Г	By checkin	• •	rtify that the organization is				-	ne or mor	e disquali	fied persons
				agers and other than one or	more publ	ıcly suppo	orted orga	nizations o	described	ın section	509(a)(1) or
		section 50		d	th . IDC		- T T	T II			
f		check this		d a written determination fro	m the IKS	tnat it is	a Type I,	Type II o	r i ype iii	supportin	g organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the			,
		following pe									
			· ·	r indirectly controls, either a		_	th persons	describe	d ın (ıı)		Yes No
		· · · · · · · · · · · · · · · · · · ·	· =	ng body of the the supported	_	tion?				11g	
			•	erson described in (i) above						11g(
_				ty of a person described in (11g(iii) No
h		Provide the	following inforr	nation about the organizatio	ns the org	anızatıon	supports				
	(:) NI		/::> FIN	(:::) Tuna of auganization	(:) T	- +	() D.d.		(:\ T	- +	(A 6
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I	s the ation in		ou notify inization		s the ation in	(vii) A mount of support?
		nization		above or IRC section		listed in	_	i) of your	_	rganized	зарропс
	_			(See Instructions))	your go		supp	oort?	ın the	US?	
					docur	nent?				1	
					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					1		
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. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or							
	more, and if the organization meets the "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	
			•	.orumin (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

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 ILB, Do not complete Part ILA

If th	e organization answered "Ye	s," to Form 990, Part IV, Line 5 (P		(III) Complete Part IPB Bot	iot complete Part II-A
N a	ection 501(c)(4), (5), or (6) organi nme of the organization .EGHENY SINGER RESEARCH INSTITUTE	·			itification number
Par		oy all organizations exempt e the instructions for Schedule		25-1320493 n 501(c) and section	527
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ical campaign act	tivities in Part IV	
2	Political expenditures				\$0
3	V olunteer hours				0
Pai	To be completed b for Schedule C for d	oy all organizations exempt etails.)	under sectio	n 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5	\$0
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$0
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Pai		by all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	uted to other orga	nızatıons for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and en	ter here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions received	nd Employer Identification Number of paid and indicate if the amount was in d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(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-
-					

chedale e (i	om 330 or 330 E2/2000
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.)
Chaal	A state films and a state of the state of th

				(=) Filing	ſ
В	Check	Г	ıf the filing organization checked box A and "limited control" provisions apply		
Α	Check	~	ıf the filing organization belongs to an affiliated group		

		bbying Expenditures— es" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	0	0
Ь	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	7,977	585,102
c	Total lobbying expenditures (add line	es 1a and 1b)	7,977	585,102
d	Other exempt purpose expenditures		23,933,733	1,651,405,898
е	Total exempt purpose expenditures	(add lines 1c and 1d)	23,941,710	1,651,991,000
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a)	he amount from the following table in both	1,000,000	1,000,000
	or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
	T6+b		4730	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

\Box	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		

rt II-B	To be completed by organizations exempt under section 501(c)(3) that I	nave NOT fil	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C fo	r details.)	

		(a)		(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)?				
Ь	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		ŀ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	. To be accompleted by all consuler there are no made and a section FO4/a//4/				

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		

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.) 1 Dues, assessments and similar amounts from members

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

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

Ident if ier	Return Reference	Explanation
Election Under IRC Section 501(h)		Allegheny Singer Research Institute (ASRI) has made the IRC Section 501(h) election ASRI has not made any political expenditures and no direct lobbying expenditures. ASRI 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. The lobbying expenditures of \$7,977 attributed to ASRI on Schedule C, Page 2, Part II-A reflect expenditures allocated to ASRI from the System and do not reflect direct expenditures made by ASRI.

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

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.

Name of the organization
ALLEGHENY SINGER RESEARCH INSTITUTE

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

(a) Depart advised funds

(b) Funds and other accounts

	organization answered "Yes" to Form 99	90, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and of	ther accou	ints
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	_	or advised	☐ Yes	☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?			┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV	<u>', lıne 7.</u>	
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat	ion or pleasure)	historically important	=	a
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a quali	ified conservation contribution in the form	of a conservation eas	ement	
	on the last day of the tax year		Held at	the End of	the Vear
а	Total number of conservation easements		2a	the End of	the real
ь	Total acreage restricted by conservation easement	c	2b		
с	Number of conservation easements on a certified hi		2c		
d	Number of conservation easements and a certified in Number of conservation easements included in (c) a	()	2d		
	· ·	•		during	
3	Number of conservation easements modified, transfe the taxable year ►	errea, releasea, extinguishea, or terminate	ed by the organization of	auring	
	the taxable year F				
4	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and	☐ Yes	☐ No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of sec	tion	☐ Yes	☐ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial			
Par	t III Organizations Maintaining Collectio Complete if the organization answered '		or Other Similar <i>i</i>	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of pul		e,
Ь	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i		•	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		
	(ii) Assets included in Form 990, Part X		► \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provid	le the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	, His	tori	cal Trea	asures, or O	the	r Simila	r Asse	ets (co	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne fol	lowing tha	t are a significa	nt us	se of its c	ollection	า	
а	Public exhibition		d	\vdash	Loan or	exchange progr	ams				
ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further t	he organization	's ex	empt purp	ose in		
	Part XIV				,						
	During the year, did the organization solicit of							ılar	_		
	assets to be sold to raise funds rather than t							arad 11Va		Yes	No
Part	Part IV, line 9, or reported an an						115 W	ereu re	י נט דנ	ל ווו ול	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets r	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	e			_					
									A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete										
		(a)Current Year	(E)Prior	Year (c) Two Years Back	(d)	Three Years	Back (e	Four Y	ears Back
	Beginning of year balance	9,786,888									
	Contributions	97,987									
	Investment earnings or losses	235,154									
	Grants or scholarships	50.000									
	Other expenditures for facilities and programs	68,903									
	Administrative expenses	22,008									
g	End of year balance	10,029,118									
_	Provide the estimated percentage of the yea	r end balance held a	S								
	Board designated or quasi-endowment		-								
	Permanent endowment - 75 %										
	remanent endowment F										
	Term endowment Are there endowment funds not in the posses	ssion of the organiza	tion	thata	are held a	nd administere	d for t	the			
	organization by	ssion of the organize	111011	tilat	are neiu a	na aanninstere	101	tile		Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations			•					3a(ii)		No
	If "Yes" to 3a(11), are the related organizatio	•					•		3b		
	Describe in Part XIV the intended uses of th					5	10				
Part	VI Investments—Land, Buildings	s, and Equipme	nt. S			·		1	Т		
	Description of investment				Cost or oth			(c) Depre	ciation	(d) Bo	ok value
1a L	and							1	ļ		
b B	uildings		•			6,08),391	4,	904,366		1,176,025
c L	easehold improvements		•			2,13	3,565		393,808		1,739,757
d E	quipment		•			10,78),195	8,	730,854		2,049,341
	ther		•	<u> </u>	454 11						
Total.	. A dd lines 1a-1e <i>(Column (d) should equal Fo</i>	erm 990, Part X, colun	ın (B). line	10(c)).		_				4,965,123

(a) Description of security or cateory (including name of security)	(b) Book value		of valuation /ear market value
Financial derivatives and other financial products		22223, 2,,,,,	
Closely-held equity interests			
Other INVEST - RISK RETENTION GROUP	10,178		ŀ
			·
Table (California (h.) abasida asual Farra 2000, Part V. and (10) km at 2.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		of valuation
(=, 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5	(2) 20011 14140	Cost or end-of-y	rear market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			(b) Book value
PATENTS			772,692
DUE FROM AFFILIATED ENTITIES			356,396
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		1,129,088
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED PENSION COSTS	2,266,102		
WORKERS COMPENSATION SELF INSURANCE	227,128		
GENERAL RESERVE	67,404		
GERERAE RESERVE	07,404		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,560,634		

Par	XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
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	
Part	XII 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)		
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	per F	<u>leturn</u>
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		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
<u>с</u>	Add lines 4a and 4b	4c	
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	plete 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 1 h and 2 h
	V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	,	imes ID and ZD,

Ident if ier	Return Reference	Explanation
ASRI Inclusion In The Consolidated Audit of WPAHS	Form 990, Schedule D	Allegheny Singer Research Institute (ASRI) does not issue independent audited financial statements. ASRI is a member of a regional healthcare system named West Penn Allegheny. Health System. The West Penn Allegheny Health System receives a consolidated audit which includes the operations of ASRI. The following analysis represents the reconciliation between the financial statement net income and the net income as reported on Form 990, Page 1. Net loss per financial statements. \$ (1,682,693) Plus. Income and expense reclassified from restricted net assets on the financial statements to unrestricted income and expense on Form 990. (81,325)

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Grants and Other Assistance to Organizations,

OMB No 1545-0047

2008

DLN: 93493137022290

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.

Governments and Individuals in the U.S.

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
ALLEGHENY SINGER RESEAR	CH INSTITUTE					25-1320493	
Part I General Inform	mation on Grai	nts and Assistance	e			•	
Does the organization mathe selection criteria useDescribe in Part IV the o	d to award the grar rganızatıon's proce	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Sch	IV, line 21 for ar edule I-1 if addii	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the off no one recipient rec	ceived more than \$5,	
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)		(h) Purpose of grant or assistance
2 Enter total number of sec organizations					•	_	
3 Enter total number of other							hodulo I (Form 000) 2000
For Paperwork Reduction Act Not	ice, see the instruct	JOHS TOF FORM 990.		Cat No 500551	•	Sc	hedule 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

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
	Part I, Line 2	At the discretion of Allegheny Singer Research Institute management, the organization will from time to time donate funds to worthy charities that demonstrate that they have a well founded mission and who carry out that mission to the benefit of a section of society

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DLN: 93493137022290

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations

ternal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number
25-1320493

	Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any			
	First class or charter travel Housi	ng allowance or residence for personal use		
	☐ Travel for companions ☐ Payme	nts for business use of personal residence		
	Tax idemnification and gross-up payments Health	or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Person	nal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy reg provision of all the expenses described above? If "No," complete P			
2	Did the organization require substantiation prior to reimbursing or a officers, directors, trustees, and the CEO/Executive Director, rega			
3	Indicate which, if any, of the following the organization uses to esta organization's CEO/Executive Director Check all that apply			
		n employment contract		
		ensation survey or study		
	Form 990 of other organizations Appro	val by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section	on A , line 1a		
а	Receive a severance payment or change of control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualifie	d retirement plan?		Νo
c	Participate in, or receive payment from, an equity-based compensa	tion arrangement? 4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applic	able amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-	3.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	organization pay or accrue any		
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	organization pay or accrue any		
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part			Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured subject to the initial contract exception described in Regs section in Part III	·		No

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	J	(B) Breakdown of	of W-2 and/or 1099-MIS	3C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive (III) Other		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Dawn Gideon	(ı) (ıı)		0	0	0 0	0	0 286,949	79,088	
Roy Santarella	(ı) (ıı)		0 0	0 295,252	0 18,975	0 7,240	0 636,694		
Connie Cibrone 7-1-08 - 12-31-08	(ı) (ıı)		0	0 1,066,321	0 8,625	0 10,701	0 1,533,527	239,44	
Christopher Olivia MD	(ı) (ıı)		0 200,000	0 66,409	0 18,975	0 28,374	0 1,098,305	498,08	
Thomas Albanesı	(ı) (ıı)		0 0	0 9,013	0 19,924	0 9,155	0 246,704	114,32	
Judy Hlafcsak	(ı) (ıı)		1 01	0 15,500	0 18,975	0 6,541	0 373,500	174,61	
Robert Templin 7-1-08 - 9-30-08	(ı) (ıı)		0 0	0 36,287	0 33,160	0 14,621	0 221,667	89,69	
Sharon Loftus 10-1-08 - 6-30-09	(ı) (ıı)		0 0	1	0 19,574	0 2,463	0 238,803	119,54	
Jerry Fedele	(ı) (ıı)		0 0	1	0 252,175	0 6,676	0 856,712	601,36	
Dawn Javersack	(ı) (ıı)		1 01	0 181,327	0 106,494	0 12,880	0 474,711	167,00	
James Post	(ı) (ıı)		0 0	0 21,016	0 20,700	0 11,111	0 535,113	265,87	
Garth Ehrlich	(ı) (ıı)		0 0	20,776 0	20,700		315,482	157,30	
Chester Cornman	(1) (11)		0	13,376 0	16,785 0	15,527 0	159,403	79,22	
Stephen Jones	(ı) (ıı)		-	20,782	14,060		150,117	75,32	
	(i)				ļ				
	(ii)	/ '	1	į.	ı I	1			

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	Return Reference	Explanat ion
Additional Compensation Disclosures	Schedule J, Page 1	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 Connie Cibrone \$987,918 Dawn Javersack \$152,274 Robert Templin \$ 36,231
•		

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Supplemental Information to Form 990

DLN: 93493137022290

OMB No 1545-0047

Inspection

Name of the organization

SCHEDULE 0

(Form 990)

ALLEGHENY SINGER RESEARCH INSTITUTE

▶ Attach to Form 990. To be completed by organizations to provide additional information for Department of the Treasury responses to specific questions for the Form 990 or to provide any additional information. Internal Revenue Service **Employer identification number**

25-1320493 Return **Identifier Explanation** Reference The appointment of the Allegheny Singer Research Institute Board of Directors is made by the sole member of the organization, West Penn Allegheny Health System, Inc. The Bylaw's of Allegheny Singer Research Institute provides that the sole member has the exclusive power to fix the number of, and elect, appoint, fill vacancies in and remove, with or without cause, the Directors, and elect and remove, with or without cause, Allegheny Singer the Chair and Vice Chair of the Board of Directors of the Corporation, and the Secretary and Treasurer of the Form 990, Research Corporation The Board of Directors of the sole member of Allegheny Singer Research Institute is comprised Part III, Page Institute - Board of a majority of independent Board Members The Board of Directors of Allegheny Singer Research Institute Independence consists of three members who have voting rights on matters pertinent to the organization. Of these three members, none are deemed to be independent to the organization. Because of the independence of the Board of Directors of the sole member, and the rights and powers of the sole member to appoint and fix the

Board of Directors of Allegheny Singer Research Institute, we deemthat the Board of Directors of Allegheny

Singer Research Institute is in fact controlled by a majority of independent Board Members

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Form 990, Page 2, Part III, Question 4a	INRODUCTION TO ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI) Allegheny Singer Research Institute is part of the West Penn Allegheny Health System (MPAHS) organized in 2000, WPAHS (www wighs org) is comprised of West Penn Allegheny Health System (Inc. (WPAHS, Inc.), West Penn Physician Practice Network (WPPPN), West Penn Physician Practice Network (WPPPN), West Penn Allegheny Oncology Network (WPAON), Alle-Kisk IMedical Center (AKMC), Canonsburg General Hospital Ambulance Service, Inc. (CGH Ambulance), Allegheny Medical Practice Network (ASPN), Alle-Kisk IMedical Center Trust (AKMC Trust), Forbes Health Foundation (FHF), Suburban Health Foundation (SHF) and the Western Pennsylvania Hospital Foundation (WPHF) ASRI was established in 1977 as a Pennsylvania non-profit 501(c)(3) corporation and functions as the entity through which research at WPAHS is conducted. Its leaders have recognized that through innovative research, ASRI can improve the quality of health care. Through its research efforts, ASRI has had a profound impact on many breakthroughs in innovative technology and research, including Pennsylvania's first heart-valve replacement and one of the first heart transplant procedures performed in the United States. This innovative environment continued with the performance of the nation's first bilateral ventricular assist, the first percutaneous automated discectomy, and the nation's first bilateral ventricular assist, the first percutaneous automated discectomy, and the nation's first dynamic cardiomyoplasty (muscle flap procedure). ASRI was one of 10 U.S. medical centers to study drugs to reduce damage from spinal cord injuries. The ASRI Center for Genomic Sciences became the first in the world to map the gene for gastroesophageal reflux disease in children ASRI is in a unique position to lead translational research that will improve patient care at a rapid pace. ASRI is focused on research that transfers innovation from the laboratory bench to the bedside so that patient care is advanced at a much more rapid

ldentifier	Return Reference	Explanation				
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part III, Question 4a	Sciffech Exhibit ASRI is a Silver Sponsor for an event named Sciffech Sciffech is presented by the Carnege Science Center to inspire interest in science and technology among high school and middle school students ASRI's goal is to engage with Sciffech vistors and share research conducted at ASRI and the biomedical application within the WPAHS. During Sciffech, students also learn about the diverse range of careers available within the allied health fields. The scientists, physicians and nurses who participate in the exhibit have been very enthusiastic and have succeeded in putting a professional and personal face on ASRI for science educators and students as well as the general public Science and health educators also benefit as they learn cutting edge research and field trop opportunities to WPAHS facilities. Over 5,000 teachers and students attended the Scifech Event. The Scifech helps ASRI recruit talented high school students for research internships. Scifech also provides a recruitment mechanism for area high school breachers to participate in a professional development project that ASRI has funded through the U.S. Department of Education Open Heart Surgery Program administered through ASRI and conducted at WPAHS, inc. Allegheny Ceneral Hospital ASRI's community outreach coordinator chaperones the students and their teachers with the power of the surgicial facility for 3-4 hours. This field trip experience increases student appreciation of how their bodies function and how the lifestyle choices they make affect their health, which will hippefully inspire them to take care of their bodies. This incredible opportunity allows students to speak directly with allied health professionals and learn firsthand about the application of biomedical research in clinical environments. Additionally, this opportunity includes a four of the research labs and the Cardiothoracc Surgery Research Center. The Disadvantaged Women's Program The Allegheny Women's Biotechnology Workforce. Collaborative (AWBWC) has brought together				

ldentifier	Return Reference	Explanation
Bylaw Changes	Form 990, Page 6, Part VI, Section A, Question 4	The bylaws of Allegheny Singer Research Institute are hereby amended as follows. Article IV, Section 2 Composition of the Board, Appointment Qualifications, is hereby amended to read in its entirety as set forth below "Section 2 Composition of the Board, Appointment Qualifications. The Board of Directors shall be composed of not fewer than three nor more than twenty voting members, exclusive of non-voting ex officio Directors. The exact number of voting Directors shall be as fixed from time to time by the Member. Directors shall generally be appointed at the annual meeting of the Member, but may be appointed at any regular or special meeting of the Member. Each Director of the Corporation shall be a natural person of at least eighteen years of age, of good moral character and who enjoys a good reputation in the community, and who, by his or her experience, community interest, or prior action, demonstrates a willingness to devote time and talent to the affairs of the Corporation and to exercise his or her judgement with undivided loyalty to the Corporation Each Director shall further satisfy the requirements set forth in Section 9 of this Article IV. "Article IV, Section 4. Ex. Officio Directors, is hereby amended to delete the words "and Chief Executive Officer" in clause (2) of that section. Article IV, Section 1. Officers Generally, is hereby amended to read in its entirety as set forth below. "Section 1. Officers Generally. The officers shall be a Chair, a Secretary, a Treasurer, a President, a Chief Executive Officer, and such Vice Presidents and other subordinate officers as the Member shall designate." Article IV, Section 2. Appointment of Officers, is hereby amended to read in its entirety as set forth below. "Section 2. Appointment of Officers. The officers shall be appointed by the Member, after consultation with the Board of Directors of the Corporation, at the Annual Meeting of the Member each year and shall hold office for terms of one year and until their successors are duly installed, subject in e

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 VI, Section B, Line 12c	Allegheny Singer Research Institute 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 how the corporate compliance department monitors and oversees compliance with the conflict of interest policy for Allegheny Singer. Research Institute as well as the other organizations of WPAHS. 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 Internal Audit Department to determine the level of Form 990, Schedul					

ldentifier	Return Reference	Explanation
Executive Compensation Review Process	Form 990, Page 6, Part VI, Section B, Line 15	West Penn Allegheny Health Systems's (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 Newly hired senior executives, which shall include all 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. Committee consists of three independent Board

ldentifier	Return Reference	Explanation
Public Access To Organizational Documents	Form 990, Page 6, Part VI, Section C, Line 19	Allegheny Singer Research Institute (ASRI) does not make its governing documents available to the public ASRI 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 ASRI 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 ASRI. A condensed version of this conflict of interest policy is available on the WPAHS wields the condensed policy is contained in the code of ethics disclosure.

Identifier	Return Reference	Explanation
Health System Tax Exempt Bond Issuance	Form 990, Page 11, Line 20	Allegheny Singer Research Institute is a member of the West Penn Allegheny Health System obligated group in regards to 2007 Allegheny County Hospital Development Authority tax-exempt bonds. 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. No internal allocation of debt has been made to Allegheny Singer Research Institute, how ever, the organization's assets are security for purposes of this bond issue.

DLN: 93493137022290

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

Department of the Treasury

Name of the organization

(Form 990)

Internal Revenue Service

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

LLEGHENY SINGER RESEARCH INSTITUTE				25-1320493	
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
Part II Identification of Related Tax-Exempt Organizati	ons	·	·		
(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
ee Additional Data Table					

(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					

Ves No

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV	
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

/A\

2 I	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresl	nolds
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	(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1)	The Western Pennsylvania Hospital Foundation	10	39,148
(2)	Allegheny Medical Practice Network	1p	2,362
(3)	West Penn Allegheny Health System Inc (WPAHS)	10	7,438,822
(4)	WPAHS - Contribution Income	1c	3,794,426
(5)	WPAHS - Net Asset Capital Contribution	1c	8,816,393
(6)			

(B)

1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1I		No
1m		No
1n		No
10	Yes	
1p	Yes	
1q		No
1r		No

(0)

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?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

Software ID: Software Version:

EIN: 25-1320493

Name: ALLEGHENY SINGER RESEARCH INSTITUTE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity			
West Penn Allegheny Health System Inc								
4800 Friendship Avenue Pittsburgh, PA15224 25-0969492	Healthcare	РА	501(c)(3)	509(a)(1)	NA			
Alle-Kıskı Medical Center								
1301 Carlisle Street Natrona Heights, PA15065 25-1875178	Healthcare	PA	501(c)(3)	509(a)(1)	NA			
Canonsburg General Hospital								
100 Medical Boulevard Canonsburg, PA15317 25-1737079	Healthcare	PA	501(c)(3)	509(a)(1)	NA			
Allegheny Medical Practice Network								
4800 Friendship Avenue Pittsburgh, PA15224 25-1838457	Healthcare	PA	501(c)(3)	509(a)(1)	NA			
Allegheny Specialty Practice Network								
320 East North Avenue Pittsburgh, PA15212 25-1838458	H e a l t h c a r e	PA	501(c)(3)	509(a)(1)	NA			
West Penn Allegheny Oncology Network								
4800 Friendship Avenue Pittsburgh, PA15224 _11-3683376	Healthcare	PA	501(c)(3)	509(a)(3)	NA			
West Penn Physician Practice Network								
4800 Friendship Avenue Pittsburgh, PA15224 25-1494317	H e a l t h c a r e	PA	501(c)(3)	509(a)(2)	NA			
CGH Ambulance Service Inc								
100 Medical Boulevard Canonsburg, PA15317 23-2939715	Emer Respons	PA	501(c)(3)	509(a)(2)	NA			
Alle-Kıskı Medical Center Trust								
1301 Carlisle Street Natrona Heights, PA15065 20-5855753	Fundraising	PA	501(c)(3)	509(a)(3)	NA			
Forbes Health Foundation								
2570 Haymaker Road Monroeville, PA15146 25-1798379	Fundraising	PA	501(c)(3)	509(a)(1)	NA			
Suburban Health Foundation								
100 South Jackson Avenue Pittsburgh, PA15202 25-1472073	Fundraising	PA	501(c)(3)	509(a)(3)	NA			
Western Pennsylvania Hospital Foundation								
4800 Friendship Avenue Pittsburgh, PA15224 25-1470766	Fundraising	РА	501(c)(3)	509(a)(3)	NA			
West Allegheny Hospital								
100 Medical Boulevard Canonsburg, PA 15317 25-1054206	Inactive	PA	501(c)(3)	509(a)(1)	NA			
Greater Canonsburg Health System								
100 Medical Boulevard Canonsburg, PA15317 25-1488089	Inactive	РА	501(c)(3)	509(a)(3)	NA			
Canonsburg HealthHospital Foundation								
100 Medical Boulevard Canonsburg, PA15317 25-1818505	Inactive	РА	501(c)(3)	509(a)(3)	NA			

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	NA	C Corporation	0	0	0 %
Liberty Physicians 4800 Friendship Avenue Pittsburgh, PA15224 25-1637318	Healthcare	PA	NA	C Corporation	0	0	0 %
Medical Center Clinic 4800 Friendship Avenue Pittsburgh, PA15224 23-2894939	Healthcare	PA	NA	C Corporation	0	0	0 %
West Penn Corporate Medical Services 4800 Friendship Avenue Pittsburgh, PA15224 25-1437405	Healthcare	PA	NA	C Corporation	0	0	0 %
West Penn Medical Associates 4800 Friendship Avenue Pittsburgh, PA15224 25-1666783	Healthcare	PA	NA	C Corporation	0	0	0 %
West Penn Neurosurgery 4800 Friendship Avenue Pittsburgh, PA15224 25-1630719	Healthcare	РА	N A	C Corporation	0	0	0 %
West Penn Specialty MSO Inc 4800 Friendship Avenue Pittsburgh, PA15224 23-2894932	Healthcare	РА	N A	C Corporation	0	0	0 %
West Penn OBGYN Multispecialty 4800 Friendship Avenue Pittsburgh, PA15224 25-1619226	Healthcare	PA	NA	C Corporation	0	0	0 %

(i) (ii)

Stephen Jones

97,587

Software ID: Software Version:

EIN: 25-1320493

Name: ALLEGHENY SINGER RESEARCH INSTITUTE

(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
Dawn Gideon	(1) (11)		0	0 0	0 0	0 0	0 286,949	79,088
Roy Santarella	(I) (II)		0	0 295,252	0 18,975	0 7,240	0 636,694	0 0
Connie Cibrone 7-1-08 - 12-31-08	(I) (II)		0 0	0 1,066,321	0 8,625	0 10,701	0 1,533,527	0 239,445
Christopher Olivia MD	(I) (II)	0 784,547	0 200,000	0 66,409	0 18,975	0 28,374	0 1,098,305	0 498,085
Thomas Albanesı	(I) (II)		0 0	0 9,013	0 19,924	0 9,155	0 246,704	0 114,320
Judy Hlafcsak	(I) (II)		0 0	0 15,500	0 18,975	0 6,541	0 373,500	0 174,613
Robert Templin 7-1-08 - 9-30-08	(I) (II)		0	0 36,287	0 33,160	0 14,621	0 221,667	0 89,693
Sharon Loftus 10-1-08 - 6-30-09	(I) (II)		0 0	0 20,933	0 19,574	0 2,463	0 238,803	0 119,542
Jerry Fedele	(I) (II)	0	0 0	0 597,861	0 252,175	0 6,676	0 856,712	0 601,360
Dawn Javersack	(I) (II)		0	0 181,327	0 106,494	0 12,880	0 474,711	0 167,008
James Post	(I) (II)	0 482,286	0	0 21,016	0 20,700	0 11,111	0 535,113	0 265,876
Garth Ehrlich	(I) (II)		0	20,776 0	20,700 0	6,882 0	315,482 0	157,303 0
Chester Cornman	(I) (II)		0	13,376 0	16,785 0	15,527 0	159,403 0	79,227 0
	-							

20,782

14,060

17,688

150,117

75,328